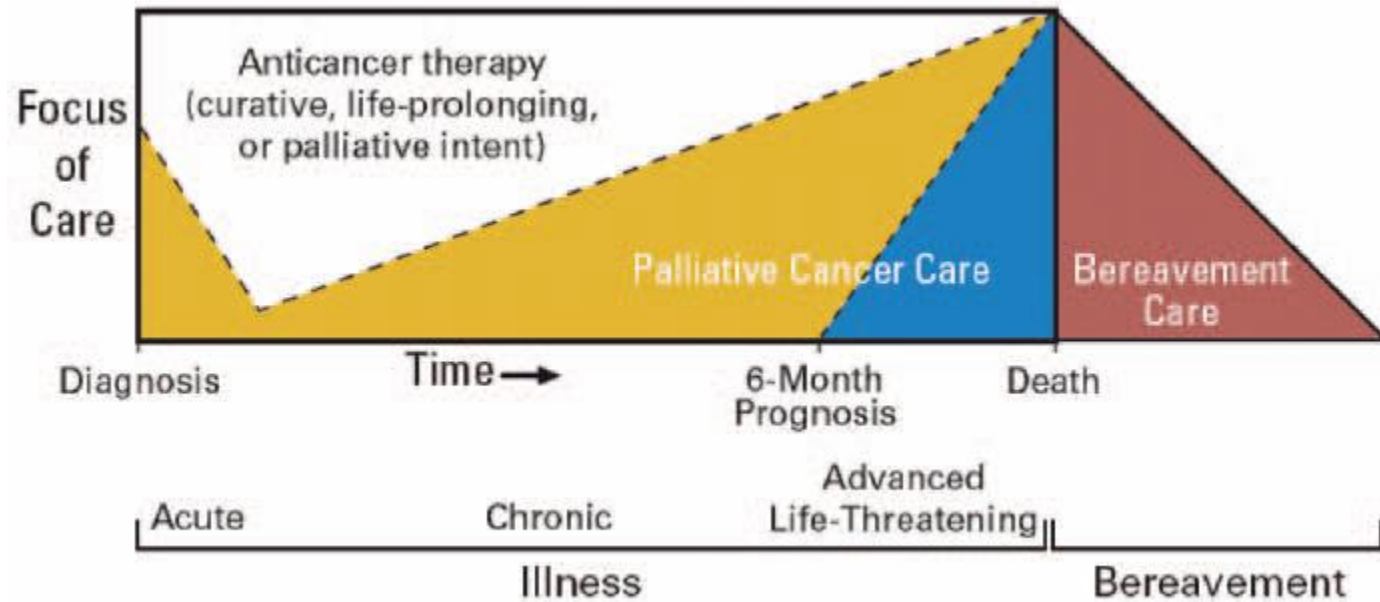


Systematic symptom assessment the context and the content

Augusto Caraceni

Palliative Care, Pain Therapy and Rehabilitation
National Cancer Institute of Milan Italy
Fondazione IRCCS Istituto Nazionale dei Tumori, Milano
Vice Chair EAPC Research Network

