Difficulties in the management of the end of life care

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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) → Bone lesions
  - **2008: Bone metastasis**
  - 2008 - 2010: progression → HT (letrozol → fulvestrant) + Biphosphonates → ChT (Docetaxel) + Biphosphonates
  - 2011: stabilization → HT (exemestane) + Biphosphonates
  - 2012 - 2014: progression → 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)
- 2016: **Oligometastatic disease** (bone and lung) (55y)
  - Multiple lines of HT and ChT

- Jan 2016: **weight loss** (6 kg ~9%) – **W: 45 Kg**
- Mar 2016: **PS 1** cough → right unilateral **pleural effusion**
- Apr – Jun 2016:
  - worsening of pleural effusion + dyspnea → Relief **thoracocentesis** (negative for malignant cells)
  - weakened, anorexia, **dysphagia, dysphonia**

→ **Best Supportive Care (BSC)**

- Jul – Aug 2016: **W: 36 Kg**, **PS 2**
  - dyspnea
  - fatigue
  - worsening of dysphagia → **caquexia**

→ Permanent oxygenotherapy
Megestrol 160 mg/day

esophagic stenosis due to extrinsic mass → dilation vs protesis vs PEG → **PEG**

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)

Problems:

- Dyspnea due to recurrent pleural effusions → BZD* + Morphine
  - Frequent relief thoracocentesis
- Dysphagia due to extrinsic esophagic mass → PEG
  - incapable of swallowing liquids or solids
- Dysphonia
  - Husband is afraid that won`t listen if she calls for help
- Caquexia (↓weight ~30%) → Megestrol → STOP
- Hyponatremia (refractory)

Hospitalization

→ Pleurodesis
Morphine titration

→ Dexametasone 8 mg/d

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?