

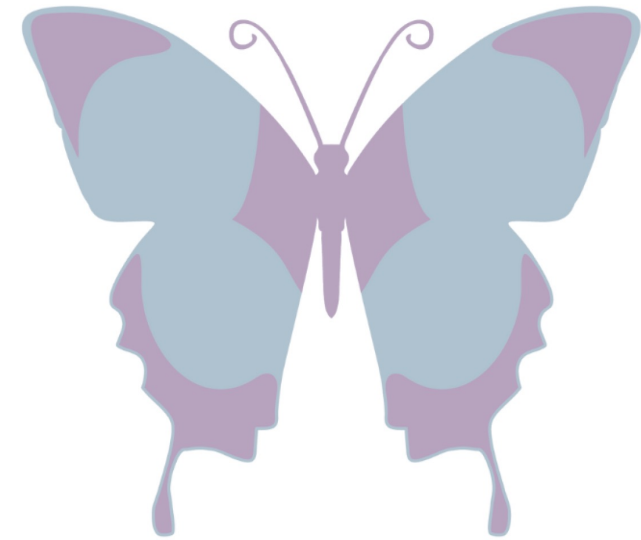
# Palliative care for liver cancer and its role in primary Hepatocellular carcinoma prevention

Rene Krause

Interdisciplinary Palliative Care and Medicine



**FaCE**  
Department of Family, Community  
and Emergency Care



*Purposeful, Planned, Positive*

PALLIATIVE CARE

# WHO Definition Palliative Care

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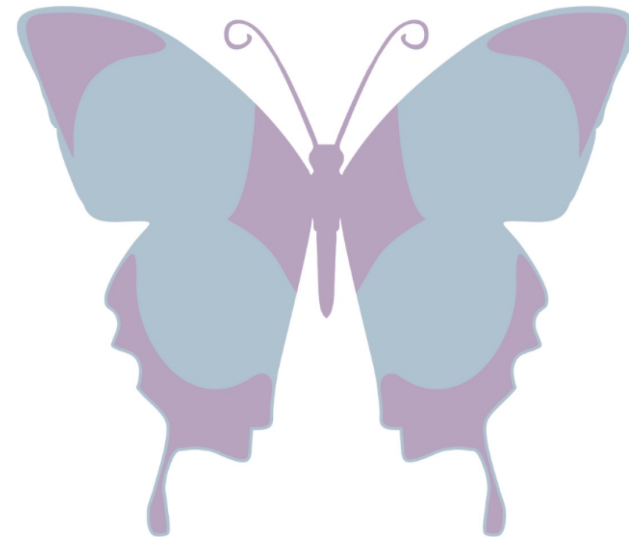
Palliative care is an **approach** that improves the **quality of life** of patients and their **families** facing the problem associated with **life-threatening illness**, through the prevention and relief of **suffering** by means of early identification and impeccable assessment and treatment of pain and other problems, **physical, psychosocial and spiritual**.





# Active care

- Comprehensive
- Dynamic
- Interlinked



*Purposeful, Planned, Positive*

PALLIATIVE CARE

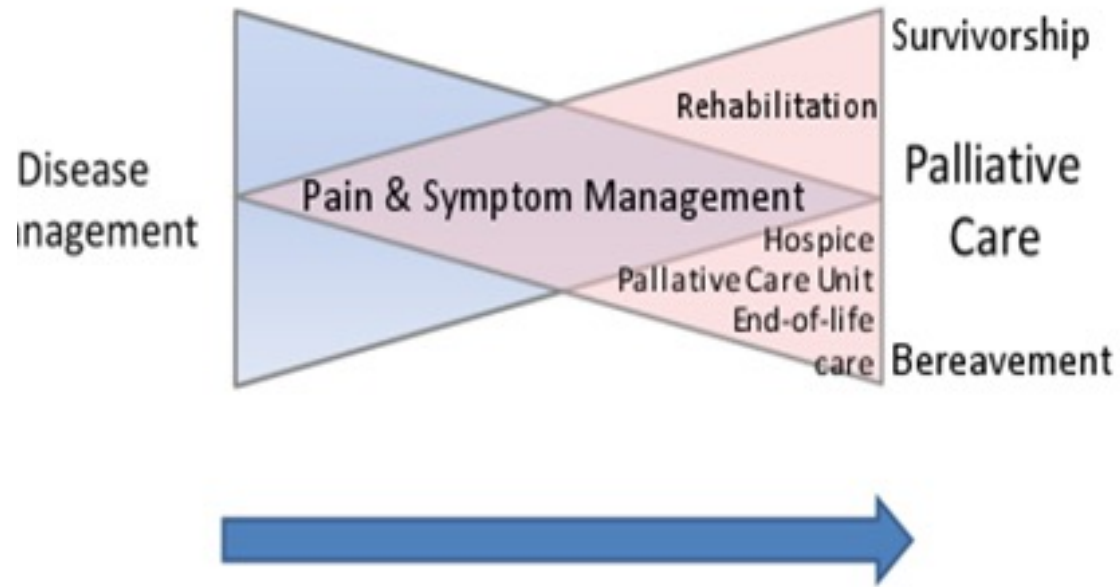
## 3.1 The river parable

...g Zola relates the story of a physician trying to explain the dilemmas of the modern practice of medicine:

'You know,' he said, 'sometimes it feels like this. There I am standing by the shore of a swiftly flowing river and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, applying, breathing and then another yell. Again and again, and goes the sequence. You know, I am so busy jumping in, pulling to shore, applying artificial respiration, that I have no time for the hell is upstream pushing them all in.' (McKinlay,