ASCO approach of integration of specialized palliative care can we adapt it to



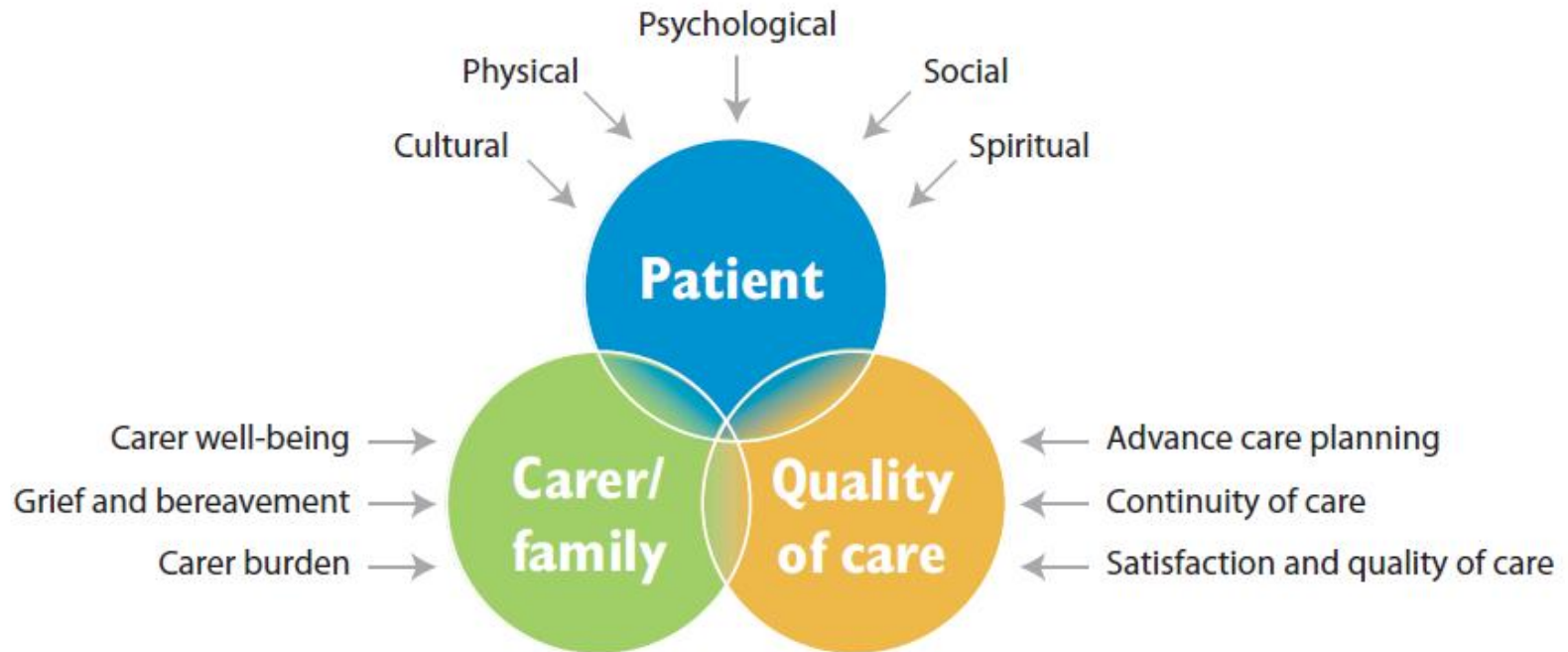
“Total pain ” as defined by Mrs Hinson when admitted to St Joseph Hospice in a report of Dame Cicely Saunders the founder of the hospice movement

- “ Well doctor, the pain began in my back, but now it seems that all of me is wrong My husband and son were marvellous but they were at work and they would have to stay off and lose their money. I could have cried for the pills and injections although I knew I shouldn't. Everything seemed to be against me and nobody seemed to understand” ...
“But it's so wonderful to begin to feel safe again”



Nursing Mirror 1964; 14 February: pp vii-x

Patient reported outcomes domains



Are these different contexts ?

- Symptom control in cancer
- Symptom control in advanced cancer
- Symptom control in terminal cancer

- What instrument should we use

Review Article

The Edmonton Symptom Assessment System 25 Years Later: Past, Present, and Future Developments

David Hui, MD, MSc, and Eduardo Bruera, MD

Department of Palliative Care and Rehabilitation Medicine, The University of Texas MD Anderson Cancer Center, Houston, Texas, USA

**Edmonton Symptom Assessment System:
(revised version) (ESAS-R)**

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
<hr/>												
No Tiredness <i>(Tiredness = lack of energy)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
<hr/>												
No Drowsiness <i>(Drowsiness = feeling sleepy)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
<hr/>												
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
<hr/>												
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
<hr/>												
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
<hr/>												
No Depression <i>(Depression = feeling sad)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
<hr/>												
No Anxiety <i>(Anxiety = feeling nervous)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
<hr/>												
Best Wellbeing <i>(Wellbeing = how you feel overall)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
<hr/>												
No _____ Other Problem <i>(for example constipation)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Patient's Name _____

