



La gestione del dolore e le cure palliative

Augusto Caraceni

Direttore SC Cure Palliative Terapia del dolore e Riabilitazione
Fondazione IRCCS Istituto Nazionale dei Tumori di Milano

Professore di Medicina e Cure Palliative

Università Statale degli studi di Milano



Co-funded by
the Health Programme
of the European Union



Dolore e cure palliative

- Il 60 – 70 % almeno di coloro che muoiono hanno bisogni specifici di cure palliative
- Oggi il 60% dei pazienti che accedono alle cure palliative specialistiche , cioè a servizi dedicati sono pazienti oncologici
- In Europa si prevedono per il 2040 più di 2.5 milioni di morti per cancro

- Risultati dei due temi sono stati condivisi con
 - European Association for Palliative Care
 - Organization of European Cancer Institutes
 - European Cancer Patients Coalition
 - International Association for the Study of Pain

- Workshop EAPC World Conference 2020
 - European Palliative Care Research Center Seminar 2020



**WP 10 Governance and Integration
of comprehensive cancer care**

Comprehensive Cancer Care Networks (CCCN's)

Standard for
Comprehensive Cancer Care Networks

Bratislava consensus statement WP 8

Task 2 Pancreatic cancer care

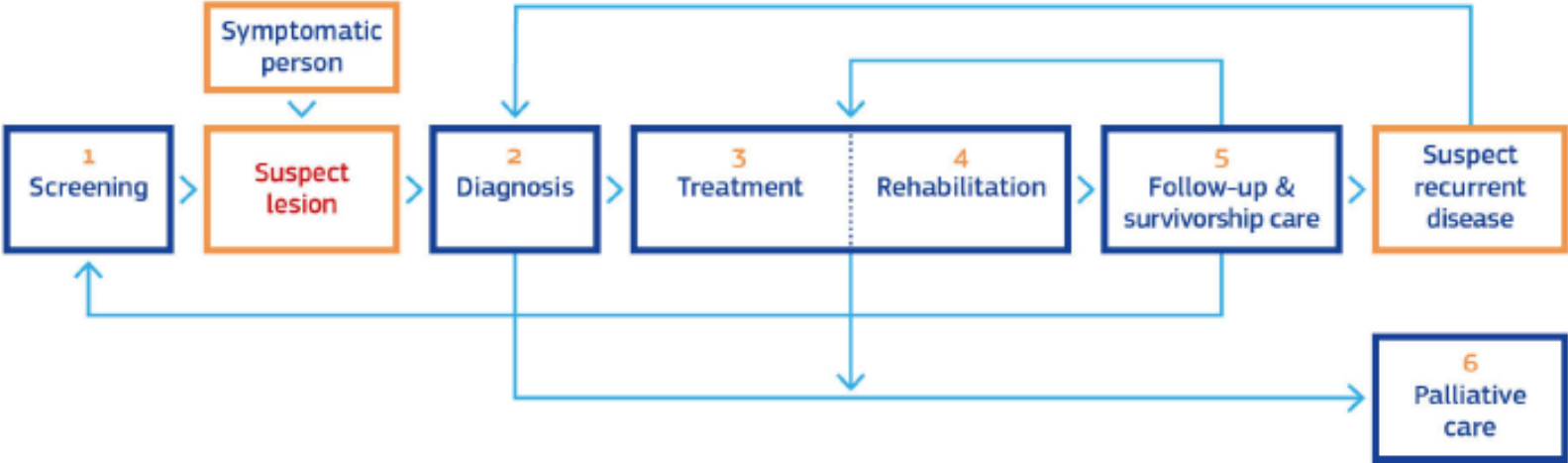


- Articulate clinical services at all levels of the health care system through a network approach by including primary care, **palliative care** (e.g. home care), and survivorship care, among others, in the organisational framework.
- the best care, a range of other domains should be taken into account, including referral pathways, diagnostic procedures, indications for and administration of medical (systemic) treatments, **early integration of palliative care**, research output, and participation in clinical trials, among others.
- specialised **MDT units** to include the **core specialties** of medical oncology, gastroenterology/endoscopy, pathology, radiology/interventional radiology, surgery, nuclear medicine, radiation oncology, nursing, and **palliative care**.



