

Holistic Personalised Management to improve Quality of Life

*Understanding the Complexity of
Survivorship in Modern Oncology*

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Evolution of Cancer Control

Threat or treat

- The control and use of big data
knowledge is power
- Panomics
genomica, proteomica, metabolima and
transcriptomica
- Social health care cost
needs total revision
- Empowerment of the patient
needs health literacy

The DREAM communication

Data collection – accurate history taking

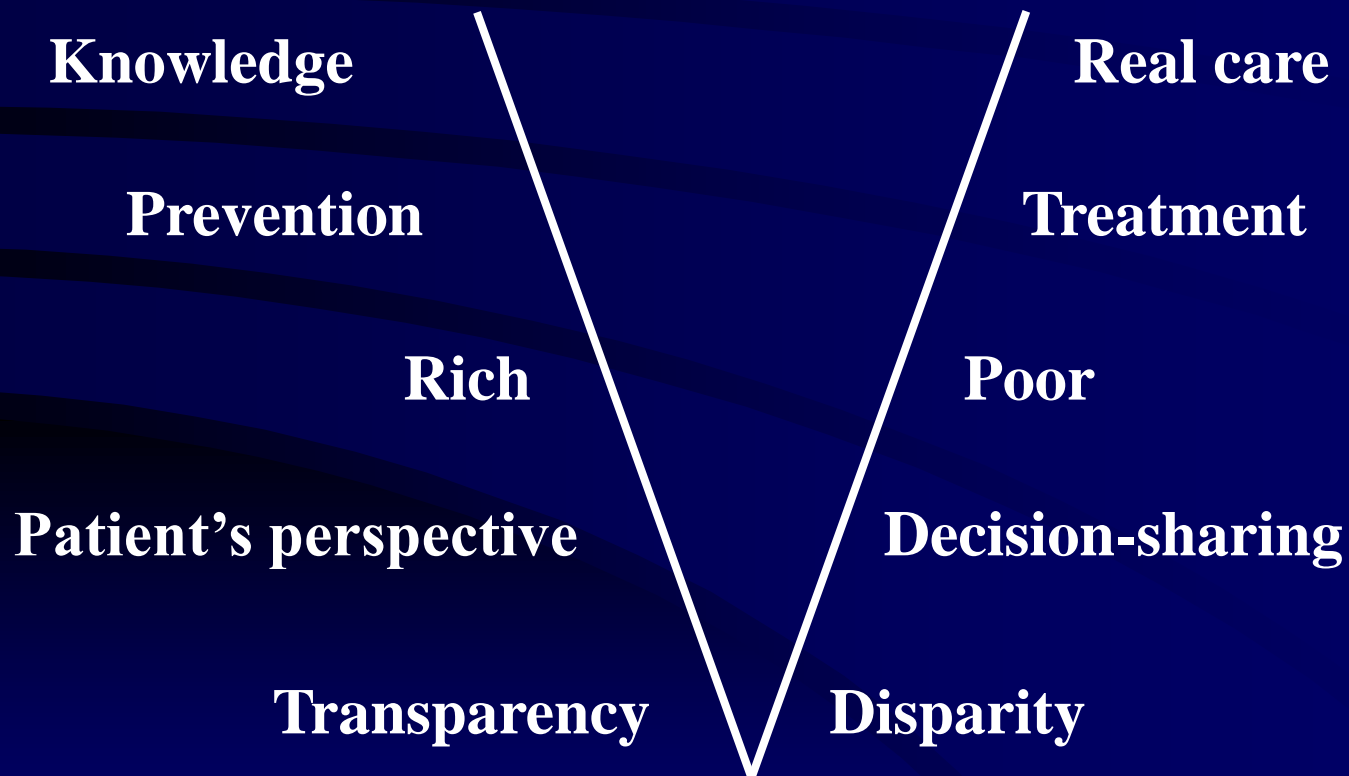
Rapport or relationship building – patient centredness, empathic responses

Education – putting complex information into lay terms

Advice – providing rationale for different treatment options

Motivation – encouraging realistic hope for attainable goals

The Prostate 'Cancer' Treatment: a growing gap



Closing the Gap

Trust and support by personal doctor team designee

Comprehensive, unbiased partnership & consent

Personalised management by multidisciplinary, multiprofessional team

Strategy for EBM & HRQoL & health economics

Personalised Management The Patient's View

Optimal Individual Medical Treatment

Evidence based & conventional wisdom

Multidisciplinary

Stratification

Holistic Personalised Patient-Centered Care

Consciencous & empathic

Multiprofessional

PRO's, QoL, Cost-efficiency

“If it were not for the great variability between individuals, medicine might as well be a science, not an art.”