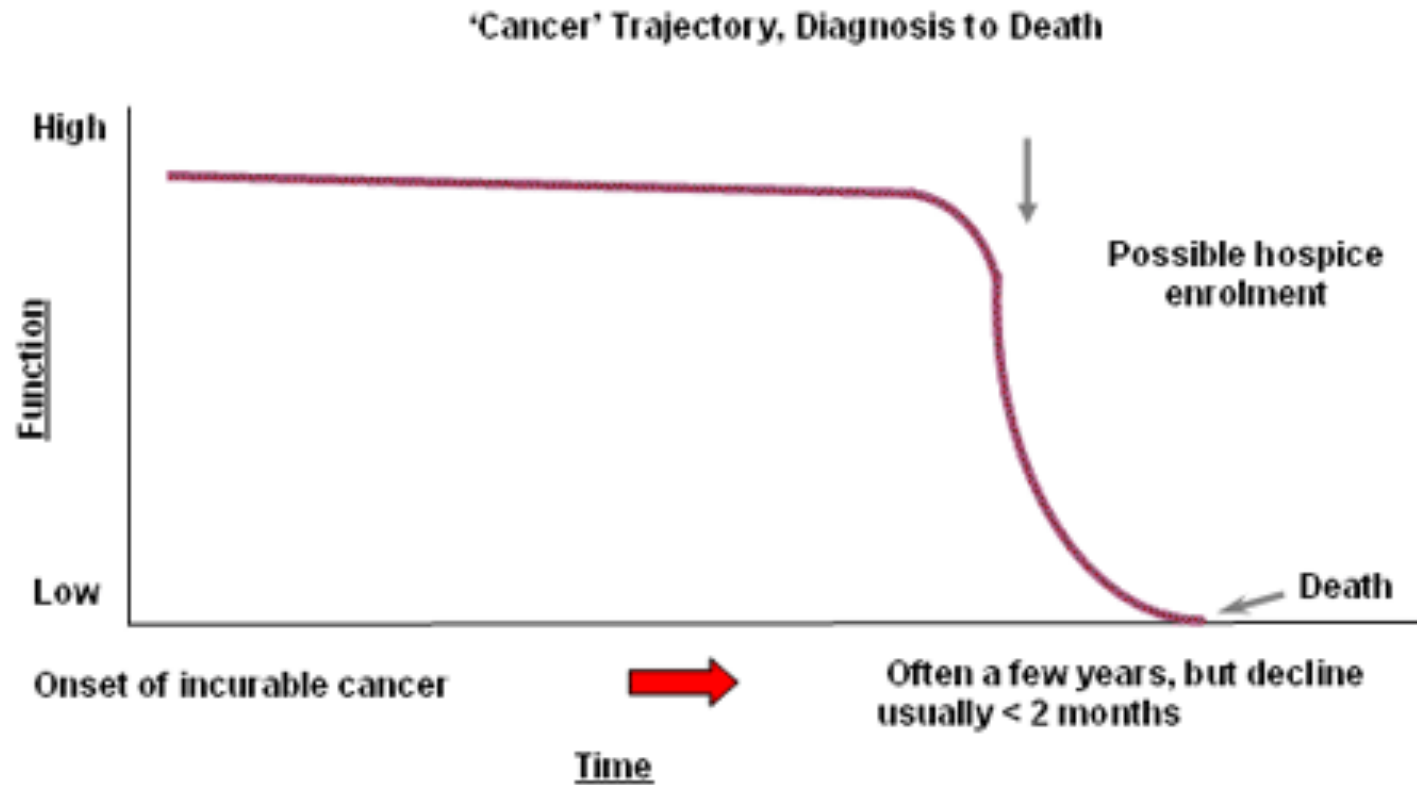
# Palliative Care-Enhanced Model



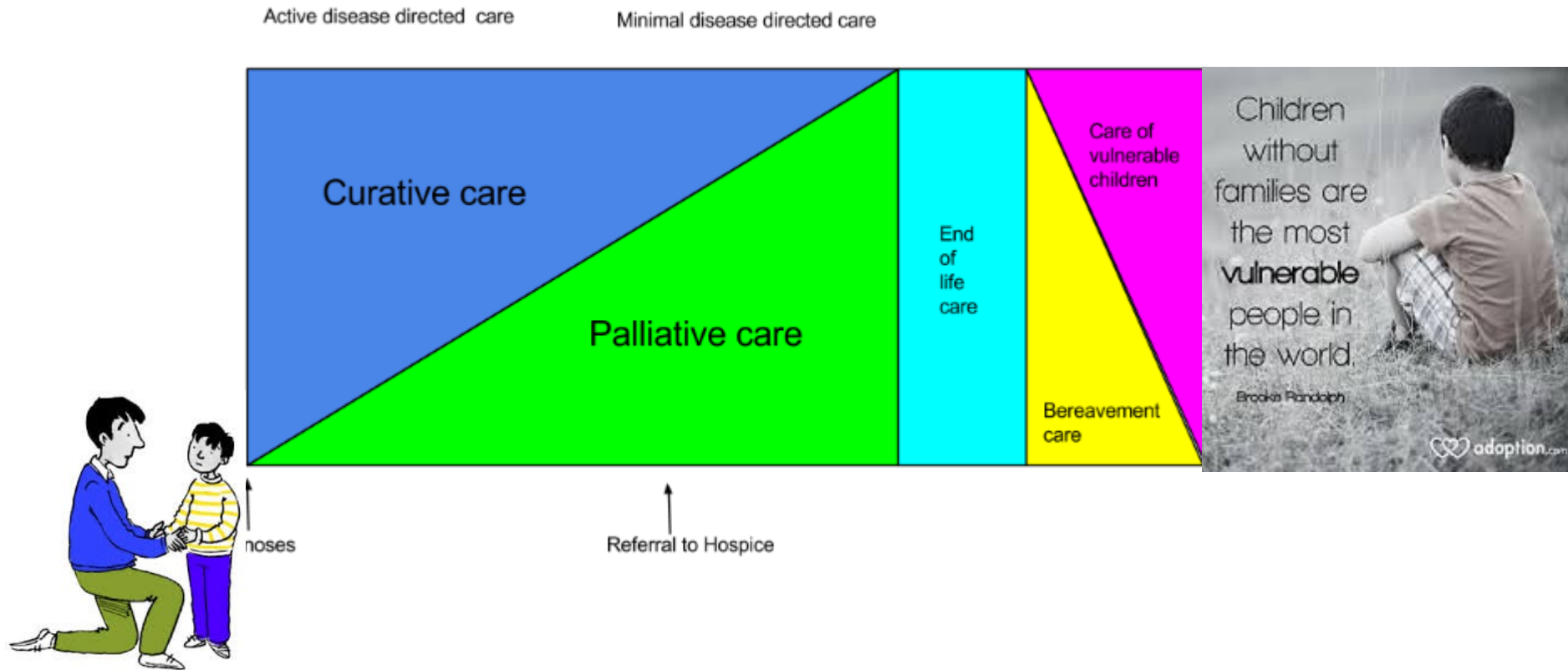
Palliative care should be integrated in the care of cancer patients according to the sketch above.

