MASCC™
Multinational Association of Supportive Care in Cancer
NEWS
In Parntership with ISOO • International Society of Oral Oncology

October 2016

Welcome to the October Issue of the MASCC Society News

This month, we bring you news of important supportive care initiatives in England and Scotland, as well as member news, and a message from MASCC President Ian Olver. We also include another article in our series of summaries from the Spring 2016 issue of EONS Magazine — this time an article by Mellar Davis and David Hui on the timing and introduction of palliative care. Finally, we have the first announcement of World Cancer Day 2017 and upcoming conference reminders. We extend a warm welcome to 16 new members who joined us in August.

All issues of the MASCC Society News are available online at www.mascc.org/newsletters. Older issues (through August, 2016) can be found in the back pages of our journal, *Supportive Care in Cancer*.

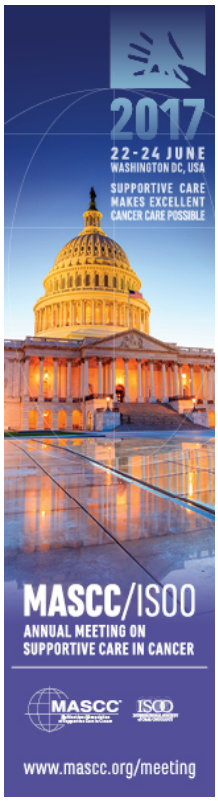
~ Toni Clark, Editor

A Message from MASCC President Ian Olver

Planning is well underway for the 2017 MASCC/ISOO Annual Meeting in Washington, DC, and we already have three exciting plenary sessions on emerging topics: financial toxicity, precision medicine, and management of side effects of immunotherapies. Rachel Gibson is working hard on an innovative program. I am pleased that we are collaborating with international organizations and that we are planning a joint session with the Oncology Nursing Society (ONS).

MASCC President, Ian Olver

This month, MASCC will hold a session at the 2016 ESMO Congress in Copenhagen (October 7-11) and will also have a session at ESMO Asia 2016 in Singapore (December 16-19). Thinking further ahead, we are already planning a site visit to the venue planned for the MASCC/ISOO meeting in Vienna in 2018!



The MASCC Board has endorsed a collaboration with ISOO to develop our social media presence, and work is underway to further connect in several ways with members who prefer to communicate on various social media platforms. Another project that is well underway is the writing of a revamped edition of the *MASCC Textbook of Cancer Supportive Care and Survivorship*, the first edition of which was published in 2010. I am very grateful to the members who are giving their time and expertise to this undertaking. The first book sold very well, particularly the digital version. The Second Edition will include numerous updates as well as some new chapters.

We are also designing a MASCC membership pin to display commitment to supportive care. The pin will be available next year at the Washington meeting.

Help Spread the Word of MASCC 2017 - Washington, DC

Visit our online Meeting Toolkit to download signature banners, ads, and PowerPoint "Save the Date" slides. Get the word out and help make MASCC/ISOO 2017 the best supportive care meeting yet!

Supportive Care in Scotland: Living With, and Beyond, Cancer

The Scottish Government estimates that that for every 1,000 people in Scotland, there may be up to 35 cancer survivors, eight or more of whom may be experiencing significant consequences of their cancer and its treatment. Over the next few years, an average of 110 people in Scotland will be diagnosed with cancer every day. And the number will continue to rise, due to the aging of the population and success in increasing survival rates from other diseases.

In March of this year, the Scottish Government announced a £100 million initiative called "Beating Cancer: Ambition and Action." The project, intended to serve as a blueprint for cancer care in Scotland over the next 5 to 10 years, contains more than 50 specific actions to improve cancer services across Scotland. Funding has been allocated for the improvement of prevention, detection, diagnosis, treatment, and after-care of patients with cancer.

In addition to actions intended to improve diagnosis and treatment and patient access to both, the strategy includes £9 million over five years to ensure better support for people with cancer and their families, for example, through such initiatives as Link Workers and Macmillan's project, "Improving the Cancer Journey." Another £3.5 million will be used to drive improvements across the palliative care sector and to support targeted action on training and education. A key challenge is for health care, social care, and third sector services to develop sustainable and innovative approaches to support people with cancer and allow them to live healthy lives at home.

