

Unmet needs in palliative care for OG cancer

Idris Baker
National Clinical Lead for Palliative & End of Life Care, Wales

30th January 2023



GIG
CYMRU
NHS
WALES

Rhaglen Genedlaethol Gofal
Lliniarol a Diwedd Oes
National Palliative and End
of Life Care Programme




Palliative care

- WHO 1990: The active total care of people whose disease is no longer amenable to curative treatment (or earlier in the course of the illness)
- IAHPC 2020: The active holistic care of individuals across all ages with serious health-related suffering due to severe illness and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers.

mascc.org

ukascc.org.uk not
accessible yet which
is perhaps
emblematic of the
state of supportive
care in most places...



**Every patient with
cancer needs
supportive care**

[Learn more](#)

[Join MASCC](#)



Supportive care?

- The prevention and management of the adverse effects of cancer and its treatment
– MASCC
- Principles of holistic assessment, symptom control, attention to full breadth of illness experience, person-centred care, multidisciplinary working, family support, all applied to people with possibly cured or potentially curable disease

Drugs

ORIGINAL ARTICLE | [VOLUME 33, ISSUE 12, P1296-1303, DECEMBER 2022](#)

An international, open-label, randomised trial comparing a two-step approach versus the standard three-step approach of the WHO analgesic ladder in patients with cancer

[M. Fallon](#)   • [K. Dierberger](#) • [M. Leng](#) • [P.S. Hall](#) • [S. Allende](#) • [R. Sabar](#) • [E. Verastegui](#) • [D. Gordon](#) • [L. Grant](#) • [R. Lee](#) • [K. McWilliams](#) • [G.D. Murray](#) • [L. Norris](#) • [C. Reid](#) • [T.A. Sande](#) • [A. Caraceni](#) [†] • [S. Kaasa](#) [†] • [B.J.A. Laird](#) [†] • [Show less](#) • [Show footnotes](#)

Drugs

- Morphine still works
- Principles of analgesic ladder still work (even if step 2 is wobbly)
- But high quality evidence on nonopioids and adjuvants – work in progress
- And need better evidence synthesis to translate knowledge into practice

Blocks

- Should we have a lower threshold for referral for some form of nerve block or neurolysis in pain from OG cancer?
- Much of the conversation is re HPB and even there evidence for early intervention is lacking 'abdominal pain which is nonresponsive to less aggressive analgesic interventions'

'Celiac Plexus Block' in NLM *StatPearls* 2022

The real gap...

- Access to something basic
- Inequitable
 - Geography
 - Age – fewer referrals in old age even though symptom assessment is more complex – we're probably better at projecting than we are at empathising
- A bit too dependent on waiting to be sure it's needed & we've done everything else

Is it working?

- New value-based national clinical programme for PEOLC
- Core outcome set + seeking harmonisation with disease-specific outcome measures
- System-wide collection of data to
 - inform clinical care
 - inform development

Bake off

- Fine tune the recipe
- Check you're following it
- Above all – how's the cake?