Date _____ Time _____

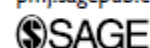
Completed by (check one):

- ☐ Patient
☐ Family caregiver
☐ Health care professional caregiver
☐ Caregiver-assisted

BODY DIAGRAM ON REVERSE SIDE

The European Association for Palliative Care basic dataset to describe a palliative care cancer population: Results from an international Delphi process

**Katrin R Sigurdardottir^{1,2,3}, Stein Kaasa^{1,4}, Jan H Rosland^{2,5},
Claudia Bausewein^{6,7}, Lukas Radbruch^{8,9}
and Dagny F Haugen^{1,3}; on behalf of PRISMA**

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DOI: 10.1177/0269216314521264
pmj.sagepub.com
 SAGE

The EAPC basic data set

Anxiety	0	1	2	3	4	5	6	7	8	9	10
Appetite	0	1	2	3	4	5	6	7	8	9	10
Depression	0	1	2	3	4	5	6	7	8	9	10
Drowsiness	0	1	2	3	4	5	6	7	8	9	10
Nausea	0	1	2	3	4	5	6	7	8	9	10
Pain	0	1	2	3	4	5	6	7	8	9	10
Shortness of breath	0	1	2	3	4	5	6	7	8	9	10
Tiredness	0	1	2	3	4	5	6	7	8	9	10
Well being	0	1	2	3	4	5	6	7	8	9	10
Insomnia	0	1	2	3	4	5	6	7	8	9	10
Constipation	0	1	2	3	4	5	6	7	8	9	10
Vomiting	0	1	2	3	4	5	6	7	8	9	10

(KR Sigurdardottir et al., Pall. Med., 2014)

Symptoms evaluation on numerical rating scale 0-10

E.g.

Anxiety 0 1 2 3 4 5 6 7 8 9 10

0= No anxiety to 10= Worst possible anxiety

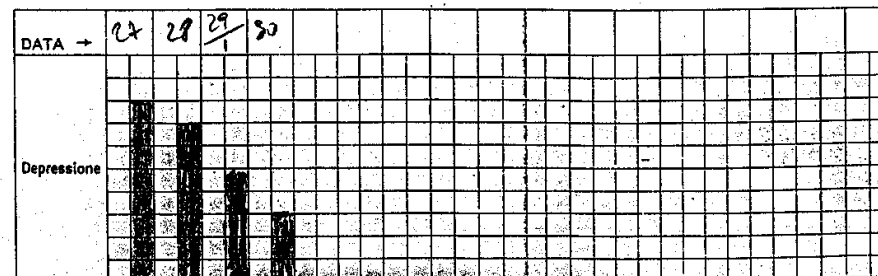
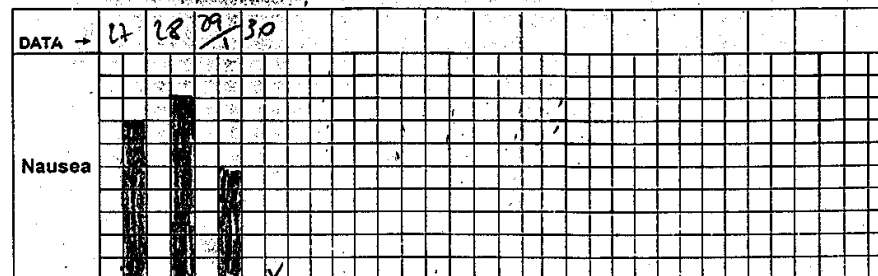
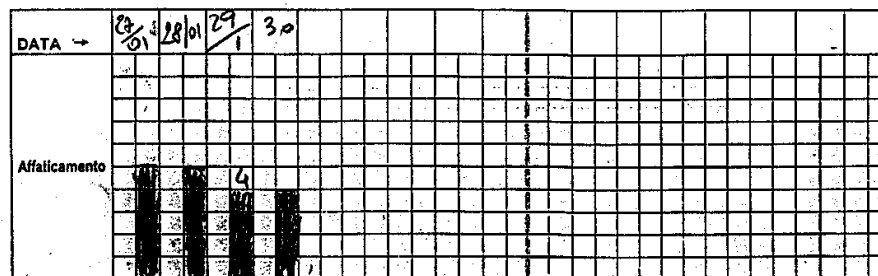
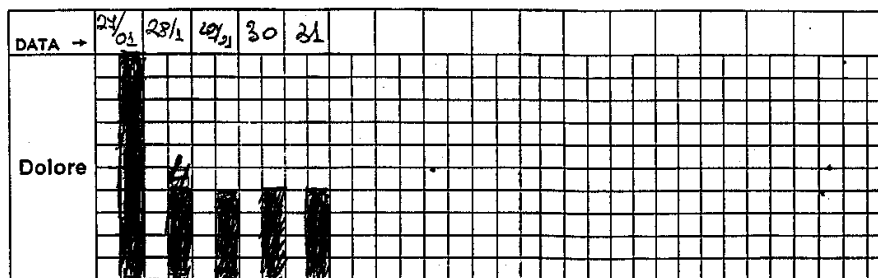
(KR Sigurdardottir et al., Pall. Med., 2014)