- Extra resources:
  - Yennu S. Outcomes of early palliative care referrals for patients with advanced lung cancer. J Clin Oncol 2014
  - Devi PS. A Timely referral to palliative care team improves quality of life. Indian J palliat Care 2011

# CLASSICAL DISEASE TRAJECTORY 1



# The continuum of care:

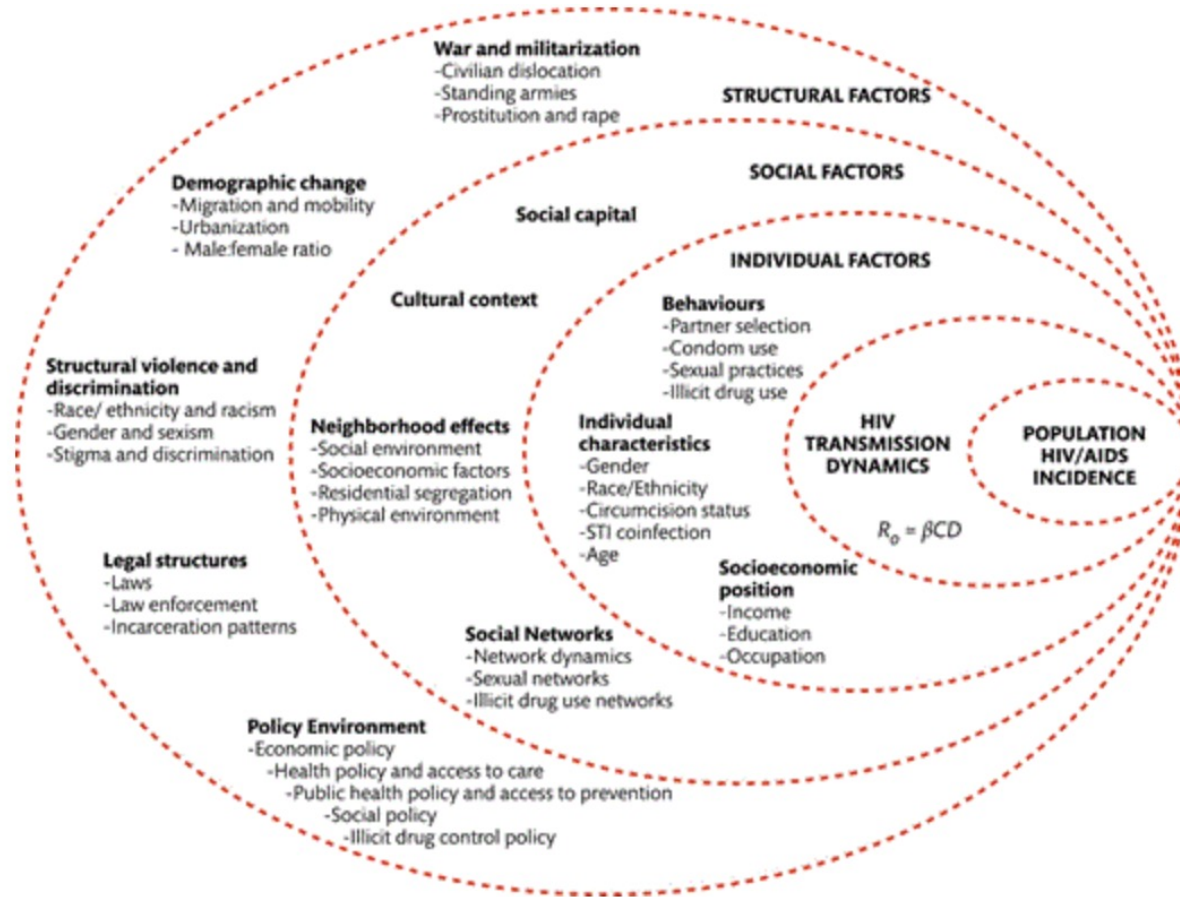


**Table 8.1** The three levels of interventions in public health

<b>Level of prevention</b>	<b>Intervention</b>	<b>Definition</b>	<b>Examples</b>
<b>Primary prevention</b>	Prevention	To avoid the development of a disease or disability in healthy individuals	Fluoride in toothpaste, vaccinations for communicable disease, healthy eating advice, seat belts in vehicles
<b>Secondary prevention</b>	Early intervention	Early disease detection and screening to prevent worsening of the disease and the emergence of symptoms, or to minimize complications and limit disability or mortality	Screening for cancer, e.g. breast and cervical cancer, screening for gestational diabetes, public campaigns to recognize the signs of meningitis or a stroke, needle exchange programmes for users of injectable drugs
<b>Tertiary prevention</b>	Harm reduction	To reduce the negative or long-term impacts of an already established disease or condition by restoring function and reducing further complications	Rehabilitation after a stroke, opioid substitution programmes, supervised injection facilities, disability- or dementia-friendly policies and environments



# A heuristic framework for the social epidemiology of HIV/AIDS.



- Social determinants of grieving and loss**
- Supportive social networks
  - Supportive workplace policies
  - Open and supportive society
  - Availability of professional services

- Social determinants of health**
- Economic stability
  - Education
  - Healthcare system
  - Community and social context
  - Food and nutrition
  - Neighbourhood and physical environment



- Social determinants of (a healthy) death**
- Social support network
  - Support for carers
  - Societal recognition and support
  - Availability of healthcare systems including palliative care
  - Ability to find meaning and coherence