European Commission Breast Cancer Initiative

Figure 3: Breast cancer care pathway



Europe Beating Cancer Plan

Develop new guidelines and quality assurance schemes for screening, diagnosis, treatment, rehabilitation, follow-up and palliative care for colorectal and cervical cancer, including accreditation and certification programmes, while continuously updating the existing guidelines on breast cancer – 2021-2025

Europe Beating Cancer Plan

Flagship 5: The Commission will establish, by 2025, an EU Network linking recognised National Comprehensive Cancer Centres in every Member State⁵⁶

The EU network will be supported by the existing four rare-cancer focused Reference networks and a group of **newly-created Reference networks**. These new Reference Networks will look at specific challenging cancer conditions, which will benefit from cross border cooperation and EU expertise. These conditions include metastatic disease, comorbidities in cancer-care, complex cancers with poor prognosis, paediatric cancers and specific conditions related to genomic in cancer care **palliative care** and survivorship.



Proposed Mission

CONQUERING CANCER: MISSION POSSIBLE

Report of the Mission Board for Cancer

Independent
Expert
Report



Research and
Innovation

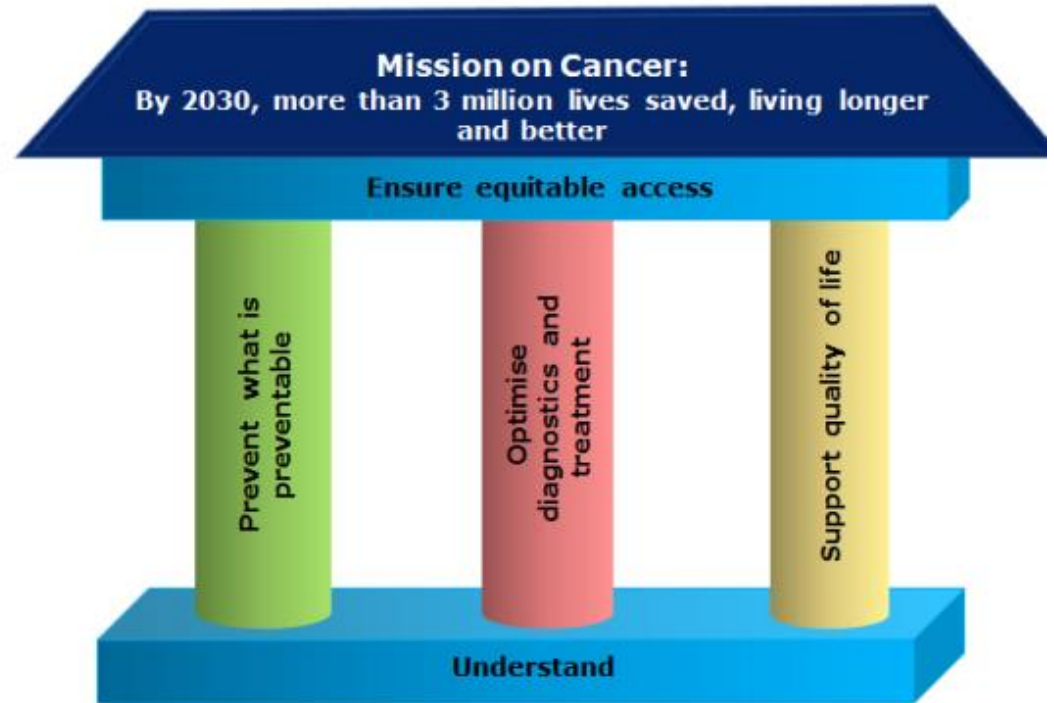


Figure 1. Intervention areas for action

Dolore

Prevalence of moderate - severe pain

Population	Pain \geq 5	95% CI
After curative treatment (7322)	27.6	18.9 – 36.3
During anticancer treatment (4670)	32.4	26.6 – 33.2
Advanced , metastatic or terminal (7482)	51.9	37.7 – 66.1

Revisione letteratura

- Una definizione operativa di “survivor”, “survivorship” richiede una classificazione per:
 - Intervallo dalla diagnosi
 - Stato della malattia
 - Stato della terapia antineoplastica
- Sensibilità culturale
 - Sopravvisuti (?)
 - Sopravvivenenti (?)
 - Lungoviventi (AIOM)

