Mini Review

Palliative Care for Breast Cancer Patients

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Abstract

Palliative therapy, a specialized type of care helps breast cancer survivors to improve their psychosocial, emotional well-being and ultimately QOL. Patients with the advanced stage of breast cancer urgently need palliative care services, an important and essential component of cancer therapy. It is a specialized medical care with an intention to relieve pain, symptoms and stress of the serious illness. Palliative care is a collaborative work involving number of disciplines. Pain management, psychological and spiritual supports are the core components of palliative care. Palliative care can be provided at home, in a hospice, hospital or palliative care center. Though palliative care is considered as a part of end-of-life, it can be integrated at any phase during cancer treatment. In the present review, we emphasized the role of palliative care in overall treatment plan for breast cancer from the point of diagnosis of the disease.

General breast cancer related symptoms are fatigue, weakness, pain, headache, nervousness, anxiety, difficult sleeping, nausea, vomiting, fear and depression. Controlling burden of the symptoms related to cancer or its treatment is the most important part of palliative care. Among advanced breast cancer patients, care depends upon the site of metastasis. Palliative chemotherapy helps terminally ill patients to improve disease free or overall survival, minimize or relieve the symptoms, improve quality of life and psychological benefits. But the role of chemotherapy and endocrine therapy remains controversial among advanced breast cancer women. Factors that should be taken into consideration to offer chemotherapy near end-of life are functional status, willingness of patients and physician’s perception of outcome of the disease. Hence appropriateness in the use of end of life chemotherapy is very critical and challenging issue to provide palliative care.

Palliative care can include radiation therapy, surgery, chemotherapy or medicine to minimize symptom burden like pain management. Palliative care, an important integral part of treatment of breast cancer must be provided to all patients even diagnosed at early stage to control the symptom burden, minimize adverse effects of therapy and improve QOL. If palliative care is offered at the time of diagnosis among patients with advanced breast cancer, it works with best results that benefit the patients.

Key Words: Palliative Care; Advanced Breast Cancer; Symptom Burden; Quality of Life

Introduction

Breast cancer, an emerging major public health problem is a highly heterogeneous disease. With tremendous advances in the field of therapeutic modalities, breast cancer has relatively the favorable prognosis leading to rising number of survivors worldwide. Among patients with recurrence or diagnosed as metastatic breast cancer, 5% survive for more than 10 years [1]. Inspite of availability of most advanced treatment options for breast cancer, cases with advanced disease remain incurable with reported median overall survival of 24-30 months [2]. Such women need palliative therapy to prolong progression-free or disease-free survival, control of disease related symptoms and maintenance of high quality of life (QOL). Hence, various issues are gaining prominence to address during survivorship of breast cancer patients. Palliative therapy, a specialized type of care remains a ray of hope and need of the hour for breast cancer survivors to improve their psychosocial, emotional well being and ultimately QOL. Patients with the advanced stage of breast cancer urgently need palliative care services, an important and essential component of cancer therapy. It is a specialized medical care with an intention to relieve pain, symptoms and stress of the serious illness. According to World Health Organization, palliative care is defined as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through
the prevention and relief sufferings by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual” [3].

Palliative care is a collaborative work involving number of disciplines. Pain management, psychological and spiritual supports are the core components of palliative care. The ultimate goal of palliative care is to empower the patients so as to improve QOL of patients and family members by relieving pain and minimizing other symptom burden, providing quality nursing care and psychosocial and spiritual support by family members and dedicated care givers. Such palliative care is possible with optimal treatment plan and protocol of care for patients in the phase of end of life. Palliative care can be provided at home, in a hospice, hospital or palliative care center. Hospice care includes specialized care to manage symptoms with medicines, control side effects and promote the comfortable end of life. To provide quality care, interdisciplinary, multi-dimensional dedicated team is needed that should be comprised of doctors, nurses, counselors, social workers and volunteers [4]. To improve the applications and utility of palliative care, essentially there should be a policy to promote education, training and research endeavors about palliative care. Though palliative care is considered as a part of end-of-life, it can be integrated at any phase during cancer treatment. In the present review, we emphasized the role of palliative care in overall treatment plan for breast cancer from the point of diagnosis of the disease.