**Report of the *Lancet* Commission on the Value of Death: bringing death back into life**

*Libby Sallnow, Richard Smith, Sam H Ahmedzai, Afsan Bhadelia, Charlotte Chamberlain, Yali Cong, Brett Doble, Luckson Dullie, Robin Durie, Eric A Finkelstein, Sam Guglani, Melanie Hodson, Bettina S Huseba, Allan Kellehear, Celia Kitzinger, Felicia Marie Knaul, Scott A Murray, Julia Neuberger, Seamus O'Mahony, M R Rajagopal, Sarah Russell, Eriko Sase, Katherine E Sleeman, Sheldon Solomon, Ros Taylor, Mpho Tutu van Furth, Katrina Wyatt, on behalf of the Lancet Commission on the Value of Death\**

Abel et al. (2023) Oxford Textbook of Public Health Palliative care

# Impact of Bereavement

- Bereavement
  - impact significantly on mental, physical, and social well-being ([Stroebe et al., 2007](#))
  - increase a bereaved person's risk of dying, including through suicide ([Latham and Prigerson, 2004](#))
  - Disintegration of social ties and networks as friends, neighbours, or co-workers ([Breen and O'Connor, 2011](#))
  - Widows and orphans are among the most vulnerable populations in the world ([Loomba Foundation, 2016](#))

# Impact of dying

- Isolation, stigmatization and withdrawal from social networks.
- Severe pain and symptoms.
- Massive social impact
  - Poverty
- existential, spiritual, or religious distress ([Boston et al., 2011](#)).

## ***Power and death***

***Power is the uncomfortable reality behind systems change.***

Khan H. How to change power in health.

# How does this look in Africa

## The Lancet Commissions

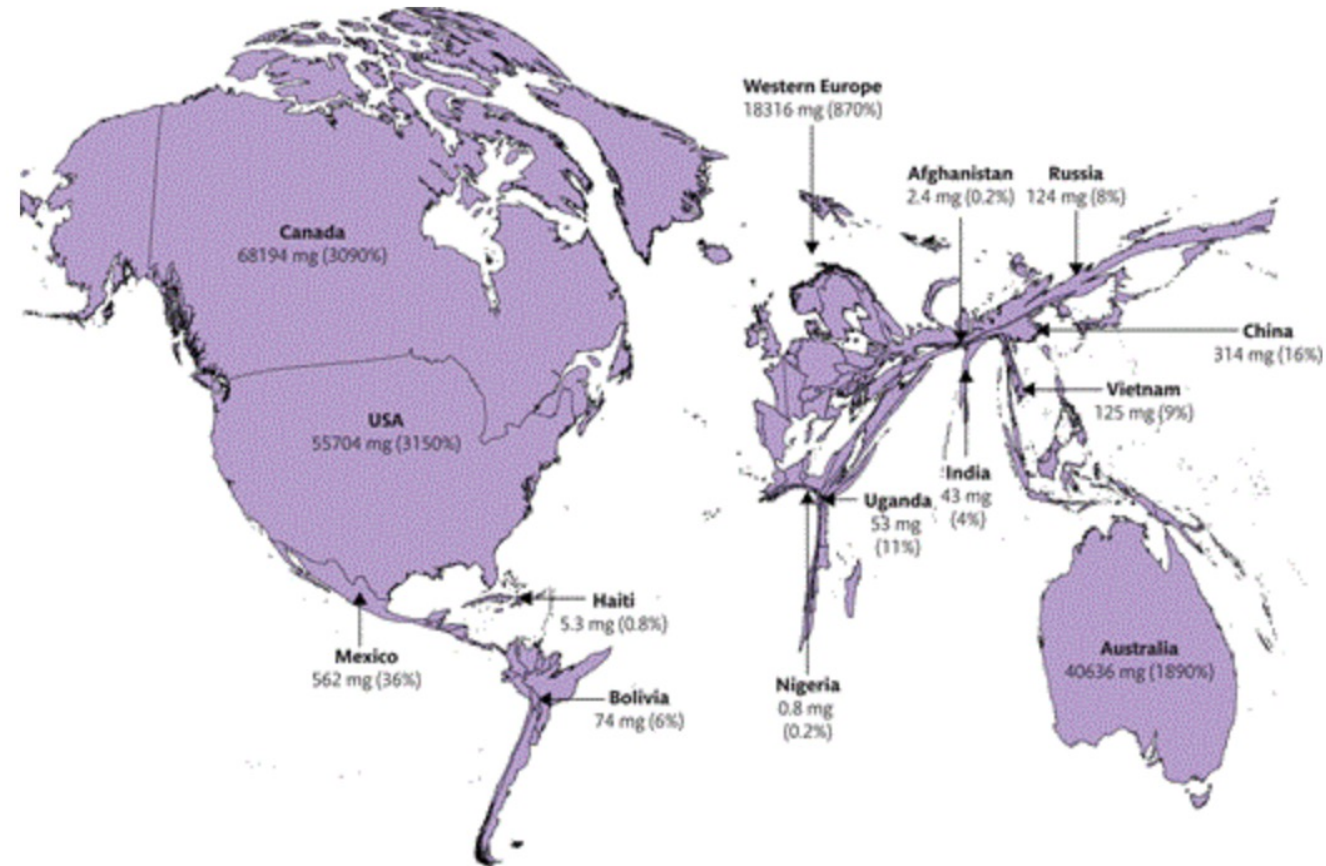
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### Alleviating the access abyss in palliative care and pain relief— an imperative of universal health coverage: the *Lancet* Commission report