EDMONTON SYMPTON ASSESSMENT SYSTEM

NOME

RS

COGNOME



Use of standard symptom assessment in Cancer care (ESAS)

Original Article

Cancer Care Professionals' Attitudes Toward Systematic Standardized Symptom Assessment and the Edmonton Symptom Assessment System After Large-Scale Population-Based Implementation in Ontario, Canada

José L. Pereira, MBChB, MSc, Martin R. Chasen, MBChB, MPhil, Sean Molloy, MHSc, Heidi Amernic, PhD(C), Michael D. Brundage, MD, MSc, Esther Green, RN, MSc(T), Serena Kurkjian, MBA, Monika K. Krzyzanowska, MD, MPH, Wenonah Mahase, MBA, Omid Shabestari, MD, PhD, Reena Tabing, MA, and Christopher A. Klinger, PhD, MPA
University of Ottawa (J.L.P., M.R.C., C.A.K.), Bruyère Continuing Care (J.L.P., M.R.C.) and Bruyère Research Institute (J.L.P.), Ottawa; St. Joseph's Health Centre (S.M.), Toronto; Cancer Care Ontario (H.A., M.D.B., M.K.K., W.M., O.S., R.T.), Toronto; Queen's University (M.D.B.), Kingston; Canadian Partnership Against Cancer (E.G.), Toronto; Ontario Renal Network (S.K.), Toronto; University of Toronto (M.K.K., O.S.), Toronto; and Ontario Cancer Institute (M.K.K.), Toronto, Ontario, Canada