**Symptom Burden among Cancer Survivors**

General breast cancer related symptoms are fatigue, weakness, pain, headache, nervousness, anxiety, difficult sleeping, nausea, vomiting, fear and depression. Patients with advanced disease worry about their survival, QOL, family issues and death. Hence along with medical management, they need stress management also. Hence social and family support is critical to cope with life as cancer survivor. Controlling burden of the symptoms related to cancer or its treatment is the most important part of palliative care. Symptoms vary individually depending upon the stage and grade of disease and site of metastasis. Relieving symptoms burden ensure best possible QOL.

Pain is the most common distressing symptom in cancer that needs several interventions promptly through complementary and integrative medicine. In advanced cancer cases, prevalence of chronic pain has been estimated at 70-90%, which may be due to pathological bone fractures, brain or epidural metastasis, and leptomeningeal metastasis and cord compression due to secondary’s in bone. For pain management, various pharmacological agents are recommended. For neuropathic pain, adjuvant antidepressants, anticonvulsants are the first line treatment in combination with opioids. Topical anesthetics like lidocaine patch are also useful to relieve pain. For localized bone pain without cord compression or fracture, non-steroidal anti-inflammatory drugs, acetaminophen with opioids can be used [5]. In 5th Breast Health Global Initiative Global Summit, an expert international panel considered pain management as a priority at basic level of resource allocation and easy availability of morphine in low and middle-income countries. They recommended regular assessment of pain and its pharmacological as well as non-pharmacological management [6]. Chief concerns in pain management with analgesics and opioids are psychological and physiological drug dependence and addiction. For acute and sometimes chronic pain, nerve blocks, epidural and intrathecal pumps and trigger point injections are used as short-term therapy.

Another significant frequent symptom among breast cancer patients is fatigue with estimated prevalence of 25-99% during treatment and 20-35% off treatment [7]. Methylphenidate, a psycho stimulant that increase levels of dopamine has been found to be effective in the management of cancer related fatigue [8]. Psychological morbidity is an important issue to address in palliative care. Depression, sadness with insomnia needs moral support from family members, society and caregivers. Cognitive behavioral therapies, exercise interventions help to improve sleep. Antidepressants and anxiolytics can be used, but monitoring of their dosage and drug interaction is another major challenge. Any patient with breast cancer may develop lymphedema causing arm and shoulder problems, which may be managed with decongestive lymphatic therapy, low-level, laser treatment [5]. Pulmonary carcinomatous lymphangitis is seen commonly in breast cancer patients causing dyspnea. The role of pharmacological agents is doubtful to relieve dyspnea. Pleurodesis with doxycycline or talc, thoracenteses or placement of PleurX catheter can help patients during palliative management for dyspnea [9].

**Management of Metastatic Breast Cancer**

Bone is the most common site for breast cancer. It is one of the reasons for significant morbidity associated with bone pain, fractures, hypercalcemia and spinal cord compression. Effective pharmacotherapy with administration of NSAIDs, opioids, analgesics in combination with radiotherapy and steroids have been found to be beneficial among patients of breast can cancer with secondaries in bone. Breast cancer commonly invades skin directly causing ulcerating wounds. Immediate care and prevention of progression of the wound is an important concern in palliative care. Lung metastasis is another common site for metastasis from breast cancer that is presented as shortness of breath, chest pain, cough, and dyspnea on exertion, hemoptysis and respiratory distress. Symptomatic management should be offers in terms of analgesics, palliative thoracocentesis, oxygen therapy, and radiotherapy. In case of metastasis to liver, intestinal tract, palliative care to reduce cancer-related symptom burden help to improve QOL. While offering first-line therapy regimen, one must consider various factors in terms of tumor characteristics like status of hormone receptor, human epidermal growth factor receptor, tumor burden, previous treatment received and patients’ condition like comorbidities, disease free interval and the patients’ choice [10].
Palliative Therapies at End-of-Life

