



physician's bulletin

RESEARCH AND TREATMENT UPDATES FROM CITY OF HOPE

A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER

Palliative Medicine: Expanding the Commitment to Whole Person Care



The Sheri & Les Biller Patient and Family Resource Center embodies the heart and soul of City of Hope's mission to care for the whole person.

of pain and other symptoms, as well as psychological, social, and spiritual distress." In 2006 the official recognition of hospice and palliative care as a distinct subspecialty by the American Board of Medical Specialties further energized the health-care community in all areas of the practice.

City of Hope believes that palliative care — psychological, social, spiritual and existential — must be provided proactively as part of "whole person" care. Our philosophy of palliative medicine covers all patients, all facets of their well-being and all stages of their disease, rather than being limited to patients who are not responding to treatment, or who are candidates for hospice care. As detailed in this edition of *Physician's Bulletin*, palliative medicine at City of Hope is being elevated to an unprecedented level of prominence, from staffing and patient programs to clinical trials research.

Among the issues that physicians face in treating cancer patients, complex pain and pain management rank among the most challenging for all parties. Over the past decade, demands for more effective palliative care have grown markedly, accelerated by the publication of the report "Improving Palliative Care for Cancer" by the Institute of Medicine in 2001. Palliative care, per the report, encompasses "the control

Oncologists, community physicians and other health professionals who are

responsible for the care and welfare of cancer patients are encouraged to look to City of Hope as a resource and partner providing world-class whole person care.

Department-level Status

With hospice and palliative care medicine as a newly recognized subspecialty, many hospitals in the U.S. have begun organizing palliative care teams. Typically, these include a physician specializing in palliative medicine, nurse practitioner and clinical social worker. City of Hope has chosen a more aggressive strategy, raising the visibility of palliative care by creating a new Department of Supportive Care Medicine.

Led by Jay R. Thomas, M.D., Ph.D., the new department unites all of City of Hope's palliative care and psychosocial support programs and provides a home for related professionals, including palliative medicine physicians, psychiatrists, psychologists, clinical social workers and spiritual care providers.

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DIRECTOR'S NOTE



Alexandra M. Levine, M.D.
Chief Medical Officer, City of Hope

Patients are people. It's as simple as that. They have feelings, wishes, beliefs and goals apart from their illnesses. And each of these factors along with all the others in their lives — family, friends, jobs and so forth — influences their well-being.

Appropriately and effectively treating patients' illnesses requires that we understand and address the many and varied psychological, social, economic and spiritual facets of their lives. Tending to these goes hand-in-hand with providing the latest and most advanced therapies,

and major governing bodies in medicine such as the American Board of Medical Specialties and the Institute of Medicine in recent years have begun to recognize this correlation officially.

It's something City of Hope has known since its founding.

Our experience delivering patient-focused care has taught us both the need for — and the power inherent in — treating the person as a whole.

And never forgetting: Patients are people.

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PHYSICIAN'S BULLETIN

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C M E C O R N E R

■ Fourth Annual Conference on the Advances in the Prevention, Diagnosis and Treatment of Breast and Gynecological Cancer

Date: June 13, 2009
Location: City of Hope, Duarte, Calif.
Course Directors: Robert J. Morgan Jr., M.D., and I. Benjamin Paz, M.D.
8 AMA/PRA Category 1 credits will be offered
www.cityofhope.org/hematologicconference2009

■ Ninth Annual Women's Cancer Conference

Date: October 31 to November 2, 2009
Location: Wynn Hotel & Casino, Las Vegas
Course Directors: Robert J. Morgan Jr., M.D. and Lucille Leong, M.D.
AMA/PRA Category 1 Credits will be offered

■ Third Annual New Technologies and Innovative Treatment Strategies for Genitourinary Malignancies

Date: October 2 to 4, 2009
Location: Hotel Del Coronado, San Diego
Course Directors: Robert A. Figlin, M.D., and Timothy G. Wilson, M.D.
AMA/PRA Category 1 credits will be offered



Jay Thomas, M. D., Ph.D.