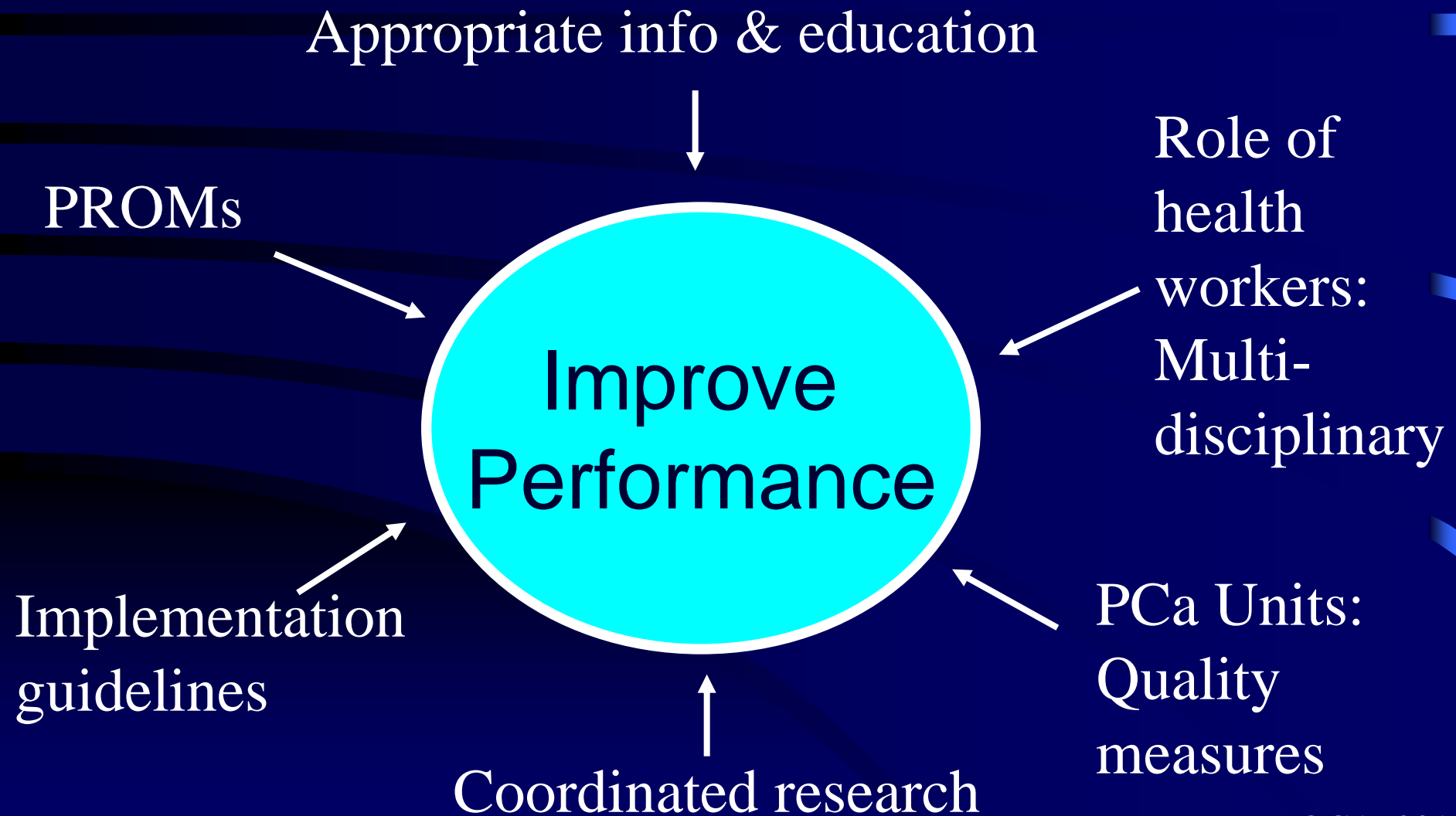
Definition Individualised Treatment

“Individual (stratified) treatment based on additional data derived from genomic, proteomic and micro-environmental assays including inherited and acquired molecular markers based on evidence.”