Cure palliative precoci



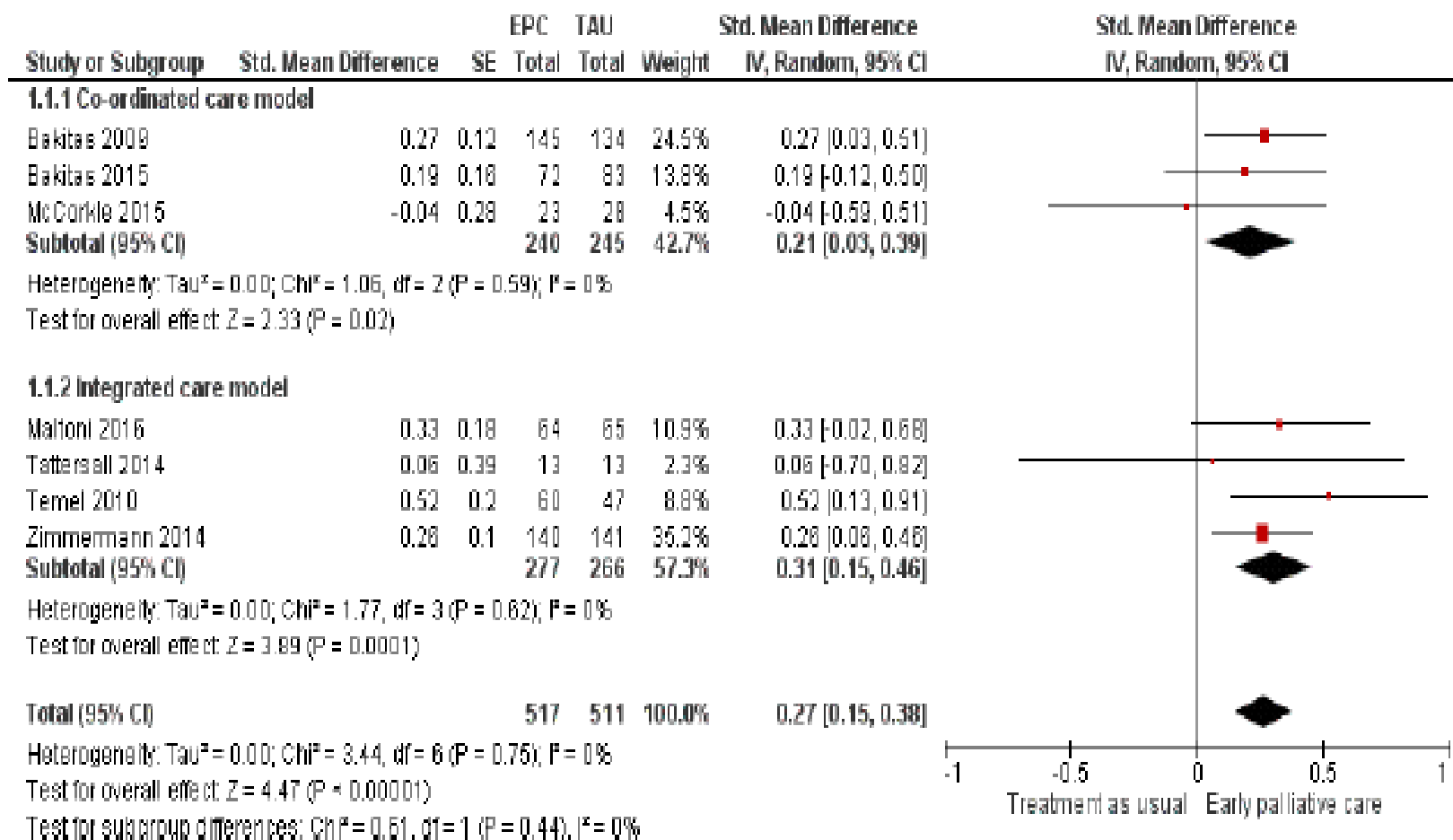


Cochrane Database of Systematic Reviews 2017

Early palliative care for adults with advanced cancer (Review)

