



**2018**

**28-30 JUNE**  
**VIENNA, AUSTRIA**

**SUPPORTIVE CARE  
MAKES EXCELLENT  
CANCER CARE POSSIBLE**

# **Developing Supportive Care in Serbia**

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**National Cancer Center**  
**Dept. Supportive Oncology & Palliative Care**  
**ESO & ESMO Faculty member**





# Our vision



**All patients and their families will receive the support and care they need to cope with cancer and its treatment**



# Our mission

- **To integrate:**
  - ✓ **Disease-directed and patient & family-directed interventions**
  - ✓ **Supportive & palliative care in routine cancer care at the IORS**



# Managing change

**SEE** unfulfilled needs of patients  
to get help for symptoms /  
toxicities

**BELIEVE** in integrated care

Act to create **CHANGE** by offering  
supportive care consultations



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# Chemotherapy-induced nausea & vomiting (CINV)



# CT-induced nausea & vomiting



**See an unfulfilled need**

**Plastic bowls for vomiting**

**Believe you can make a difference**

**Improve CINV prevention & control  
with the appropriate use of  
antiemetics**

**Act to create change**

**Antiemetic consultations**



# ...CT-induced nausea & vomiting



**Improve professional expertise**

**Journal of Supportive Care in Cancer: the MASCC journal**

**MASCC membership (1993)**

**Find your „bright spots“**

**MASCC experts: F.Roila, J. Herrstedt, R.Gralla**

**Improve availability of & access to antiemetics**





# ....CT induced nausea & vomiting



## Participation of the IORS in the CINV clinical trials:

- ✓ The Italian Group for Antiemetic Research
- ✓ MASCC Study Group on antiemetics

## Obtain:

- ✓ the best antiemetics for our patients
- ✓ the protocols for CINV prevention & control





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# The change: CINV

- MASCC guidelines & tools translated
- Booklets for HC professionals & patients published
- Antiemetics are part of CT protocols
- Vomiting bowls disappeared!





