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Inside Yugoslavia – The status of Supportive Care at the Institute for Oncology and Radiology of Serbia

Our Team...

At the Institute for Oncology and Radiology of Serbia, in Belgrade, Yugoslavia, we do not have a FORMAL supportive care team or unit. However, we DO have a group of people DEDICATED TO supportive care (clinical care and clinical research, i.e. clinical trials) that is a “Supportive Care-Oriented Group” of physicians and nurses.

Our group has no formal hierarchy. The informal team leader is Snezana Bosnjak, MD, Ph.D., clinical pharmacology specialist with training in Medical Oncology, who works together with Snezana Susnjar, Medical Oncologist, Ivana Bozovic-Spasojevic, MD, specializing in Internal Medicine, and a nursing staff led by Dusanka Zivkovic, Senior Nurse, and Zorica Marinkovic, Senior Research Nurse. Although not a member of this team, Medical Oncologist and ESMO National Representative Svetislav Jelic actively support our work.

We also have an Oncology Intensive Care Unit with four beds, where patients are admitted for active supportive care. The main difficulty with creating a formal team/unit is the idea that supportive care is exclusively the responsibility of the practicing oncologist and therefore should not be a separate discipline. However, our Institute recognizes the importance of supportive/palliative care and we are planning to create a formal supportive/palliative care team in the near future.

Improving our knowledge...

Principles of supportive/palliative care are not included in the curriculum of medical students. Our Institute carries out formal teaching activities in this area (namely: cancer pain management, prevention and treatment of

infections, prevention of chemotherapy and radiotherapy-induced emesis) for clinicians specializing in general practice and subspecializing in hematology and oncology (postgraduate education, but with ONLY ONE CLASS: 45 minutes).

In Yugoslavia, the knowledge of medical students and medical doctors regarding supportive/palliative care in cancer patients is inadequate. Control of symptoms and relief of suffering has not traditionally been a priority for clinical oncologists, who are mostly 'tumor-oriented'. Keeping in mind the importance of total patient care, our Department of Clinical Pharmacology/Oncology Intensive Care Unit offers training and education on clinical care and research in the field of supportive/palliative care for medical doctors and nurses (antiemetics, treatment of febrile neutropenic patients, oral care and mucositis, pain control, management of dyspnea) and plans to intensify these activities in the future.

As the Serbian National Cancer Research Center, our Institute has translated two WHO publications: 1. "Cancer pain relief-with a guide to opioid availability" (1996), and 2. "Symptom relief in terminal illness" (1998), and has published its own user-friendly brochure for the management of cancer pain. Both publications were promoted through a series of lectures organized by the Oncology Society of Yugoslavia for medical students and healthcare professionals, free of charge.

Our Services...

Infections: All patients with the risk of prolonged and severe neutropenia are hospitalized in the bacteriologically protected Oncology Intensive Care Unit. Patients with febrile neutropenia are treated according to the Infectious Diseases Society of America (IDSA) Guidelines (1997; 2002), recommendations from the Multinational Association of Supportive Care in Cancer (MASCC) and from the Subcommittee for Infections and Consensus of the Immunocompromised Host Society (ICHS). The use of growth factors is in accordance with the American Society of Clinical Oncology (ASCO) 2000 Update of Recommendations for the Use of Hematopoietic Colony - Stimulating Factors: Evidence-Based, Clinical Practice Guidelines.

Dr. Ivana Bozovic-Spasojevic is presently the clinical investigator responsible for the ongoing investigator-initiated, single-center trial: "Monotherapy with cefoperazone versus combination therapy with

cefoperazone plus netilmicin for empirical antibiotic therapy of febrile neutropenia in cancer patients” (Protocol developed during the FECS/AACR/ASCO Workshop on Methods in Clinical Cancer Research, FLIMS ‘99).

Nausea and vomiting: Prevention of chemotherapy and radiotherapy-induced emesis is provided according to ESMO *Minimum Clinical Recommendations*, Perugia 1997 Consensus, and the ASCO Recommendations for the use of Antiemetics: Evidence-Based, Clinical Practice Guidelines (1999).

We are conducting an ongoing multi-center trial in cooperation with the Italian Group for Antiemetic Research, and the results of another trial have just been published (The Italian Group for Antiemetic Research. Dexamethason alone or in combination with ondansetron for the prevention of delayed nausea and vomiting induced by chemotherapy. N Eng J Med 2000; 342: 1554-1559).

