

ESMO Preceptorship Programme

Breast Cancer – Zurich – 20/21 February 2017

European Society for Medical Oncology

Difficulties in the management of the end of life care

Leonor Fernandes

Hospital São Francisco Xavier, Centro Hospitalar Lisboa Ocidental, Lisboa – Portugal



Case Summary

MFNP, female, 42 y, married (husband works as taxi driver), one male child (14 y); Catholic Lives, in a villa type house with two floors, with husband and child; sister-in-law lives below Medical history: Rheumatoid Arthritis; Family History: mother – breast cancer at 69 y; W: 51 Kg H: 1,55m; PS 0

- Breast cancer diagnosis in 2003 (42 y)
 - Invasive ductal carcinoma (left breast) pT2 N1(1/19) M0; ER 75%, PR 95%, Her2 -
 - MRM + Adjuvant ChT (FAC x6) + HT [Tamoxifen (5y) + Goserelin (2y)]
- Metastatic disease in 2008 (47 y) \rightarrow Bone lesions
 - 2008: Bone metastasis
 - 2008 2010: progression \rightarrow HT (letrozol \rightarrow fulvestrant) + Biphosphonates \rightarrow ChT (Docetaxel) + Biphosphonates
 - 2011: stabilization \rightarrow HT (exemestane) + Biphosphonates
 - 2012 2014: progression \rightarrow ChT (Capecitabine + Vinorrelbine)
 - Sep 2014: lung metastasis → ChT (Paclitaxel)
 - May 2015: progression → ChT (Lipossomal Doxorrubicin + Ciclofosfamide)
 - Dec 2015: bone disease stable but lung disease progression → pulmonary lesion biopsy (neuroendocrine differentiation, breast metastasis could not be excluded) → ChT (Docetaxel)



Case Summary

MFNP, female

- 2003: **Breast cancer** diagnosis (42 y) \odot
- 2016: Oligometastatic disease (bone and lung) (55y) \odot
 - Multiple lines of HT and ChT
- Jan 2016: weight loss (6 kg ~9%) W: 45 Kg \odot
- Mar 2016: **PS 1** cough \rightarrow right unilateral **pleural effusion** \odot
- Apr Jun 2016: \odot
 - worsening of pleural effusion + dyspnea
 - weakened, anorexia, dysphagia, dysphonia

 \rightarrow Best Supportive Care (BSC)

- Jul Aug 2016: W: 36 Kg, PS 2 \odot
 - dyspnea
 - fatigue

worsening of dysphagia \rightarrow caquexia

esophagic stenosis due to extrinsic mass \rightarrow dilation vs protesis vs PEG \rightarrow PEG



ESMO PRECEPTORSHIP PROGRAM

Permanent oxygenotherapy

Megestrol 160 mg/day

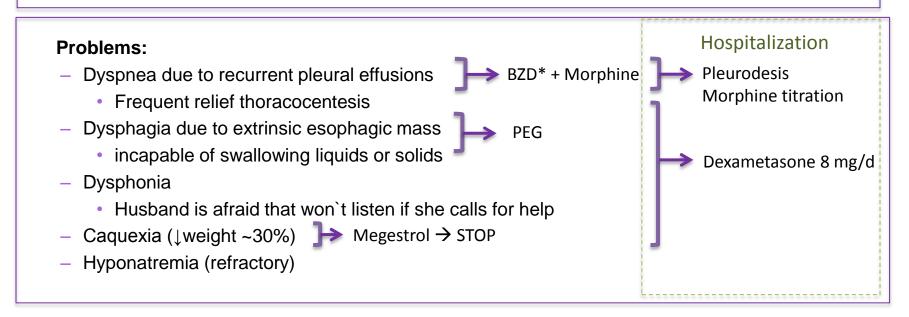
Relief thoracocentesis (negative for malignant cells)

European Society for Medical Oncology

Case Summary

Sep/October 2016 (13 years after diagnosis): **Oligometastatic breast cancer** (bone, lung and pleural metastasis)

→ BSC (Main caretakers: husband and sister-in-law)





Case Summary/Questions

Patient died in early November

Last 2/3 weeks of life were spent:

- At home with family
 - Able to be present at grandchild first birthday
- No oxygen support and less fatigue
 - Able to do housework ("organizing home things as she liked")
- Eating small amounts of liquid or pureed diet
- Family and patient less anxious

48h before dying

- Emergency for malaise and nausea
- Severe Hyponatremia (116 mmol/dL)
- Hospitalized

In our hospital there is no palliative care team. Although the patient spent her last weeks at home with apparent improvement in general condition, she eventually died in the Hospital.

We wonder if, working along with a hospital palliative care team, would make us managed this case differently.

Particularly:

- stopped ChT earlier? would the patient benefit?
- managed cachexia earlier and more agressively?
- stop or reduce hospitalizations?
- managed death at home?