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# Cancer pain



# Cancer pain....

**See an unfulfilled need:**

**Patients suffering in silence**

**Believe you can make a difference**

**Cancer doesn't have to be painful**

**WHO principles for the use of analgesics  
translated & implemented**

**Act to create change**

**Cancer pain consultations for in- and out-  
patients**



# ....Cancer Pain

**Improve professional expertise:**

**MASCC experts in pain & palliative care**

**MASCC Palliative Care Study Group**

**Find your „bright spots“**

**University of Sheffield: Sam Ahmedzai**

**MD Anderson Cancer Center: Eduardo Bruera**

**Improve availability of & access to opioids**

**International Pain Policy Fellowship**

**Access To Opioid Medicines Europe (ATOME) project**



# The change: Cancer Pain



**Raised awareness & improved knowledge**

**Improved availability of & access to opioids**

**Less restrictive pain policies**

**The right to pain relief & relief of suffering**

**recognized as a patient's right**





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# **Integrative Oncology**

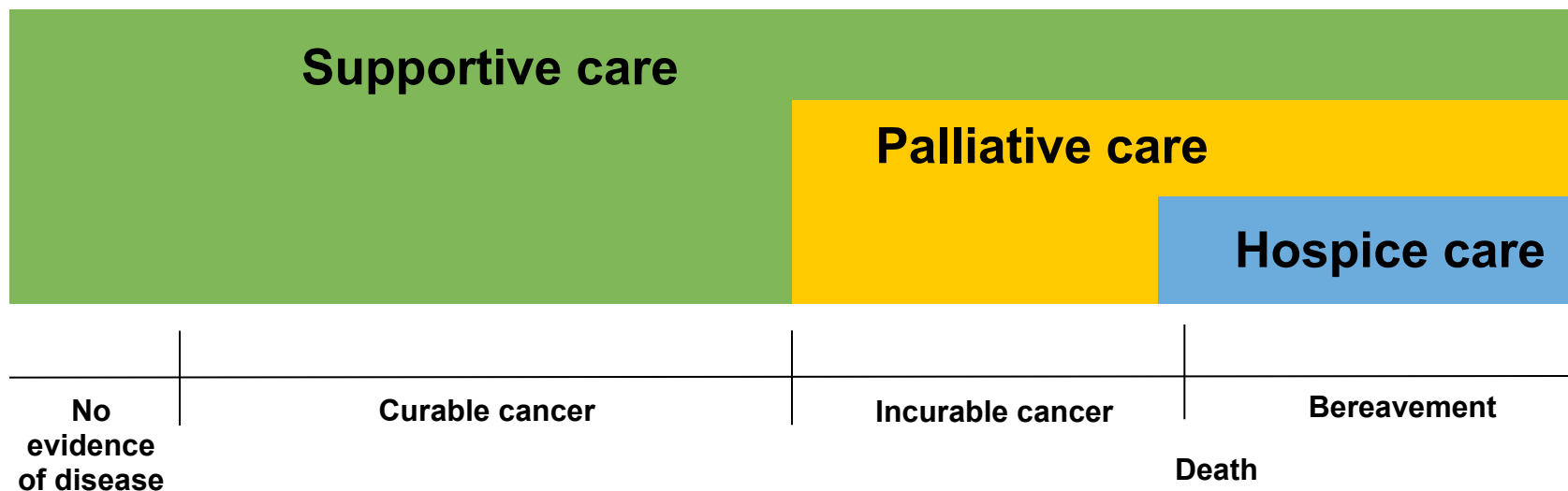
## **Supportive Care Service**

### **Institute For Oncology & Radiology**

### **Belgrade, Serbia**



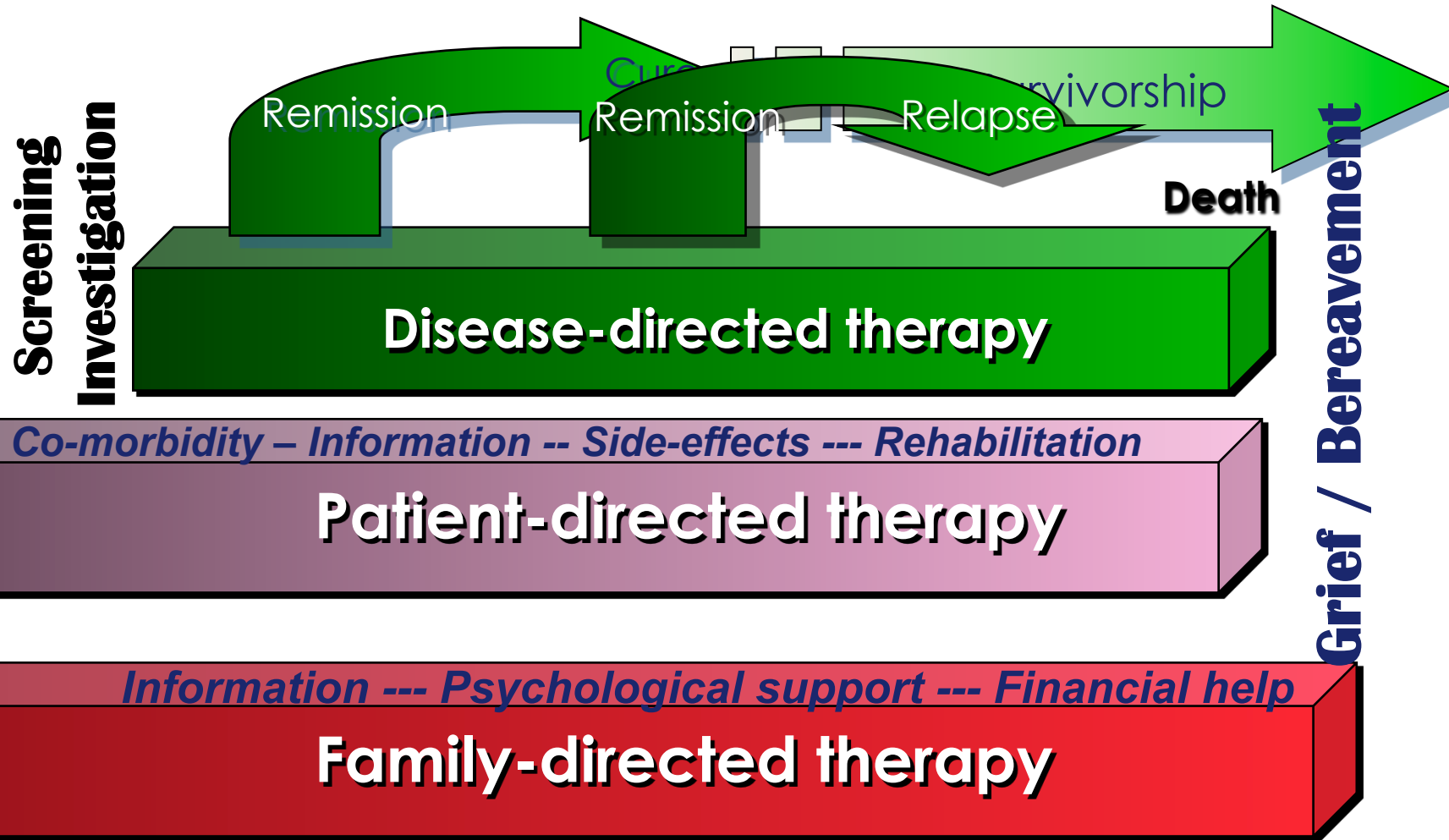
# Conceptual Framework: Supportive and Palliative Care



Conceptual framework for supportive care, palliative care and hospice care, based on the systematic literature review.