For more information, see: Scottish Government Cancer Strategy: "Beating Cancer: Ambition and Action". March 15, 2016. http://www.gov.scot/Resource/0049/00496709.pdf

This year's MASCC/ISOO Annual Meeting was attended by six oncology nurses from Aberdeen, Scotland, who are well acquainted with cancer patients' needs for supportive and palliative care and who look forward to being part of the government's ambitious program. All enjoyed the 2016 MASCC meeting and hope to attend next year!

Oncology Nurses from Aberdeen, Scotland: Laura Beattie, Kerry Nolan, Ann Stephen, Margaret Whibley, Mary Beattie, and Catriona Smith

Supportive Care in England: Early and Enhanced Supportive Care

The National Health Service announced in July that an Enhanced Supportive Care (ESC) program has been developed by specialists at The Christie NHS Foundation Trust and will be implemented in at least 21 more cancer centers across the country, supported by incentives from NHS England. The NHS said that, "The initiative encourages care teams to address more fully the needs of cancer patients — in particular, preventing and managing the adverse physical and psychological effects of cancer and its treatment." During the program's trial at The Christie, emergency hospital admissions fell by more than 25%.

A focus of the program is early supportive care, rather than crisis care, but ESC pertains to the entire continuum of cancer care. The NHS defines supportive care as encompassing a wide range of approaches, including pain medicine, palliative care, interventional radiology, complementary therapies, psycho-oncology, and spiritual care, as well as physiotherapy, dietetics, and occupational therapy. ESC program components include the following:

- Early involvement of supportive care services
- Supportive care teams that work together
- A more positive approach to supportive care
- Cutting-edge and evidence-based practice in supportive and palliative care
- Technology to improve communication
- Best practice in chemotherapy care

The NHS has specified seven key practical steps to achieve the above goals: appointing a clinical lead for supportive care, establishing a supportive care team in each cancer center, ensuring offers of referral at the point of incurable disease, increased joint working in clinics, availability of prompt phone and face-to-face consultation, a weekly supportive care multidisciplinary team outpatient clinic, and automatic referral trigger for patients on high doses of opioids. The NHS has also specified monitoring measures to assess each of the program components.

The intent of the program is to introduce ESC in several phases, beginning with patients diagnosed with incurable cancer. In later phases, ESC will be available to patients with curable cancer and those living with cancer as a chronic illness, as well as cancer survivors. Next year, several sites will also pilot-test a Holistic Needs Assessment as a means of coordinating different phases of a patient's care and ensuring timely access to palliative care.

MASCC member Andrew Davies, Clinical Director of Supportive & Palliative Care at Royal Surrey County Hospital / St. Luke's Cancer Centre says of this initiative: "The concept of early palliative care/enhanced supportive care is not new, but this initiative will ensure that many more cancer patients have access to such services, and that relevant services conform to the highest standards of clinical practice. It promises to be a real 'game changer' for our cancer patients."

For more information see: NHS England, Enhanced Supportive Care: Integrating Supportive Care in Oncology

Integrating Palliative Care into Oncology Treatment

For its Spring 2016 issue, *EONS Magazine** partnered with MASCC for a special section on symptom management and quality of life for cancer patients. The issue includes a guest editorial by MASCC Past President David Warr and articles by several MASCC members: Ian Olver, Lidia Schapira, Mellar Davis, David Hui, Paz Fernandez-Ortega, Judy Phillips, Manon Lemonde, Massey Nematollahi, and Alex Molasiotis. This month, we include a summary of an article by Mellar Davis and David Hui, "Timing, Structure, and Processes for Integrating Palliative Care into Oncology."

Research shows that the early introduction of specialized palliative care results in many benefits for patients with advanced cancer, such as better symptom control, improved mood, patient satisfaction, and quality of life, and sometimes a longer life, as well. But questions remain regarding the optimal timing of palliative care and how best to introduce it.