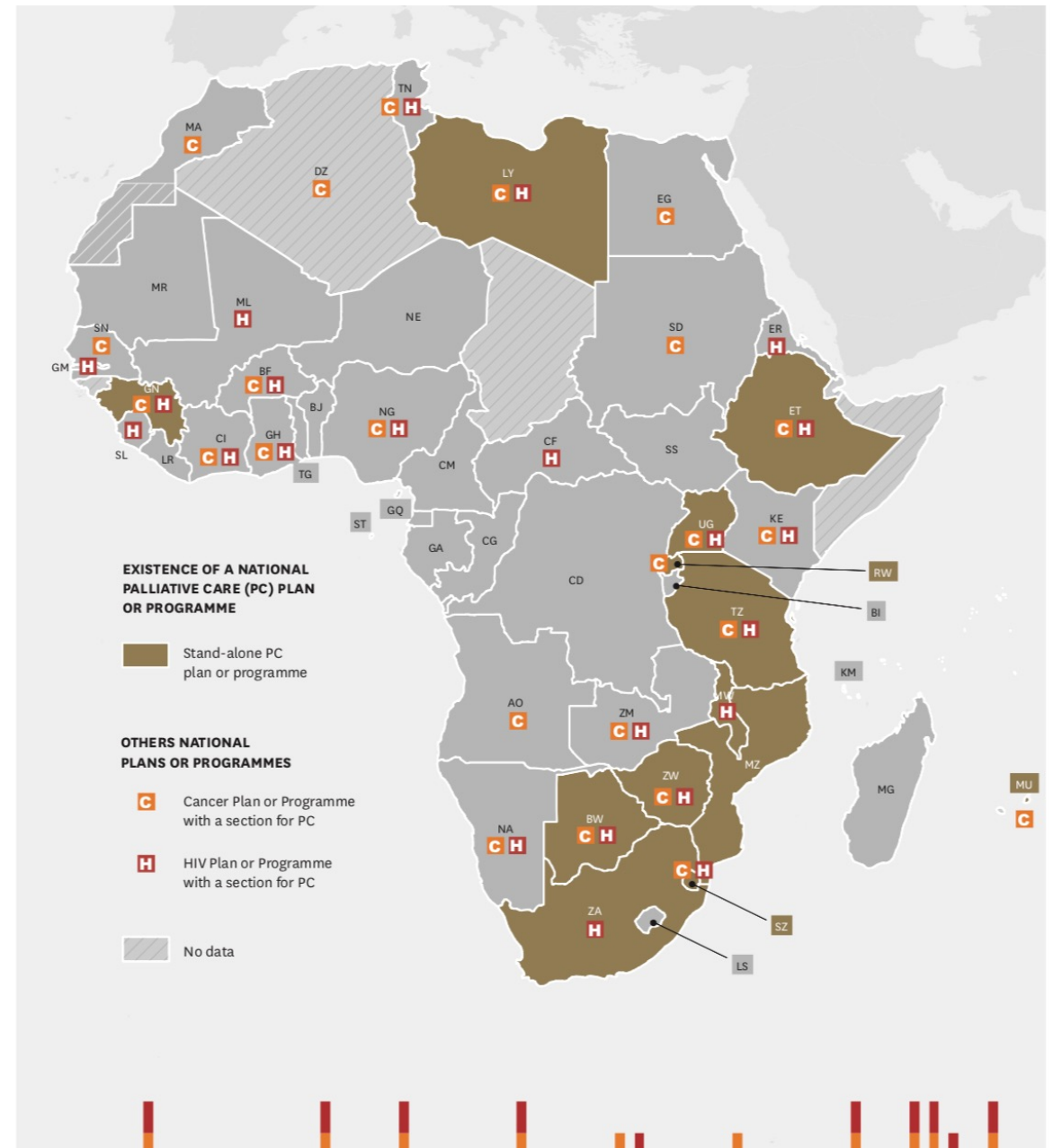
Felicia Marie Knaul, Paul E Farmer\*, Eric L Krakauer\*, Liliana De Lima, Afsan Bhadelia, Xiaoxiao Jiang Kwete, Héctor Arreola-Ornelas, Octavio Gómez-Dantés, Natalia M Rodriguez, George A O Alleyne, Stephen R Connor, David J Hunter, Diederik Lohman, Lukas Radbruch, Marā del Rocā Sēnz Madrigal, Rifat Atun†, Kathleen M Foley†, Julio Frenk†, Dean T Jamison†, M R Rajagopal†, on behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group‡

Distributed opioid morphine equivalent (morphine in mg/patient in need of palliative care 2010–2013), and estimated percentages of need that is met for the health conditions with serious health-related suffering.



# National Palliative Care Plans or Programmes (2016)

- The national plan/program should:
  - Have national scope.
  - Be designed to integrate palliative care in health care services.
  - Have a budget assigned.
  - Have a responsible person assigned.



# **Palliative Care needs and outcomes of patients with Hepatocellular Carcinoma enrolled on programs at Uganda Cancer Institute (UCI) and Mulago National Referral Hospital (MNRH).**

Florence Nabachwa

Liz Gwyther

- All participants stage 3-4 (n=50).
- Followed up over 3 months.
- 72% ECOG of 1-2.
- 72% had moderate to severe pain but only 34% had access to morphine and only 36% had access to specialised PC services.
- High attrition rate (>50%) due to mortality. Only 18% completed the study.