# Sheffield model of integrative care



# Integrative Oncology (ESMO)



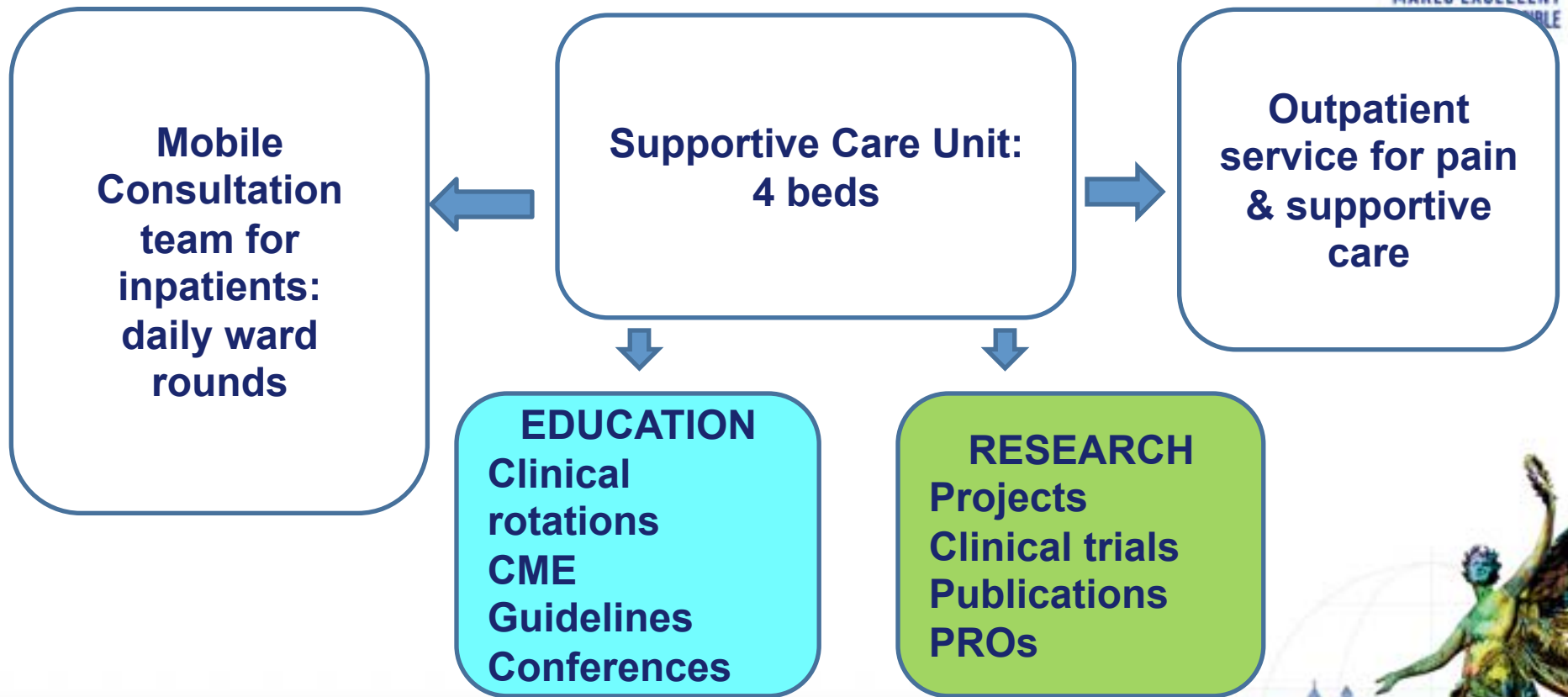
***„The oncologist role is not only to deliver the best quality anticancer treatment but also to consider the impact of the disease and treatment on each patient’s life“***

***ESMO position statement on supportive and palliative care  
Jordan K, et al., Annals of Oncology 29: 36–43, 2018***





# Dept. Supportive Oncology & Palliative Care



# Supportive Oncology Unit



# Out-patient service

- **Pain & supportive care**
- **Every working day (10-13h)**
- **Scheduled & as needed appointments**
- **4 physicians / 2 nurses**
- **Collaborates closely with the MTB**
- **20-30 patients per week**