Oral care and mucositis: All patients with chemotherapy-induced stomatitis gr 3 (NCI CTC) are hospitalized, and treatment is provided according to the National Oral Health Information Clearinghouse (NOHIC), USA, Recommendations. Routine oral care is provided according to recommendations given in the 1998 WHO publication: “Symptom relief in terminal illness”.

Pain control: Outpatient ambulatory service for cancer pain management is available twice weekly (one hour each time). Patients with poor and unstable pain control can be hospitalized in the Oncology Intensive Care Unit.

One multi-center trial in cooperation with the group researching symptom control and palliative care, headed by Dr. Eduardo Bruera (University of Texas, M.D. Anderson Cancer Center, USA), is presently ongoing. Investigator-initiated, single-center trials on cancer pain management are also ongoing. Our paper on management of iatrogenic neuropathic pain related to anticancer treatment has recently been published (S. Bosnjak, S. Jelic, S. Susnjar, and V. Lukic. Gabapentin for Relief of Neuropathic Pain Related to Anticancer Treatment: A Preliminary Study. J Chemoth 2002; 14: 214-219).

Leaflets on cancer pain control, prevention of nausea and vomiting when receiving opioids, managing constipation when taking pain medicine, and bone metastasis precautions are produced by our Supportive Care-Oriented Group.

Counselling / Complementary medicine: Although no specific service is provided regarding nutrition, sexual problems, and psychiatric disorders, an MD specializing in psychiatry is expected to join our Supportive Care-Oriented Group.

As for family counselling and complementary/alternative medicine (CAM), a lecture on CAM (45 min.) and family support is organized for patients during the program "Learning to live with cancer". This is an education and support program for cancer patients and their family members / significant others. It is the result of a research project carried out at the Care Research Unit, Lund University, in cooperation with the Department of Oncology, Lund University Hospital. The Project Leader is Gertrud Grahn, R.N.T., Ph.D. The program has grown into a Pan-European project, and now is available in 12 European countries: Norway, Ireland, United Kingdom, Italy, Spain, Switzerland, France, Belgium, Czech Republic, Aaland Islands (Finland), Serbia, and Sweden (Gertrud Grahn, R.N.T., Ph.D., Marta Danielson, and Kerstin Ulander. Learning to live with cancer in European countries. Cancer Nursing 1999: vol. 22, N° 1).

The results of our two surveys on the use of CAM among patients receiving chemotherapy are currently prepared for publication.

Intensive care: Our Oncology Intensive Care Unit consists of four beds.

Terminal Patients: Presently, patients in the end-stage of their disease are usually not treated in our hospital. Since Yugoslavia has recently become a member of the Eastern and Central European Palliative Task Force (ECEPT) of which Dr. Bosnjak is a National Representative, we hope ECEPT will provide us with the support we need to overcome our present problems and to create a special unit/team for end-stage patients.

Home and hospice care: Unfortunately, no specific service is provided for cancer care at home, and we DO NOT HAVE any hospice care movement or hospices in Yugoslavia.

Care of patients close to death is the responsibility of the general practitioner. We do not have specialization or sub-specialization in palliative care. A step forward in this respect was the recent founding of the Yugoslav Palliative Care Association (President, Dr. Erzebet Patarica Huber, Anesthesiologist).

Our Future...

As in many developing countries, financial support is a major problem. Our Institute receives no financial support from government institutions. The translation of the WHO publications was financed by pharmaceutical companies and by a grant received from Open Society (Project "Death in America"). Research projects are financed partly as a result of cooperation with the Italian Group for Antiemetic Research (IGAR), the University of Texas M.D. Anderson Cancer Center, USA, and drug companies. Fortunately, the cost of cancer treatments is covered by state health insurance.

Participation in multinational clinical trials is the best way of learning and adopting research methodology and also provides the best principles for routine clinical care. Our Supportive Care-Oriented Group is a member of the Italian Group for Antiemetic Research and Dr. Eduardo Bruera's MDACC group that is researching symptom control and palliative care (projects on dyspnea, tumor-induced nausea/vomiting, and cancer pain management).

Participating in the EORTC Pain and Symptom Control Group, the EORTC International Antimicrobial Therapy Study Group, and the ESMO Palliative Care Task Force are our major scopes of interest.

We are very pleased to announce that ESMO will be sponsoring the course "Supportive Care in Medical Oncology" in Belgrade in 2004!

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