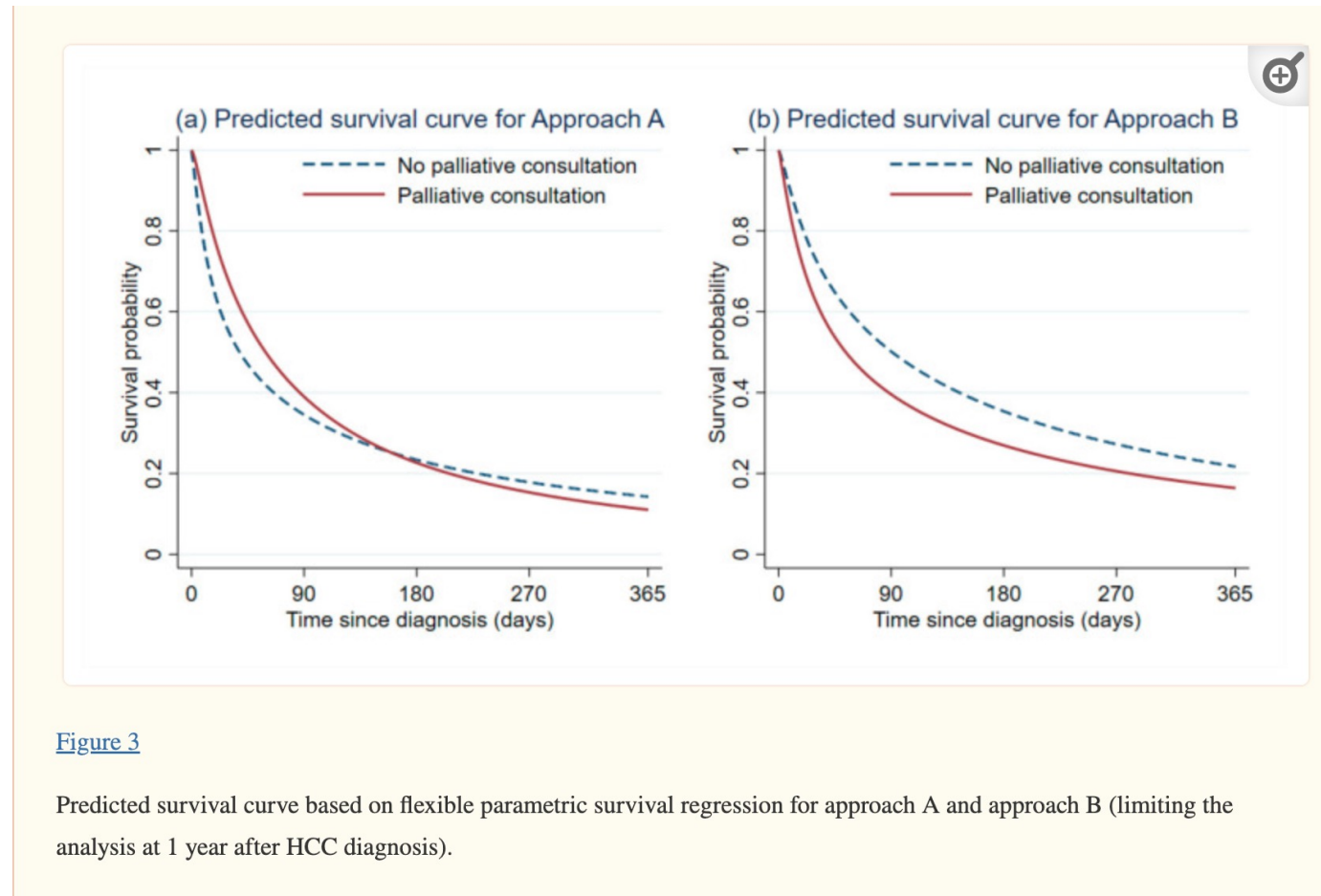


# Conclusion

- *There are significant unmet needs, including pain, heightened existential distress and lack of clear information or goal setting, which require further strengthening of PC within the medical and oncology services.*

# Emulation of a Target Trial to Evaluate the Causal Effect of Palliative Care Consultation on the Survival Time of Patients with Hepatocellular Carcinoma

[Tassaya Buranupakorn](#),<sup>1</sup> [Phaviga Thangsuk](#),<sup>1</sup> [Jayanton Patumanond](#),<sup>2</sup> and [Phichayut Phinyo](#)<sup>2,3,4,\*</sup>



[Figure 3](#)

Predicted survival curve based on flexible parametric survival regression for approach A and approach B (limiting the analysis at 1 year after HCC diagnosis).

# **Socioeconomic and racial/ethnic disparities in receipt of palliative care among patients with metastatic hepatocellular carcinoma**

Rodrigo E. Alterio MD, Michelle R. Ju MD, Sam C. Wang MD, John C. Mansour MD, Adam Yopp MD, Matthew R. Porembka MD 

# No Family Should Suffer From Cervical Cancer Twice—The Palliative Care Role in HPV Prevention



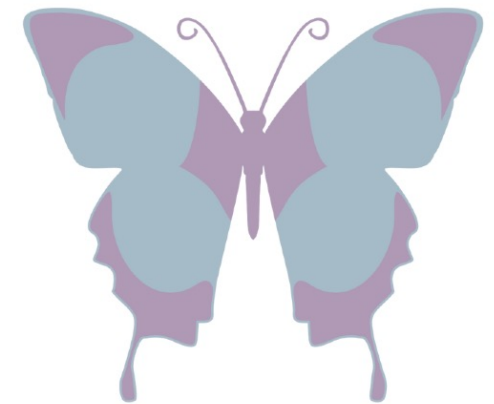
Sloka Iyengar, PhD, Kaley Kantor, MPH, Sunu Cyriac, MD, DM, Keerthi Remadevi, RN, Vidhya Usha, RN, Sherin Robinson, RN, Ashla Rani, MCA, M.R. Rajagopal, MD, and Ann Broderick, MD, MS

*Trivandrum Institute of Palliative Sciences, WHO Collaborating Centre for Training and Policy on Access to Pain Relief (S.I., K.K., K.R., V. U., S.R., A.R., M.R.R.), Pallium India, Kerala, India; Amala Institute of Medical Sciences (S.C.), Thrissur, Kerala, India; Hospice and Palliative Care, Veterans Administration Medical Center (A.B.), Iowa City, IA, USA*

- We also propose that palliative care clinicians accept the vital role in disease prevention in addition to relief from present and future suffering. We envision a scenario where palliative care physicians, nurses, and social workers, due to their proximity to the patient's family, play a vital role in the prevention of HPV-related diseases.

# What are the actions we need to take?

- WHA 67.19 resolution
- Kampala Declaration 2017
- South African National Policy Framework and Strategy on Palliative Care.
- Model for implementation of the policy in the Western Cape.



*Purposeful, Planned, Positive*

PALLIATIVE CARE

# Compassionate communities

Communities that develop social networks, social spaces, social policies and social conduct that support people through the many hours, days, weeks, months and sometimes years of living with a life-threatening or life-limiting illness, ageing, grief and bereavement, and long-term caregiving' ([Wegleitner et al., 2016](#). p. xiv).

