Developing Supportive Care in Serbia

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## Faculty Disclosure

No, nothing to disclose

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<th>Company Name</th>
<th>Honoraria/Expenses</th>
<th>Consulting/Advisory Board</th>
<th>Funded Research</th>
<th>Royalties/Patent</th>
<th>Stock Options</th>
<th>Ownership/Equity Position</th>
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Our vision

All patients and their families will receive the support and care they need to cope with cancer and its treatment
Our mission

• To integrate:
  ✓ Disease-directed and patient & family-directed interventions
  ✓ Supportive & palliative care in routine cancer care at the IORS
Managing change

SEE unfulfilled needs of patients to get help for symptoms / toxicities

BELIEVE in integrated care

Act to create CHANGE by offering supportive care consultations
Chemotherapy-induced nausea & vomiting (CINV)
CT-induced nausea & vomiting

See an unfulfilled need
Plastic bowls for vomiting
Believe you can make a difference
Improve CINV prevention & control with the appropriate use of antiemetics
Act to create change
Antiemetic consultations
...CT-induced nausea & vomiting

Improve professional expertise

Journal of Supportive Care in Cancer: the MASCC journal

MASCC membership (1993)

Find your „bright spots“

MASCC experts: F. Roila, J. Herrstedt, R. Gralla

Improve availability of & access to antiemetics
CT induced nausea & vomiting

Participation of the IORS in the CINV clinical trials:

✓ The Italian Group for Antiemetic Research
✓ MASCC Study Group on antiemetics

Obtain:

✓ the best antiemetics for our patients
✓ the protocols for CINV prevention & control
The change: CINV

- MASCC guidelines & tools translated
- Booklets for HC professionals & patients published
- Antiemetics are part of CT protocols
- Vomiting bowls disappeared!
Cancer pain
Cancer pain....

See an unfulfilled need:
Patients suffering in silence
Believe you can make a difference
Cancer doesn’t have to be painful
WHO principles for the use of analgesics translated & implemented
Act to create change
Cancer pain consultations for in- and out-patients
Cancer Pain

Improve professional expertise:
MASCC experts in pain & palliative care
MASCC Palliative Care Study Group

Find your „bright spots“
University of Sheffield: Sam Ahmedzai
MD Anderson Cancer Center: Eduardo Bruera

Improve availability of & access to opioids
International Pain Policy Fellowship
Access To Opioid Medicines Europe (ATOME) project
The change: Cancer Pain

Raised awareness & improved knowledge

Improved availability of & access to opioids

Less restrictive pain policies

The right to pain relief & relief of suffering recognized as a patient’s right

Bosnjak SM et al., J Pain Symptom Manage 2016;52:272-283
Integrative Oncology
Supportive Care Service
Institute For Oncology & Radiology
Belgrade, Serbia
Conceptual Framework: Supportive and Palliative Care

Conceptual framework for supportive care, palliative care and hospice care, based on the systematic literature review.

Sheffield model of integrative care

Survivorship

Adapted from: Ahmedzai, Walsh Seminars in Oncol 2000

Diagnosis

Screening

Investigation

Disease-directed therapy

Remission

Cure

Relapse

Survivorship

Death

Remission

Co-morbidity – Information -- Side-effects --- Rehabilitation

Patient-directed therapy

Supportive care

Grief / Bereavement

Information --- Psychological support --- Financial help

Family-directed therapy

Adapted from: Ahmedzai, Walsh Seminars in Oncol 2000
“The oncologist role is not only to deliver the best quality anticancer treatment but also to consider the impact of the disease and treatment on each patient’s life”

ESMO position statement on supportive and palliative care
Jordan K, et al., Annals of Oncology 29: 36–43, 2018
Dept. Supportive Oncology & Palliative Care

Mobile Consultation team for inpatients: daily ward rounds

Supportive Care Unit: 4 beds

Outpatient service for pain & supportive care

EDUCATION
Clinical rotations
CME
Guidelines
Conferences

RESEARCH
Projects
Clinical trials
Publications
PROs
Supportive Oncology Unit
Out-patient service

- Pain & supportive care
- Every working day (10-13h)
- Scheduled & as needed appointments
- 4 physicians / 2 nurses
- Collaborates closely with the MTB
- 20-30 patients per week
Education in supportive care
Research publications

CINV

- Bosnjak S, Dimitrijevic J, Djordjevic F. Curr Opin Support Palliat Care 2016, 10:180–188

Cancer pain & palliative care

Advocating for Supportive Care

Leadership skills
- Strategic planning
- Presentation skills
- Negotiation skills
- Messaging skills
- Public speaking and media skills

The International Palliative Care Leadership Development Initiative, USA
http://www.ipcrc.net/who-program-leadership.php
Belgrade Educational Meeting on Supportive Care for Eastern Europe and the Balkan region
Belgrade regional meeting

- Promote supportive care (SC) in Eastern Europe & Balkan Region (EEBR)
- Facilitate integration of supportive care into oncology
- Discuss regional situation & barriers to optimal supportive care
- Create a collaborative network of local champions
Educational Format

Plenary lecture: the MASCC President
„Supportive Care Makes an Excellent Cancer Care Possible“

Opening lectures: 2 models of the integrated SC service in 2 countries

Symptoms and toxicities: promotion of available SC guidelines

Meet the expert: implementation of SC guidelines through case discussion & problem solving

Workshop: challenges for optimal SC in EEBR
Participants & Faculty

- 180 participants & lecturers, 18 countries
- Distinguished Faculty: 4 Presidents of MASCC
- Evaluation (1: poor to 4: excellent)
  - Overall learning outcome: 3.76 / 4
  - Content:
    a) relevant to clinical work: 3.62/4;
    b) well-balanced /evidence-based: 3.72/4
    c) the time provided for discussion / Qs: 3.75/4
Conclusion

• Mind the gap between the needs of patients and the actual provision of care
• Believe you can make a difference
• Act to create change
• Find „bright spots“: the MASCC
• Change the culture of care