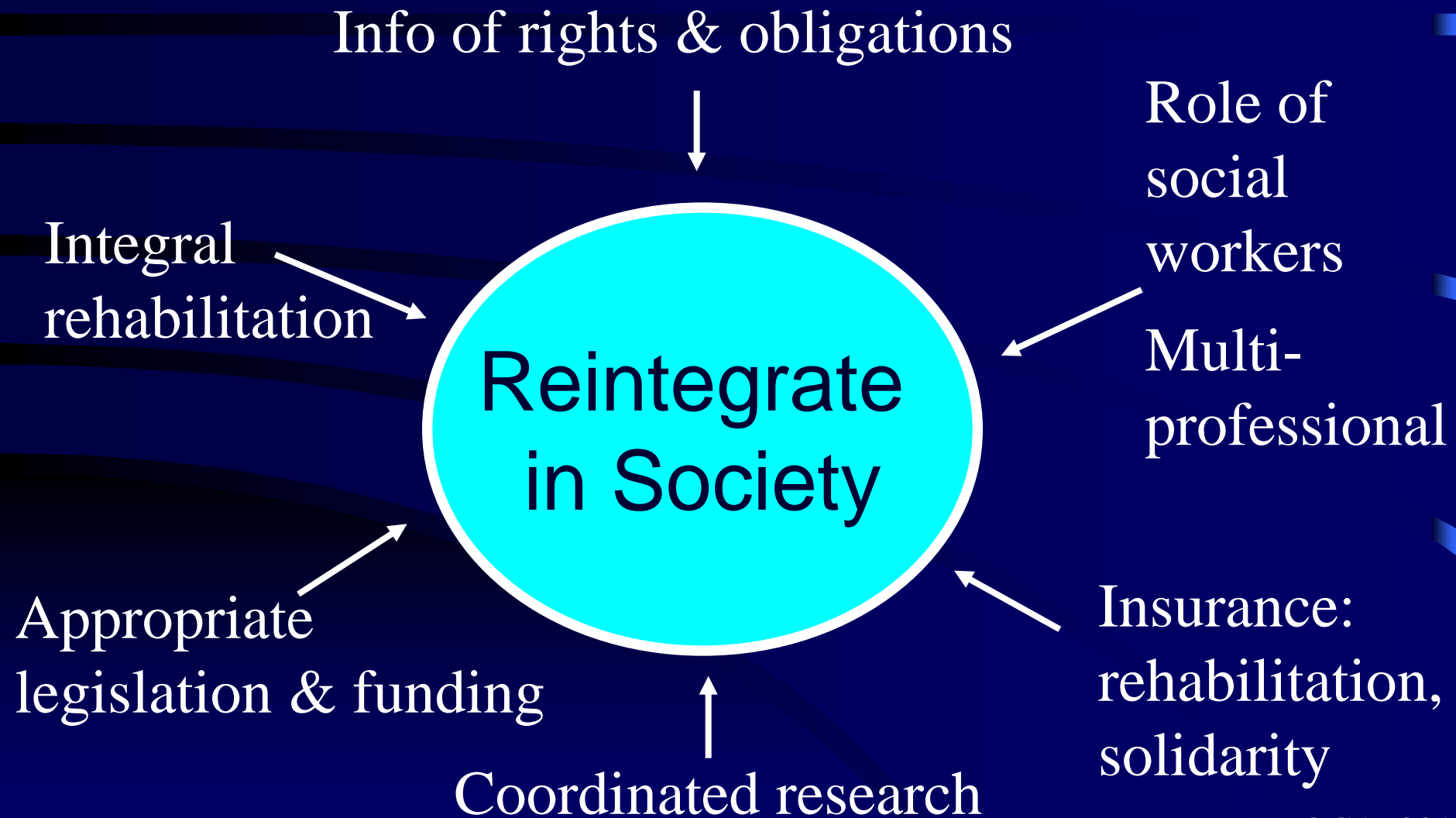
Definition Personalised Care

“Personalised patient-centered care treats the patient first and then his cancer as health involves next to physical well-being a quality of life on psychological, social, financial and cultural aspect with respect to cost-efficiency.”

Optimal Individualised Treatment



Holistic Personalised Care



Optimal Treatment



Holistic Care

Stakeholders Social Health Care

Health Authorities

Insurance Agencies Public
 Private

Professionals Clinical
 Research

Industry Pharma
 Technology

Cancer Leagues

Consumers

Patients (senior citizens)

Aims of Treatment PCa

- Improve a patient's well being by
 - cure, increase PFS, OS, PCSS
 - delay progression
 - amend symptoms of disease
- Balance disease control vs. side-effects
 - turn lethal into chronic disease
- Quality vs. quantity of life
 - survivorship
- Cost vs. efficiency of interventions
 - guidelines, prostate units

Complexity of HRQoL

- Quantification of qualitative perception of patient of his health and function.
- Multidimensional concept including physical, functional, psychological, emotional and social domains.
- Perception of QoL will change over time and stage of disease.
- Physician ratings do not correlate with patient self-assessments.
- A methodological challenge (over 50 validated questionnaires).
- Older population is a heterogeneous group on life expectancy, functional status and social well-being.