Chair, Supportive Care Medicine
Arthur M. Coppola Family Chair in Supportive Care Medicine
Associate Professor, Supportive Care Medicine

Jay R. Thomas, M.D., Ph.D., a highly regarded biochemist, internist and leader in palliative care medicine joined City of Hope to lead the

Department of Supportive Care Medicine in July 2008. He was previously associate clinical professor of medicine at the University of California, San Diego (UCSD) and clinical medical director of San Diego Hospice & Palliative Care.

He was just recently elected to the board of the American Academy of Hospice and Palliative Medicine and selected as director-at-large; his term will begin in March 2009.

As chair of the Department of Supportive Care Medicine, Thomas leads a diverse and growing group of faculty members and health-care professionals. The department unites all of City of Hope's palliative care and psychosocial support programs under one multidisciplinary umbrella.

The department embodies a growing national movement to treat and support all aspects of patients' cancer experience, from physical and mental health to emotional and spiritual issues. It encompasses a wide variety of professionals including pain physicians, clinical social workers, psychiatrists, psychologists and spiritual care providers.

Thomas began at UCSD as assistant clinical professor of medicine in 1997, after completing his internal medicine residency at UCSD. He moved to the affiliated San Diego Hospice & Palliative Care service in 2000.

Much of Thomas' research focuses on controlling pain and reducing complications of cancer or its treatment that can interfere with quality of life in seriously and terminally ill patients. He has written extensively, both in peer-reviewed journals and textbooks. Thomas earned both his bachelor's degree, magna cum laude, and his master's degree in biochemistry from Harvard University. He received his medical degree and a Doctor of Philosophy in biochemistry from the University of California, San Francisco. ■

DETACH AND SAVE THIS
ROLODEX CARD.

CITY OF HOPE
Pain and Palliative Care

JAY R. THOMAS, M.D., Ph.D.



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For more information or to register, contact Teresa Ball at 626-256-HOPE (4673), ext. 65626.

MOISTEN AND SEAL



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- Sign up to receive information by e-mail. It is a convenient way to keep up with the latest advances from City of Hope. You will receive periodic updates on:
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 - research and clinical trials
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Palliative Medicine: Expanding the Commitment to Whole Person Care *(continued from page 1)*

Breaking Barriers

The 2001 Institute of Medicine (IOM) report outlined a host of barriers within health-care organizations that can compromise the effective delivery of palliative care services; City of Hope's new Department of Supportive Care Medicine is organized to deal with many of these.

Typically, palliative and hospice care services are separated from potentially life-prolonging treatments. At City of Hope, where palliative care is an integral part of treatment, our goal is to ensure that psychological, social and spiritual needs are integrated into each patient's care plan from day one. In addition, new initiatives are actively being developed to expand the scope of our program offerings.

Better training of personnel in pain management is essential, per the IOM report. The palliative medicine physicians at the Department of Supportive Care Medicine are not only highly experienced in treating cancer-related pain, they routinely disseminate this knowledge to other health-care professionals via grand rounds and case-based learning sessions.

Another issue identified by the IOM is a lack of data on quality-of-life issues. With a strong focus on patient research and data collection, City of Hope is committed to developing new clinical information and sharing insights on quality of life and improved care practices.

Information resources are essential for people dealing with cancer. The Sheri & Les Biller Patient and Family Resource Center, which serves as the "public face" of the department for patients and families, provides ready access to detailed information about the disease, its treatment, recovery, side effects and end-of-life issues.

Quality of Life

For historic and practical reasons, the primary role of the physician in

palliative care has been to treat physical symptoms such as pain and shortness of breath, and treatment side effects such as nausea and vomiting. However, the nature of cancer is often unpredictable, and treatment decisions may need to be revisited by the patient and family throughout the course of the disease. This makes it important for the patient to clearly identify those personal goals and values that define his or her quality of life. Conducting a "goals of care" discussion early on to outline issues and options can help patient and physician chart the course of treatment together, and anticipate some of the challenges that may lie ahead in the cancer journey.