Haun MW, Estel S, Rucker G, Friederich HC, Villalobos M, Thomas M, Hartmann M

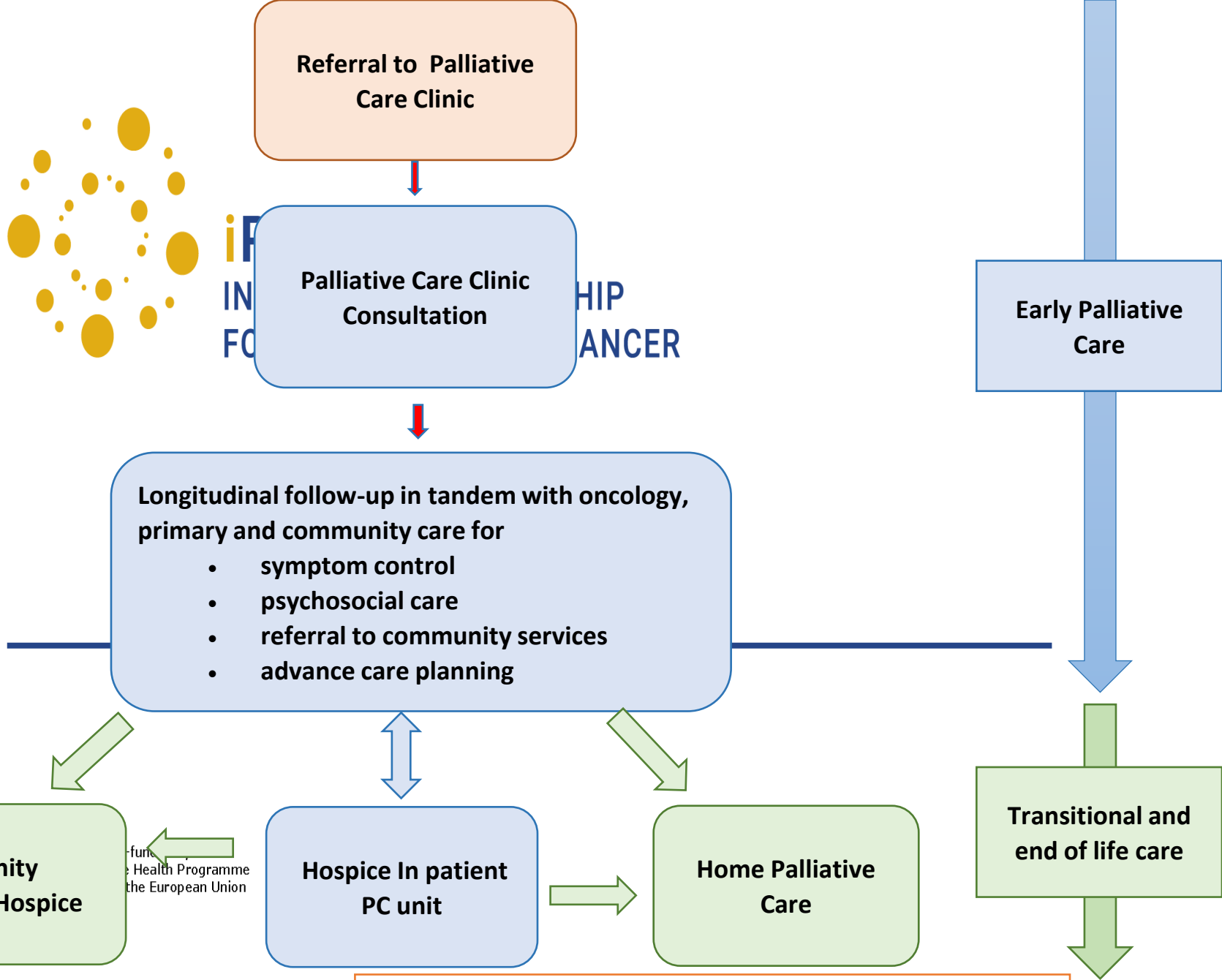
Figure 4. Forest plot of comparison: I Health-related quality of life, outcome: I.1 Health-related quality of life.



Modelli di integrazione

Kaasa S et al Lancet Oncology Commission 2018





Kaasa S et al Lancet Oncology Commission 2018

Table 4. Characteristics of studies on integrated model

Modelli di integrazione

Study first author and year of publication	Study duration weeks	Mean number of PC visits per patient during study period	Frequency of PC visits: weeks	Patients reported outcomes	Caregiveres outcomes	Health Resource utilization
Temel 2010	12	4	3	+	NA	+
Zimmermann 2014	12 – 16	> 2.4	5	+	+	NA
Maltoni 2016	12	8.9	1.3	+	NA	NA
Temel 2016; 2017	24	6.5	3.7	+	+	
Vanbutsele 2018; 2020	18	3	6	+	NA	-
Scarpi 2019	12	4.3	2.7	-	NA	NA
Brimms 2019	24	????	-	+	+	
Groenvold 2017	8	????	-	-	NA	NA

Conclusioni dolore

- Cancer pain assessment and diagnosis (CAUSA)
- **Implement PROMs including pain assessment in routine cancer care**
 - **CONVERGENZA con WP10 accreditamento dei network**
 - **Prossimo Bando HORIZON EUROPE**
- Improve guidelines for cancer pain management based on patient centred decision making
- Guarantee Equitable access to pain therapy and palliative care and integration between oncology and palliative care services in comprehensive cancer care networks
- Identify cancer survivors special needs without blurring individual patients needs across supportive care, survivorship care and palliative care strategies

Conclusioni Cure Palliative

- Accredитamento reti e centri
 - Incluso cure palliative precoci e simultanee
- Percorsi di cura certificati
- Ricerca Horizon Europe
- **Implement PROMs including pain assessment in routine cancer care**
 - **CONVERGENZA con WP10 accredитamento dei network**
 - **Prossimo Bando HORIZON EUROPE**