QoL Responses in PCa Patients

- Physical: Incontinence, impotence, ADT, bowel, etc. well recognized
- Functional: Fatigue, muscle strength ↓, nausea, etc. less recognized
- Emotional: anxiety, depression, loss of body image
- Social: isolation, altered relations, economic concerns finances, life insurance

Improving QoL in PCa Patients

- Good quality information & supportive communication
- Timely access to best EBM treatment including bone-targeted therapy
- Appropriate pain control
- Minimize hospital time
- Monitoring PROM of symptoms and side-effects

Survivorship

Beyond Treatment

Priority may vary per topic

- Symptoms should be viewed as part of a cluster
- Psycho-social interventions tailored to needs of individual patient
- Interventions should be implemented and evaluated for cost/efficiency
- Special needs of socially disadvantage and the elderly

Take Home Messages

- Many patients (especially Pca) choose QoL over LoL
- Optimal individualised treatment is incomplete without holistic personalised care
- From cancer survival to cancer survivorship (it's about living)
- Physician ratings fall short of patient self-assessment
- Need of a worldwide standardisation of PROMs to improve clinical practice (ICHOM)

Merci

Schön dank

Dekuji

Dank U

Mult obrigado

Thank you

Tack

Dakujem

Kiitos

спасиво

Muchas gracias

Grazie mille

Köszönöm

εφχαριστώ

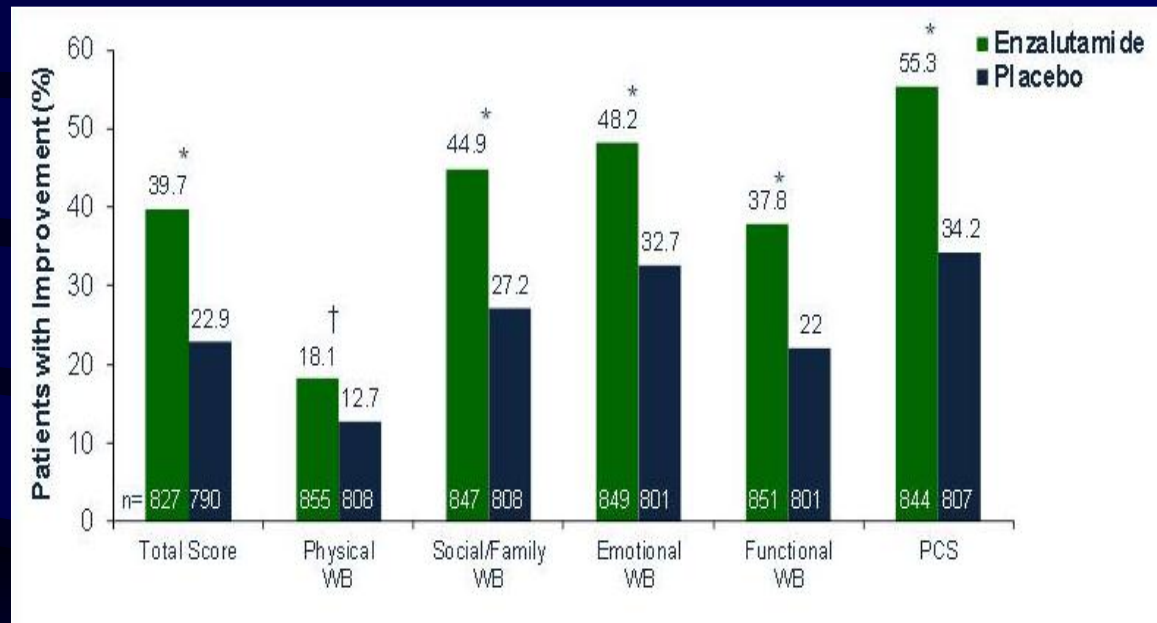
Clinical Guidelines

Systematic statements to assist decision making in clinical practice should:

- document (in)appropriate treatment
- explain large variations in GCP
- always include QoL (risk vs. benefit)
- decrease social health care cost

as a specific message to different groups.

Quality of life responses by FACT-P



Positive Psychological Effects

- Keep functioning at high levels
f.i. Mitterand resilience
- Increased self-esteem
- Enhanced appreciation of life
- New orientation to time and future

We need more Research in
Treatment and Care

In God we trust

All others must bring data

W. Edwards Deming