The definition of "early" varies considerably (e.g., within 3 months of advanced incurable cancer, at the time of first-line chemotherapy failure, in the presence of certain signs or symptoms, or more than 3 months before death). In a landmark study by Temel et al. (2010), "early" was defined as within 8 weeks of the diagnosis (in this case, of advanced non-small-cell lung cancer). The early introduction of palliative care resulted in numerous patient benefits, including improved survival. Some other studies have been inconclusive, in part due to methodological issues. An international Delphi study has just been completed by Hui and colleagues to identify the optimal timing of the introduction of palliative care. The results will be published in *Lancet Oncology* in the near future. *Continued…*

Integrating Palliative Care into Oncology Treatment, continued.

As for structures and processes necessary for integration, Hui et al (2015) recently surveyed international experts regarding indicators for the integration of specialty palliative care and oncology programs for hospitalized advanced cancer patients. Respondents reached consensus on 13 major and 30 minor indicators. Major indicators were related to clinical structure (e.g., the presence of a palliative care inpatient team), processes (e.g., early palliative care referral), outcomes (e.g., median time from diagnosis to palliative care consultation), and education (e.g., routine rotation of oncology fellows to palliative care). The results can be used to identify centers with a high level of integration and to facilitate benchmarking, quality improvement, and research.

Mellar Davis, MD

Reviewing data from a survey conducted jointly by MASCC, the European Society of Medical Oncology, and the European Association of Palliative Care (Davis et al., 2015a), Davis and Hui conclude that half of palliative care programs are not structured to meet the needs of advanced cancer patients early in the course of their illness. They note that about 75% of programs provide some continuity, in terms of following patients in the medical system for 4 or more weeks, and sometimes throughout the course of illness. However, many programs do not provide such continuity, and a major problem is the lack of outpatient clinics. Relatively few programs provide a multidisciplinary approach with proximity and convenience for patients and their families.

Davis and Hui also consider the effectiveness with which palliative care has been integrated into oncology and how oncologists, themselves, view the integration of palliative care into their practices. The results of a companion survey (Davis et al., 2015b) to that cited above showed that the majority of oncology programs represented by respondents have some type of inpatient oncology care available. Most of these had dedicated inpatient oncology beds and inpatient palliative consultative services. But many have no outpatient supportive or palliative care clinics. Barriers to palliative care services were mainly financial or budgetary limitations and a lack of trained palliative care specialists.


David Hui, MD

Davis and Hui conclude that the full benefits of palliative care require multidisciplinary services that follow patients over many months, beginning early in the course of advanced cancer. Palliative care benefits can extend to the end of life. Today, many palliative care programs are still structured as crisis-intervention services rather than ongoing support systems. While surveyed oncologists largely agree regarding the value of palliative care, most believe that their institutions are unlikely to increase palliative care services. Davis and Hui speculate that this may be because palliative care does not generate revenues in the same way that cancer care does. They note that more research is needed to identify the optimal time to introduce palliative care and the structures and processes with the greatest chances of overcoming barriers and maximizing patient outcomes.

References

Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, et al., Early palliative care for patients with metastatic non-small-cell lung cancer. *New Engl J Med*. 2010, 363(8):733-42.

Hui, D, Bansal S, Strasser F, Morita T, Caraceni A, Davis M, et al. Indicators of integration of oncology and palliative care programs: an international consensus. *Ann Oncol*. 2015, 26:1953-9.

Davis MP, Strasser F, Cherny N, Levan N. MASCC/ESMO/EAPC survey of palliative programs. *Support Care Cancer*, 2015, 23 (7):1951-68. (a)

Davis MP, Strasser ., and Cherny N. How well is palliative care integrated into cancer care? A MASCC, ESMO, and EAPC Project. *Support Care Cancer*, 2015, 23(9):2677-85. (b)

Bios

Mellar Davis, MD, is Professor of Medicine, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University. He is also a staff physician at the Cleveland Clinic Foundation, Ohio, and Director of Research at the Harry R. Horvitz Center for Palliative Medicine. He is currently Director of MASCC's International Pain Management Center.

