

Defining Serious Illness

- Swedish Cancer Institute triggers for a palliative care consult:
 - Acute leukemia
 - Eastern Cooperative Oncology Group (ECOG) Performance Status 2 or higher
 - Entering a clinical trial
 - Considering a stem cell transplant which includes undergoing a SCT
 - Stage IV lung cancer
 - All stages of pancreatic cancer

- Comments:
 - ECOG status: The vast majority of studies looking at ECOG status for patients undergoing chemo/immuno/biological therapies suggest a PS of 0, 1, or 2 is safe to proceed with therapy. With the present lack of PC MDs/ARNPs an ECOG status of 3, or 4 is more appropriate. Some studies employing older chemo demonstrated for some malignancies and certain drugs that a PS of three was safe.
 - Stem cell transplant: Patients undergoing a stem cell transplant benefited from PC consultation and care.

Mitchell SA. Palliative care during and following allogeneic hematopoietic stem cell transplantation. Curr Opin Support Palliat Care. 2018;12(1):58–64.

El-Jawahri A, LeBlanc T, VanDusen H, et al. Effect of Inpatient Palliative Care on Quality of Life 2 Weeks After Hematopoietic Stem Cell Transplantation: A Randomized Clinical Trial. JAMA. 2016;316(20):2094–2103.
 - Stage III Lung Cancer: becoming slightly more favorable, but the old average of < 20% survival at 5 years after diagnosis is telling. I prefer Stage III and IV lung cancer.
 - Stage III Ovarian Cancer: 5 year outlook near 25% that are free of disease.
 - All Stage IV solid malignancies. There are some rare exceptions with fairly good outcomes such as Testicular.
 - Surprise Question
 - Pancreatic cancer (any stage): overall 5 year survival < 10%. However, there are other cancers, albeit less common that also tend to prove to fatal at any or all stages to the great majority of sufferers: mesothelioma, Glioblastoma(GBM), retroperitoneal sarcomas, etc.
 - Relapsed solid tumor malignancy, acute leukemias, intermediate to high grade lymphomas. (lymphoma group would be considered for a stem cell therapy and captured by that trigger)
 - Any patient receiving chemo/immuno/biological therapy who is suffering poorly controlled side effects of the therapy. H/O physicians can be quite good at symptom management, however the SCT study showed that they can also be highly distracted and consumed by the complex needs and nature of the care required by SCT recipients. Another set of eyes proved useful in this setting. This criteria for a trigger might consume the limited resources we now have in the realm of PC.

Bree Collaborative | Palliative Care workgroup

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ECOG Performance Status

Developed by the Eastern Cooperative Oncology Group, Robert L. Comis, MD, Group Chair.*

GRADE	ECOG PERFORMANCE STATUS
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours
3	Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any selfcare; totally confined to bed or chair
5	Dead

*Oken M, Creech R, Tormey D, et al. Toxicity and response criteria of the Eastern Cooperative Oncology Group. *Am J Clin Oncol.* 1982;5:649-655.

Source: <https://ecog-acrin.org/resources/ecog-performance-status>