However, physicians may understandably feel ill-equipped to assist patients with issues of a spiritual, emotional or psychological nature. For example, dealing with anger, depression, feelings of worthlessness, anxiety and fears of dying can require considerable counseling skills and time commitment. This is where the value of an interdisciplinary care team is realized. Rather than expecting a single professional to address every facet of another person's care, the scope of the patient's issues are best managed by a group of specialists who can evaluate needs as they arise and direct an informed course of action.

In cases of pain that cannot be controlled by medication and/or alternative therapies, City of Hope anesthesiologists can offer interventional procedures. A formal interventional pain management program is being developed; meanwhile, many options are available for patients with refractory pain, including nerve blocks, intrathecal pain catheters, pain pumps and permanent epidural catheters. Radiologists may also be consulted for interventions such as kyphoplasty, which can provide immediate pain relief.

Clinical social workers play a vital role in navigating the cancer journey for patients and families. Currently numbering about 20 within the Department of Supportive

Care Medicine, they specialize in hematology/hematopoietic stem cell transplantation, surgical and medical oncology, metabolism and endocrinology, and pediatrics. Clinical social workers act as the "first line of defense," assessing patients, serving as advocates and helping to facilitate internal referrals for pain consultations, psychological counseling and/or spiritual counseling as indicated.

Social workers at City of Hope are also trained in supporting the patient's family throughout the cancer process; for example, they can facilitate family meetings, which are often complicated and prone to conflicts, particularly when a patient is in the intensive care unit (ICU) and several specialists are present.

Research

As a National Cancer Institute-designated Comprehensive Cancer Center, City of Hope has multiple clinical trials in progress and in development that may benefit cancer patients in both the near- and long-term. In pain management, a double-blind placebo-controlled trial of intravenous lidocaine for complex opioid-resistant pain is nearing launch. Other studies involve diverse subjects such as the role of ICU navigators and art therapy for caregivers. In addition, a phase I medical oncology clinical trials program is being developed which will give patients the opportunity to participate in research that may ultimately benefit others with their disease, if not themselves directly.

Referrals

As a physician, a patient's welfare is the ultimate concern. With City of Hope's commitment to palliative medicine including psychosocial and spiritual support for cancer patients, referrals here may offer patients their best option for whole person care — at a time when a diverse and comprehensive program of support is of the greatest personal value, and potentially critical to achieving the best possible outcome.

STAFF NEWS AND NOTES



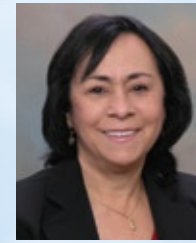
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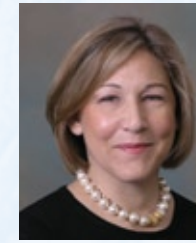
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NEW PATIENT SERVICES 800-826-HOPE (4673)
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BRAIN TUMORS 65079

Behnam Badie, M.D., director

BREAST CANCER 64167

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George Somlo, M.D., co-director
Shiuan Chen, Ph.D., co-director

CLINICAL CANCER GENETICS 64324

Jeffrey N. Weitzel, M.D., chief

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Fouad R. Kandeel, M.D., Ph.D., director

GASTROINTESTINAL CANCERS 62307

Julio Garcia-Aguilar, M.D., Ph.D., director

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Robert J. Morgan Jr., M.D., co-director

HEAD AND NECK CANCERS 67100

Ellie Maghami, M.D., director

HEMOPHILIA AND SICKLE CELL 68858

Nadia P. Ewing, M.D., director

KIDNEY CANCER 62307

Robert Figlin, M.D., director

LEUKEMIA AND LYMPHOMA 62403

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LUNG CANCER AND THORACIC ONCOLOGY 68845