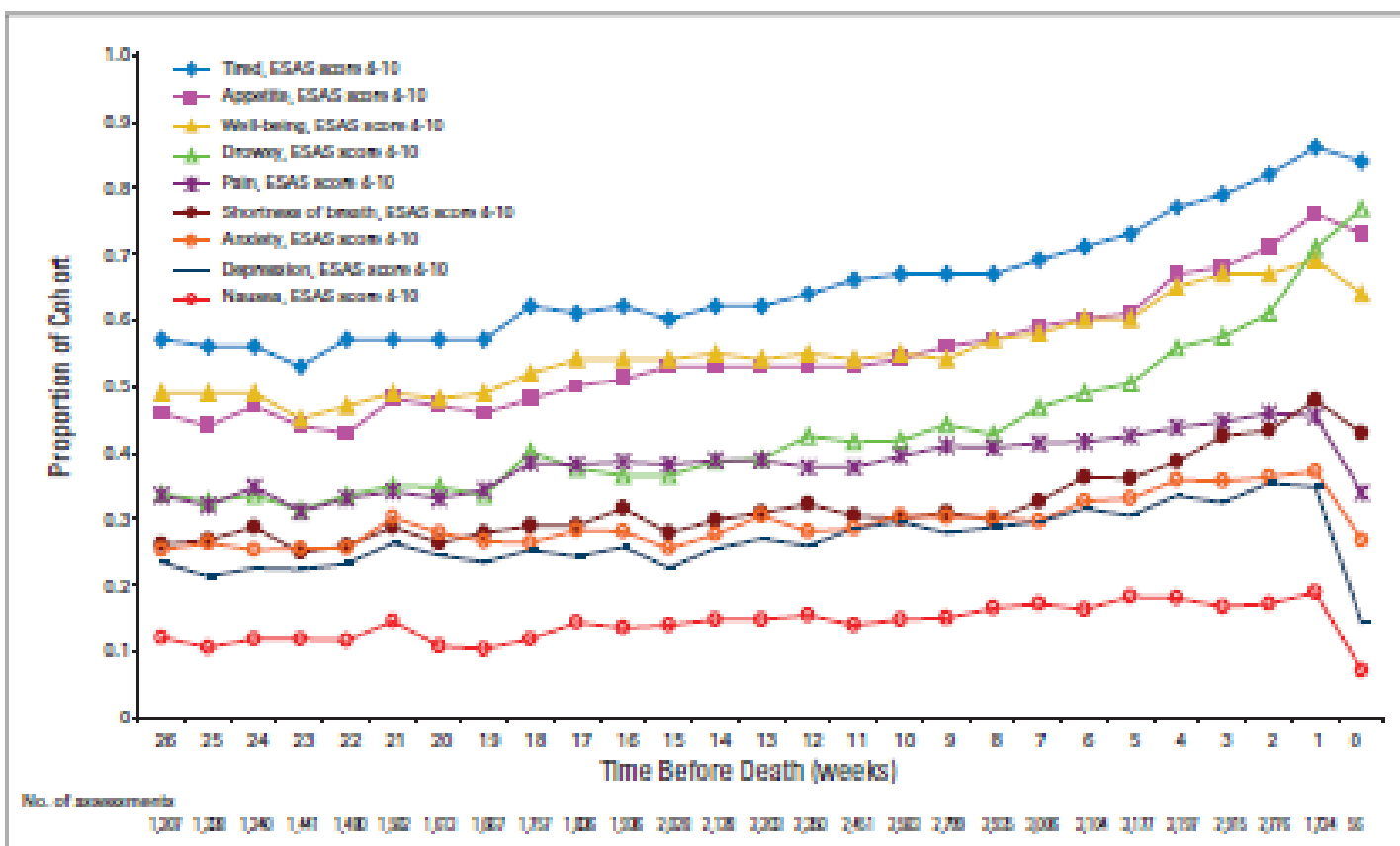
2806 cancer professionals
Ontario 14 Regional Cancer
Centres

The use of standardized
symptom assessment tool
is part of best practice

- 66 % physicians
- 81% nurses
- 93% psychosocial o.

Trajectory of Performance Status and Symptom Scores for Patients With Cancer During the Last Six Months of Life

Hsien Seow, Lisa Barbera, Rinku Suaradhar, Dorts Howell, Deborah Dudgeon, Clare Azema, Ying Liu, Anna Husain, Jonathan Sussman, and Craig Earle



Brief Methodological Report

Modified Edmonton Symptom Assessment System Including Constipation and Sleep: Validation in Outpatients With Cancer

Breffni Hannon, MBChB, Martin Dyck, MD, Ashley Pope, BSc, Nadia Swami, BSc, Subrata Banerjee, MD, Emie Mak, MD, John Bryson, MD, Gary Rodin, MD, Julia Ridley, MD, MSc, Chris Lo, PhD, Lisa W. Le, MSc, and Camilla Zimmermann, MD, PhD

Division of Medical Oncology & Haematology (B.H., J.B., C.Z.), Department of Medicine; Division of Palliative Care (S.B., E.M., J.R.), Department of Family and Community Medicine; and Department of Psychiatry (G.R., C.L.), University of Toronto, Toronto; Department of Biostatistics (L.W.L.); Department of Psychosocial Oncology & Palliative Care (B.H., M.D., A.P., N.S., S.B., E.M., J.B., G.R., J.R., C.L., C.Z.); and Campbell Family Cancer Research Institute (G.R., C.Z.), Princess Margaret Cancer Centre, University Health Network, Toronto, Ontario, Canada

+ Costipation

+ Sleep

+ Time referral = Last 24 hours