## Primary Prevention: avoid disability in healthy individuals

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- Obtain permission and talk about it with patients and families

Patient sticker

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Dear Sister/Doctor

This patient's relative has been diagnosed with chronic hepatitis B and hepatocellular carcinoma.

Please provide screening and linkage to appropriate care.

Screening tests for hepatitis B include:

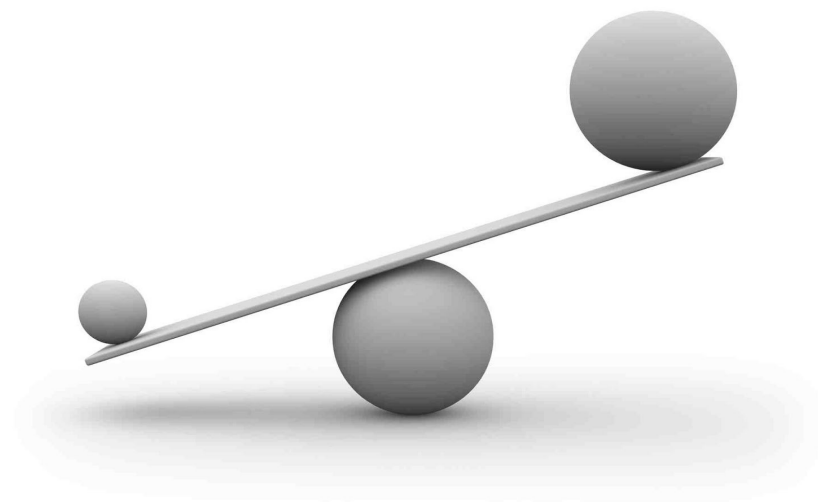
- Hep B surface antigen (HepB sAg)
- Hep B surface antibody (HepB sAb)

If Hepatitis B surface antigen is positive, please provide linkage to long term care and treatment.

If Hepatitis B surface antigen and antibody are both negative, please provide a 3-dose course of Hepatitis B vaccination.

Thank you for your assistance.

# Family centred approach



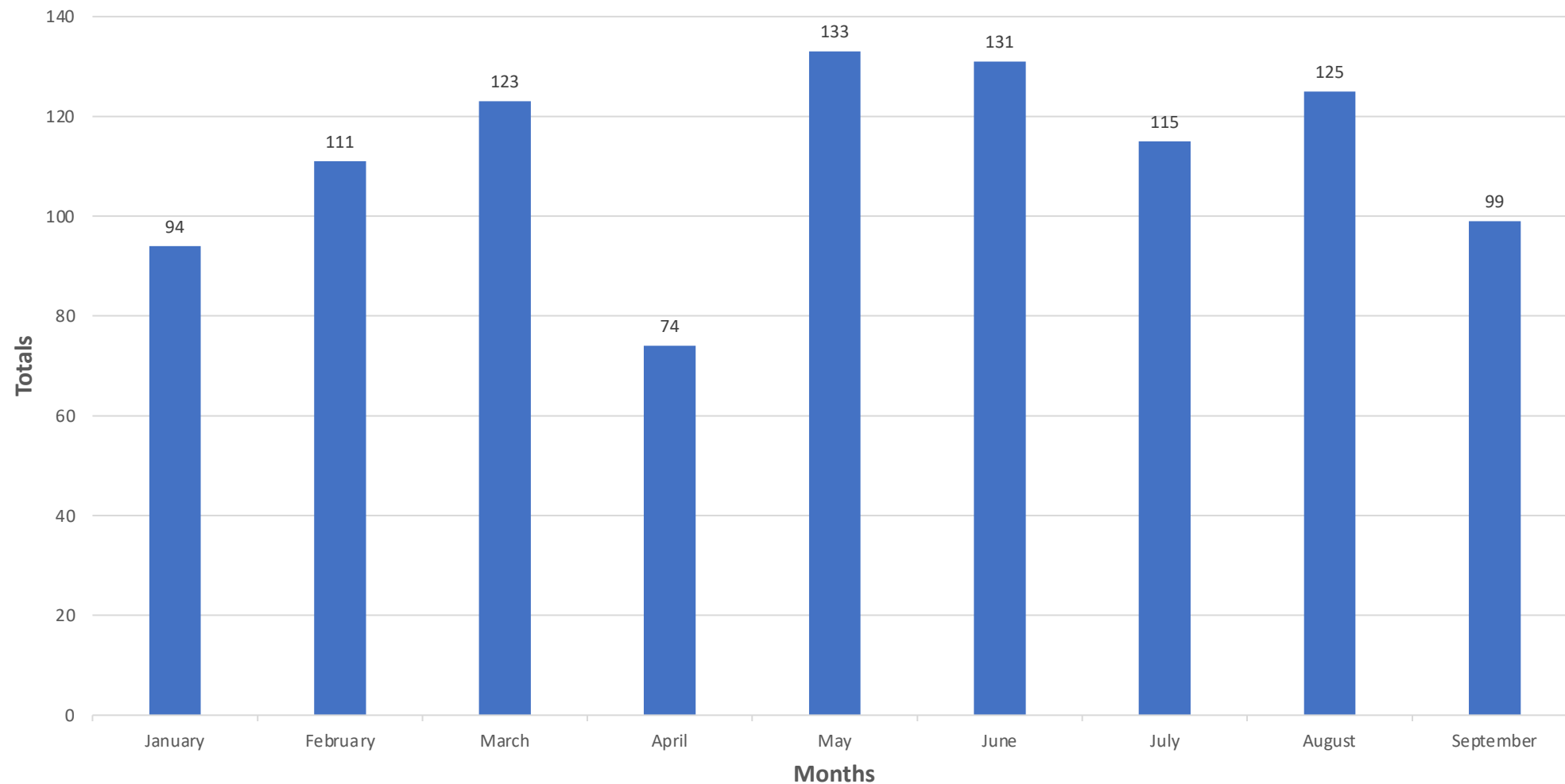


- Counselling families on the diagnoses and prognoses.
- Facilitating complex conversations.
- Assisting with future care planning.
- Educating on how to care for the patient and themselves.
- Linking with support services across the Western Cape.
- Providing them with our contact details for telephonic help.



