A Conversation with Jamie H. Von Roenn, MD

OI. In August you spoke at the Science of Compassion Summit, sponsored by the National Institute of Nursing Research, and in your concluding remarks you mentioned that you had "reason to think palliative care has come of age in oncology." You bring a unique perspective as an oncologist and palliative care provider for more than two decades. Are some of the barriers to palliative care in oncology beginning to break down?

Von Roenn. Some of the barriers to the integration of palliative care into oncology are beginning to break down. The visibility of palliative care is increasing for many reasons. The recent focus on survivorship issues in oncology highlights the potential symptoms secondary to cancer and its treatment and is raising awareness as to the need for aggressive symptom prevention, assessment, and management throughout the cancer experience. The increase in the number of questions (from 7 percent to 11 percent) addressing symptom management and ethics on the medical oncology certification examination underscores the importance of knowledge in palliative care for all oncologists. Furthermore, ASCO and ESMO (European Society for Medical Oncology) are both supporting the further development of palliative cancer care through ongoing initiatives. ESMO has developed criteria to identify cancer centers that have effectively integrated palliative care into their patient care. ASCO has multiple initiatives to improve the education of physicians in palliative cancer care, including a Provisional Clinical Opinion (PCO) on the integration of palliative medicine into cancer care, online educational opportunities through ASCO University, and quality initiatives to evaluate the provision of palliative cancer care.

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OI. At the same time, you have noted continuing challenges to the integration of palliative care into oncology, including a shortage of palliative care practitioners coupled with the projected oncology workforce shortages. How might these challenges be addressed?

Von Roenn. This is an important concern that is not easily addressed. One potential means of addressing this concern is better education of the workforce. Primary and secondary palliative care (basic symptom assessment and management and communication skills) are essential skills for oncologists providing optimal oncology care. Increasing the skills of the workforce in training would seamlessly improve integration of palliative care into oncology on some level. This education may be in the form of formal palliative care training activities through ASCO (which are under consideration), board preparation courses, and better integration of palliative principles into discussions of treatment.

OI. In oncology, the goal of delivering personalized cancer care is being realized through advances in diagnostics and therapeutics. How does palliative care advance the delivery of personalized medicine?

Von Roenn. Palliative care highlights the importance of personal goals and communication. This leads to greater understanding about how treatment might be tailored to fit patient goals. Personalized medicine should not just be about targeting the molecular characteristics of a tumor. Personalized medicine needs to be about the person receiving the treatment for that tumor. The context of the patient—comorbid illnesses, goals of care, life situation—may all lead to modification of treatment choices. This is perhaps most obvious in the setting of advanced incurable disease, but may also be true for patients with curable cancer. For example, concerns about fertility may lead to selection of one treatment regimen over another. A prior history of scleroderma will lead to treatment choices that avoid radiotherapy.

OI. As part of current healthcare reform efforts, continuity of care and quality of care are priorities. The oncology medical home is the theme issue of ACCC's President Thomas Whittaker, MD. In thinking about the concept of the oncology medical home, how would integration of palliative care help achieve the goal of improved continuity and quality of care across the cancer care continuum from diagnosis through survivorship and end-of-life care?

Von Roenn. The oncology medical home concept is an ideal context in which to integrate palliative care into oncology care. Many of the principles of this model are consistent with the goals of palliative care. For example, both highlight the importance of "whole person" care (providing for all of the patient's healthcare needs) and coordinated and integrated care. Ongoing relationships between patients and

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physicians offer the opportunity for discussion of difficult topics over time, the potential for improved understanding regarding advance directives and goals of care, and more regular assessment and management of symptoms. With care provided by a medical home, it is hoped that communication is enhanced and the partnership between patients and their healthcare providers is improved. Furthermore, having a single site responsible for the care may allow for greater contact with a knowledgeable or specialist palliative care provider.

OI. Today most cancer care is delivered in the outpatient setting, so integrating palliative care and oncology care means bringing palliative care into the ambulatory setting. Among the challenges identified at the recent Science of Compassion conference was the question of how to define early palliative care as an intervention when it has traditionally been a [supportive] service model?

Von Roenn. There is no doubt that components of palliative care are already well integrated into oncology care. The perfect example is the use of prophylactic antiemetics for chemotherapy. Supportive care is, in reality, another name for some aspects of palliative care. If one takes the broad view of palliative care—impeccable prevention, assessment, and management of suffering (in the broadest sense), regardless of prognosis—supportive care clearly falls under this umbrella.

The ideal model for the provision of palliative care in the outpatient setting is yet to be developed. There is some work ongoing to develop and study different models, but the best way to provide this care is not yet clear.

OI. What success factors do you think are essential to integration of palliative care into a comprehensive oncology program?

Von Roenn. There are many potential markers of successful integration of palliative care into oncology care. Evidence of regular symptom assessment and screening is one essential component of simultaneous oncology and palliative care. Pain control is another important marker of success. This is an exceedingly common, yet readily controllable symptom. Good pain control suggests attention to symptom management. For patients with advanced disease, the absence of overaggressive care (chemotherapy during the last two weeks of life, lack of use of hospice, late hospice referral) is another potential sign of the influence of palliative care principles on the care provided in a particular clinic or office.

OI. In your remarks at the National Institute of Nursing Research Science of Compassion Summit, you commented that "symptom assessment is as important as following the white count." Can you say more about this?

Von Roenn. Trainees learn by example. Every oncology fellow, for that matter, resident, and students rotating on oncology, learn that the white blood cell count is important to follow in patients receiving cancer treatment. The fact that the attending physician asks about blood counts each morning, for most patients, sends a message about the importance of following blood counts and responding to them with appropriate interventions. It is at least as important for the attending physician to ask about symptoms. Does the patient have pain? What is the patient's level of pain on a scale of 0 to 10? What have you done to improve the pain? Did the patient have nausea and vomiting with the treatment? What was done to control it? For trainees to learn the importance of the assessment, management, and prevention of cancer-related and cancer-treatment-related symptoms, it is essential to have a role model, an attending physician, question the trainees about the patient experience and reinforce the importance of assessing this.

OI. Why is it important to understand the value of palliative care in terms of patient safety and patient quality?

Von Roenn. The National Cancer Policy Board, the World Health Organization, ASCO, ESMO, and the Institute of Medicine (IOM) have all recognized the importance of integrated palliative and oncology care for the optimal provision of cancer care. This is the definition of quality oncology care. Furthermore, quality care requires an understanding of patient goals, clear communication about treatment choices, and anticipated outcomes.

Open communication between patients and their healthcare team enhances patient understanding and has the potential to increase adherence, follow-through with preventive measures, and thus improve overall safety.