David Hui, MD, is Associate Professor, Department of Palliative Care and Rehabilitation Medicine, Division of Cancer Medicine and Associate Professor, Department of General Oncology, The University of Texas MD Anderson Cancer Center in Houston, Texas. He is also a Staff Oncologist in the Department of General Oncology at the Lyndon B. Johnson General Hospital in Houston and is currently a Vice-Chair of MASCC's Palliative Care Study Group.

---

*The *EONS Magazine* brings the latest news about the European Oncology Nursing Society to its members. The EONS is a pan-European organization dedicated to the support and development of cancer nurses. Society programs help nurses develop skills, network with one another, and raise the profile of cancer nursing across Europe.

Member News: Palliative Care Funding in California

Sheira Freedman, MD

It is well recognized that supportive and palliative care services improve patients' quality of life, and sometimes survival, by focusing on patients' own goals while managing pain and symptoms and addressing psychosocial issues. It's also important to coordinate care across multiple healthcare providers and settings to provide patients with the best care and to lower costs. As Mellar Davis and David Hui note (above), one of the main stumbling blocks to provision of palliative care services is that of funding. To meet the challenges inherent in providing supportive and palliative care services, the California Health Care Foundation has initiated innovative funding models involving payer/provider partnerships to increase palliative care services in California. The Foundation administers a grants program aimed at improving health care delivery.

Recently, a palliative care team led by MASCC member Sheira Freedman was awarded a grant by the Foundation to improve palliative care services to oncology patients at Highland Hospital in Oakland, California, USA. The grant will provide funding for an Advanced Practice Nurse to coordinate palliative care services for oncology patients and their families at the hospital's oncology clinic, as well as to patients in urology, breast, and primary care clinics. Sheira Freedman, MD, is Director of Palliative Care Services at Highland Hospital. She is a member of MASCC's Palliative Care, Psychosocial, and Rehabilitation/Survivorship/Quality of Life Study Groups.

WORLD CANCER DAY2017

October 4th marks the campaign launch of World Cancer Day 2017. Next year will be year two of a three-year campaign with the theme, "We can, I can." The campaign aims to explore how everyone, as a collective or as individuals, can do their part to reduce the global burden of cancer and to reduce the impact that cancer has on individuals, families, and communities — the primary goal of supportive care.

World Cancer Day is a global observance that helps raise people's awareness of cancer and how to prevent, detect, and treat it. This event is held on February 4th each year. The day is a time when people, businesses, governments, and nonprofit organizations work together to help the general public learn more about the different types of cancer, their signs and symptoms, treatments, and preventative measures. The World Health Organization (WHO) works with organizations such as the International Union Against Cancer (UICC) on this day to promote ways to ease the global burden of cancer.

Visit the **World Cancer Day Website** to see how you can get involved!

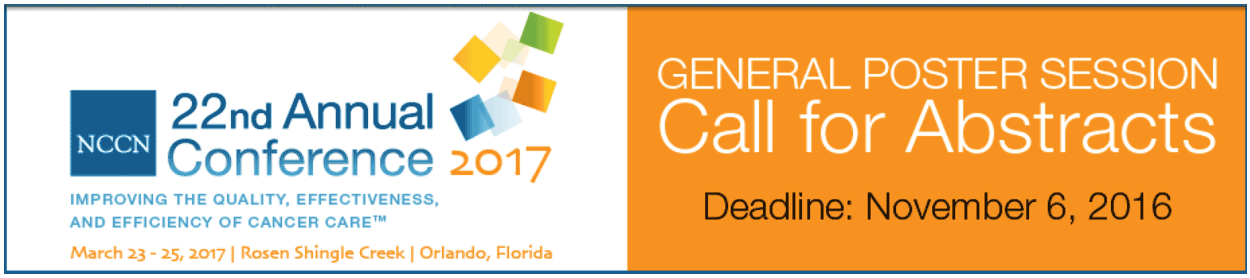
Register for the official campaign launch on 4 October 2016 and discover how to get involved in World Cancer Day 2017.

http://www.uicc.org/world-cancer-day-2017-join-campaign-webinar

---

National Comprehensive Cancer Network (NCCN) 22nd Annual Conference – March, 2017