Palliative chemotherapy helps terminally ill patients to improve disease free or overall survival, minimize or relieve the symptoms, improve quality of life and psychological benefits. But the role of chemotherapy and endocrine therapy remains controversial among advanced breast cancer women [11]. Proportion of patients receiving end-of-life chemotherapy (EOLC) is not exactly documented in literature. It depends on tumor subtype and condition of the patient. In Germany first prospective German clinical cohort study Tumor Registry Breast Cancer (TMK) data analyzed about choice of systemic first-line treatment, number of treatment lines and survival of patients with breast cancer. In this cohort, 1584 patients started their first-line palliative treatment for advanced disease and 1395 had detail data about their tumor subtype. Results reported difference in median overall survival with more favorable outcome for HR and HER2 positive patients than triple negative tumors. TMK trial data shows broad range of regimens with or without targeted compound [12]. Mathew et al investigated the prevalence and determinants of EOLC users among 274 metastatic breast cancer patients. They reported more use of EOLC among young women and those with greater the burden of the disease. The role of palliative chemotherapy at EOL is a controversial issue because of its useful and harmful effects [13]. The Quality Oncology Practice Initiative of the American Society of Oncology identified cessation of EOLC in the last 2 weeks of life as a benchmark to improve clinical practice [14]. Factors that should be taken into consideration to offer chemotherapy near end-of-life are functional status, willingness of patients and physician’s perception of outcome of the disease [15]. Hence appropriateness in the use of EOLC is very critical and challenging issue to provide palliative care.

Palliative care can include radiation therapy, surgery, chemotherapy or medicine to minimize symptom burden like pain management. The outcome of such treatments is measured in terms of tumor reduction or disease stability, survival end points [16]. Palliative and supportive care provides excellent care to the patients during period of end-of-life. It includes integrated palliative care team and could benefit involvement of community-based support and active involvement of family members. Basic palliative services can be provided at low cost and can improve overall health and wellness of women with breast cancer. Depending on availability of the resources, further advanced care can be provided. There is a paucity of research literature in the field of palliative care. Barthakur MS et al addressed the issues of body image and sexuality as its impact it impacts QOL among breast cancer survivors. Their study participants experience various forms of body image issues and difficulties in sexuality as a consequence of breast cancer treatment [17]. Randomized controlled trials reported improvement in QOL and survival for patients with metastatic breast disease with help of palliative care [18].

Implementation of Palliative Care in Routine Oncology Practice

Palliative care, an important integral part of treatment of breast cancer must be provided to all patients even diagnosed at early stage to control the symptom burden, minimize adverse effects of therapy and improve QOL. It also helps to address spiritual, emotional issues and decision making about treatment and for grief counseling not only for patients, but their family members also. Implementation of palliative care is a challenging job. It needs continued multidisciplinary efforts, educational activities, training protocols, well designed studies to provide high quality evidence-based palliative care and clinician resources. Bakitas M and colleagues studied effect of multi component intervention to improve QOL, lower symptom intensity through ENABLE (Educate, Nurture and Advice) project [19]. Most important concern in oncology and end of life care among patients with advanced incurable disease is the high cost. Concurrent administration of palliative care and oncology treatment in patients with metastasis and high symptom burden should be considered in early course of the disease [20]. Palliative care can take place in the hospital along with the treatment or in outpatient setting or at home also. Breast cancer patients can be benefited by palliative care at any stage of the disease.

Management strategies during palliative care for women with breast cancer depend on the symptoms, site of metastasis, late-disease complications, tumor characteristics, co morbidities, age of the patients and availability of resources like therapeutic modalities and trained, dedicated human resources. Palliative care among metastatic disease is complex and crucial that needs effective coordination of different teams, routine assessment and reassessment of the patients. With this patient-centered approach, if palliative care is offered at the moment of diagnosis along with ongoing treatment like chemotherapy, hormonal therapy and surgery, overall costs of cancer management can be reduced. At the end-stage of life, emotional, spiritual support and pain management must be the priority over cancer therapies.

Conclusion

Palliative care may be referred as supportive care or symptom management. It is not curative therapy, but focus of management diverts from the cure of cancer to comfort care. Integration of palliative care in routine oncology practice can decrease burden of caregivers, improve QOL, patients’ satisfaction and survival. It focuses on all aspects of the patients and provides wide range of care and services to patients and family members. If palliative care is offered at the time of diagnosis among patients with advanced breast cancer, it works with best results that benefit the patients.
References