Family Care

## Family Meetings Held 2023



# Number of Family Meetings held

- January 2023 – September 2023

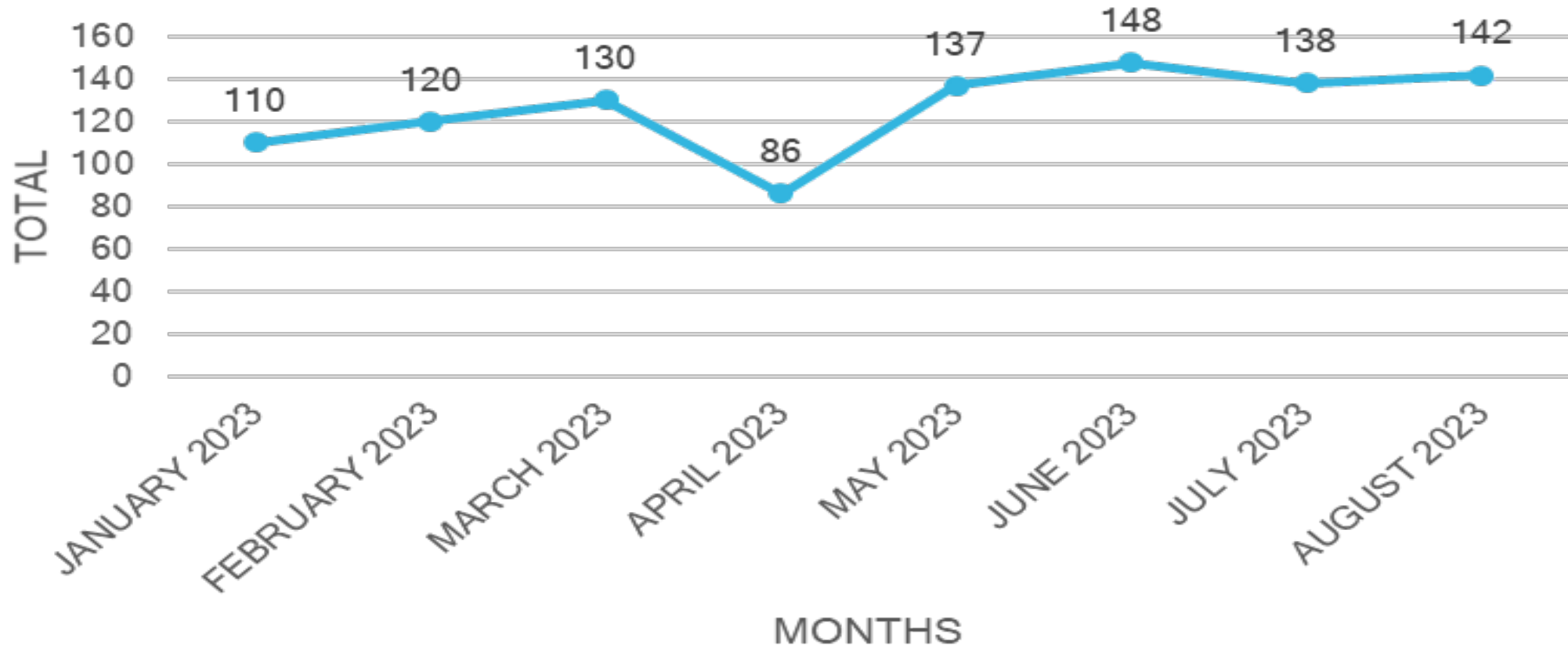


## Secondary prevention: early interventions



- Patient and family-centred approach at an early stage.
- Multidisciplinary involvement.

# NEW PATIENTS SEEN 1011



Number of patients referred and seen 2023

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# Inpatient Palliative Care Consultation Is Associated with Lower Hazard of Readmission for Patients with Hepatocellular Carcinoma (RP506)

Christopher Woodrell MD, Nathan Goldstein MD FAAHPM, Jaison Moreno MA, Myron Schwartz MD, Thomas Schiano MD, Melissa Garrido PhD

# Health systems centred approach

- Guidelines
- Quality improvement audits
- Education and training
- Monitoring and evaluation

# Tertiary prevention: harm reduction

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## Palliative care and catastrophic costs in Malawi after a diagnosis of advanced cancer: a prospective cohort study

*Maya Jane Bates, Miriam R P Gordon, Stephen B Gordon, Ewan M Tomeny, Adamson S Muula, Helena Davies, Claire Morris, Gerald Manthalu, Eve Namisango, Leo Masamba, Marc Y R Henrion, Peter MacPherson, S Bertel Squire, Louis W Niessen*



Catastrophic costs were experienced by **nine (47%) of 19 households who received palliative care** versus **48 (69%) of 70 households who did not** (relative risk 0·69, 95% CI 0·42 to 1·14,  $p=0\cdot109$ ). Palliative care was associated with substantially reduced **dissaving** (median US\$11, IQR 0 to 30 vs \$34, 14 to 75;  $p=0\cdot005$ ). The mean difference in total household costs on cancer-related health care with receipt of palliative care was  $-36\%$  (95% CI  $-94$  to  $594$ ;  $p=0\cdot707$ )

- Medical students (6<sup>th</sup> years and 4<sup>th</sup> years)
- Family Medicine registrars
- Gynae-oncology registrars
- Visiting professional Nurses from across South Africa
- Specialized clinics (CCWR and Renal Clinic)



Training



**UNIVERSITY OF CAPE TOWN**  
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD  
FACULTY OF HEALTH SCIENCES



- Abel, Julian, and Allan Kellehear (eds), *Oxford Textbook of Public Health Palliative Care*, Oxford Textbooks in Palliative Medicine (Oxford, 2022; online edn, Oxford Academic, 1 May 2022), <https://doi.org/10.1093/med/9780198862994.001.0001>, accessed 23 Nov. 2023.