The National Comprehensive Cancer Network (NCCN) will hold its 2017 conference from March 23 to 25 in Orlando, Florida, with the theme, "Improving the Quality, Effectiveness, and Efficiency of Cancer Care."™ Research in any of the following areas can be submitted: clinical and preclinical oncology, epidemiology, correlative and genomic research, quality improvement, outcomes, best practices in implementation and use of clinical practice guidelines, bioinformatics and information technology sciences. For more information, visit the NCCN website: https://www.nccn.org/professionals/meetings/annual_conference.aspx

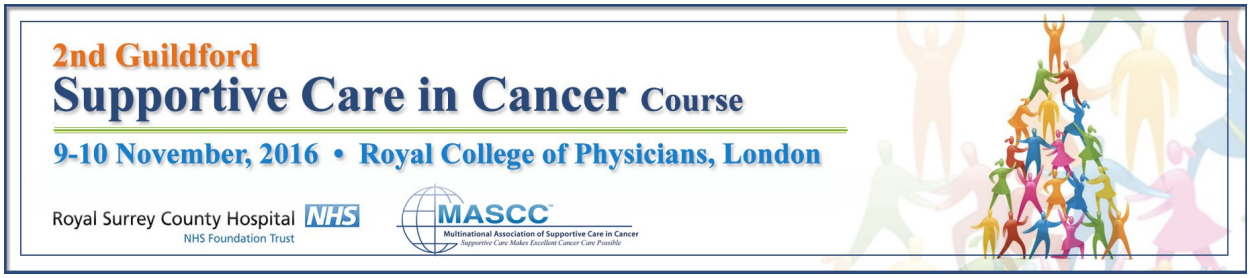


REMINDER • 2nd Guildford Supportive Care in Cancer Course - November 2016

The 2nd Guildford Supportive Care in Cancer Course will be held November 9-10, 2016 at the Royal College of Physicians, London. The course is organized by the Department of Supportive & Palliative Care at the Royal Surrey County Hospital (incorporating St. Luke's Cancer Centre). The course is endorsed by MASCC and Course Organizer and Chair, Andrew Davies has generously offered a £100.00 discount on the two-day registration rate for MASCC members.

The aim of this two-day course is to provide healthcare professionals working in oncology with an up-to-date, evidence-based review of current issues within supportive care. All of the speakers work in oncology and have an interest in various aspects of supportive care. They include specialists in clinical and medical oncology, palliative medicine, psycho-oncology, oral medicine, gastroenterology, pain medicine, endocrinology, and pharmacology.

The focus of this year's course is metastatic bone disease and strategies for preventing its development and progression. Other topics this year include e-technologies for symptom assessment, anemia, neutropenia, lymphedema, skin problems, psychological issues, diet, sleep, exercise, and drug interactions with complementary therapies. See the course brochure for full details of speakers, topics, and a registration form: 2nd Guildford Supportive Care in Cancer Course.



To **REGISTER** at the special discounted rate for MASCC members, simply write "MASCC Member Rate" at the bottom of the registration form. Or you can contact Victoria Robinson: rsc-tr.SPCT-Courses@nhs.net
Telephone: +44 1483 571122, ext. 2043, Fax: +44 1483 406868, Tuesdays 8:00-4:00; Wednesday or Thursday: 8:00-1:00.

New MASCC Members • MASCC welcomes the following new members who joined us in August!

Suzanne Ameringer, United States
Emma Bateman, Australia
Elaine Boland, United Kingdom
Bernadette Brady, Ireland
Anne-Maree Currie, Australia
Andrew Dickman, United Kingdom
Noel Heather, Australia
Yvonne Heung, United States
Jorgen Johansen, Denmark
David Kenner, Australia
Lorrie Powel, United States
Vinisha Ranna, United States
Melanie Reynolds, United States
Kim Robien, United States
Simit Sapkota, Nepal
Derek Smith, United States

Have any news items to share?

Please send contributions for the MASCC News to MASCCnews@mascc.org
or to Toni Clark, Editor at tclark@mascc.org

For more information please contact: Åge Schultz, MASCC Executive Director: aschultz@mascc.org