# Education in supportive care

Zora Nešković

Rak



PREVENCIJA MUČNINE  
I POVRAĆANJA  
HEMIOTERAPIJOM  
IMPLEMENTACIJA  
U KLINICI

MASCC/ESMO

Multinacionalna  
terapiju

Org



# Research publications



## CINV

- Roila F, et al. N Engl J Med, 2000, 342: 1554-1559
- Roila F, et al for The Italian Group for Antiemetic Research. J Clin Oncol, 2004, 22: 725-729.
- Hesketh PJ, et al. Support Care Cancer, 2011, 19: 2063–2066
- Gralla R, et al. Ann Oncol 2014, 25: 1333–1339
- Hesketh PJ, et al. Biomed Res Int. 2015
- Bosnjak S, Dimitrijevic J, Djordjevic F. Curr Opin Support Palliat Care 2016, 10:180–188
- Bošnjak SM, Gralla RJ, Schwartzberg L. Support Care Cancer, 2017,25(5), 1661-1671
- Aapro M, et al. J Geriatr Oncol. 2017 8: 56 – 63

## Cancer pain & palliative care

- Bruera E, et al. J Clin Oncol, 2004, 22: 185-192
- Bruera E, et al. J Pain Symptom Manage 2004, 28:381-388.
- Bošnjak S, et al. Support Care Cancer, 2011, 19(8):1239-1247
- Bošnjak SM, et al. J. Pain Symptom Manage 2016, 52: 272-283





# Advocating for Supportive Care



## Leadership skills

- **Strategic planning**
- **Presentation skills**
- **Negotiation skills**
- **Messaging skills**
- **Public speaking and media skills**





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# **Belgrade Educational Meeting on Supportive Care for Eastern Europe and the Balkan region**

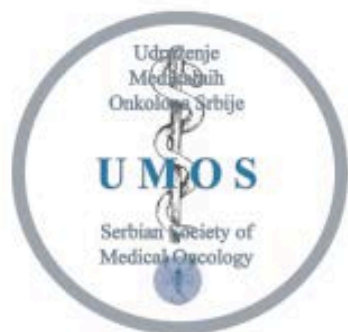


# Belgrade regional meeting

- **Promote supportive care (SC) in Eastern Europe & Balkan Region (EEBR)**
- **Facilitate integration of supportive care into oncology**
- **Discuss regional situation & barriers to optimal supportive care**
- **Create a collaborative network of local champions**



# Organized and Supported by



МИНИСТАРСТВО ПРОСВЕТЕ,  
НАУКЕ И ТЕХНОЛОШКОГ РАЗВОЈА



GOOD SCIENCE  
BETTER MEDICINE  
BEST PRACTICE



# Educational Format



**Plenary lecture: the MASCC President**

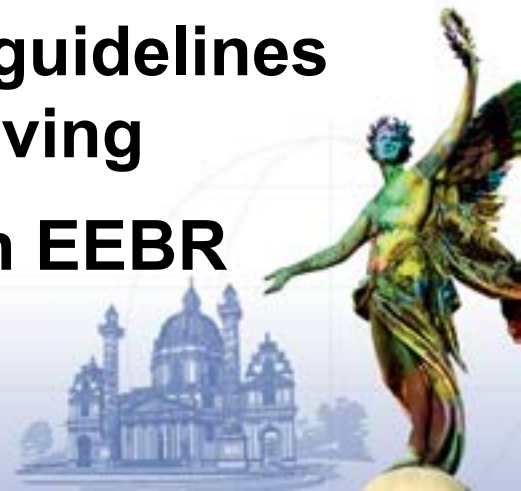
***„Supportive Care Makes an Excellent Cancer Care Possible“***

**Opening lectures: 2 models of the integrated SC service in 2 countries**

**Symptoms and toxicities: promotion of available SC guidelines**

**Meet the expert: implementation of SC guidelines through case discussion & problem solving**

**Workshop: challenges for optimal SC in EEBR**



# Participants & Faculty



- **180 participants & lecturers, 18 countries**
- **Distinguished Faculty: 4 Presidents of MASCC**
- **Evaluation (1: poor to 4: excellent)**
  - **Overall learning outcome: 3.76 / 4**
  - **Content:**
    - a) relevant to clinical work: 3.62/4;**
    - b) well-balanced /evidence-based: 3.72/4**
    - c) the time provided for discussion / Qs: 3.75/4**



# Conclusion

- **Mind the gap between the needs of patients and the actual provision of care**
- **Believe you can make a difference**
- **Act to create change**
- **Find „bright spots“: the MASCC**
- **Change the culture of care**