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MULTIPLE MYELOMA 62405

Amrita Y. Krishnan, M.D., director

MUSCULOSKELETAL TUMORS 65430

Judith K. Sato, M.D., director

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Lawrence M. Weiss, M.D., chair

PEDIATRICS 65414

Judith K. Sato, M.D., acting chair

PROSTATE CANCER 62655

Timothy G. Wilson, M.D., director

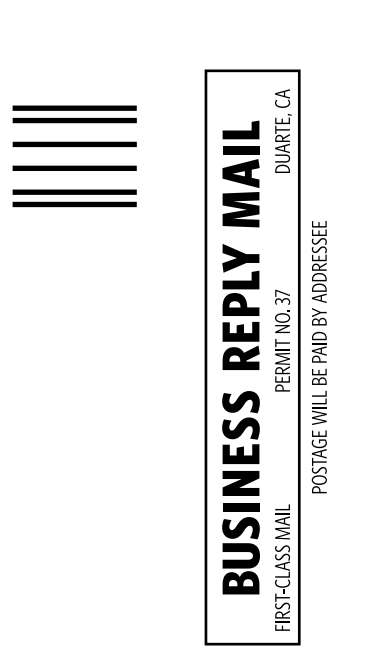
RADIATION ONCOLOGY 68247

Jeffrey Y.C. Wong, M.D., chair

CLINICAL TRIALS

IRB	Title	07007	06136	08092	08061	08028	08131
08147	Assessment of Older Adults with Cancer: Feasibility of Computer Survey Methodology Principal Investigator: Arti Hurria, M.D. ahurria@coh.org	Integration of Palliative Care in Use of Intraperitoneal Chemotherapy for Ovarian Cancer Principal Investigator: Marcia Grant, R.N., D.N.Sc. mgrant@coh.org	Supports for Hispanic Breast Cancer Patients and Caregivers Principal Investigator: Gloria Juarez, Ph.D., R.N., M.S.N. gjuarez@coh.org	Patient Navigation in Breast Cancer Care; Addressing Barriers to Treatment Initiation, Completion and Follow Up Principal Investigator: Rebecca Crane-Okada, Ph.D., R.N. rcrane-okada@coh.org	Mindful Movement Program for Breast Cancer Survivors Principal Investigator: Rebecca Crane-Okada, Ph.D., R.N. rcrane-okada@coh.org	Art Therapy Interventions with Caregivers Supporting Pediatric Patients who are Undergoing Bone Marrow Transplantation for Cancer Principal Investigator: Kate Kravits, R.N. kkravits@coh.org	Illness Perception, Pain and Symptom Distress in Gastrointestinal Cancers Principal Investigator: Virginia Sun, Ph.D., R.N., M.S.N., N.P. vsun@coh.org
08034 to 08036	Palliative Care for Quality of Life and Symptom Concerns in Lung Cancer Principal Investigator: Betty Ferrell, Ph.D., R.N. bferrell@coh.org						
04140	Reducing Barriers to Pain and Fatigue Management Principal Investigator: Betty Ferrell, Ph.D., R.N. bferrell@coh.org						
08031 to 08033	A Standardized Nursing Intervention Protocol for Cancer as a Chronic Illness Principal Investigator: Marcia Grant, R.N., D.N.Sc. mgrant@coh.org						
05081	Standardized Nursing Intervention Protocol for Hematopoietic Cell Transplantation Patients Principal Investigator: Marcia Grant, R.N., D.N.Sc. mgrant@coh.org						
07239	Development and Testing of a System to Monitor and Improve Adherence with Oral Chemotherapy Agents Principal Investigator: Marcia Grant, R.N., D.N.Sc. mgrant@coh.org						

For more information regarding the above listed clinical trials, please e-mail the individual investigator or go to <http://clinicaltrials.coh.org> and enter the IRB number.



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