Development of clinical pathways for symptom management in patients with upper gastrointestinal cancer: A multidisciplinary approach

Tina Griffiths[1]*, Lisa Brady*, Tennille Lewin, Kate White, Jennifer Philip, Dan Croagh, Charles Pilgrim, Wendy Brown, Stephen Brown, Alanna Bowen, Tamsin Bryan, Geoff Chong, Maria Ftanou, Kate Furness, Andrew Haydon, Vicki McLeod, Simone Reeves, Kate Webber, Rachel Wong, Sue Evans, Madeleine King, Arul Earnest, John R Zalcberg & Liane J Ioannou

[1]Public Health and Preventative Medicine, Monash University, Victoria, Australia

Introduction

Upper gastrointestinal cancers are a significant health problem, with low survival, high symptom burden and unmet supportive care needs. Evidence-based clinical care pathways to standardise symptom management could provide a means to reduce symptom burden and improve quality of life in these patients.

Aims

To develop evidence-based clinical pathways, which provide a standardised platform to appropriately manage and triage symptoms reported by people with upper gastrointestinal cancer.

Methodology

A standardised model for clinical pathway development was used, this included:
1) Assembling a team of multi-disciplinary experts;
2) Compiling and reviewing existing literature; and
3) Developing the pathway via a two-stage consensus working group process with discussion (via zoom) and email review.

Results

A total of 50 experts participated in the consensus process, with representation from private, public, metropolitan and regional sites as well as all of the relevant disciplines, including medical oncology, radiation oncologist, surgery, palliative care, cancer nursing, psycho-oncology, speech pathology and dietetics.

A total of 64 disease-specific symptoms were identified. The consensus working group finalised and approved 19 clinical pathways to manage these symptoms. Each clinical pathway includes an informed tailored clinical assessment of the symptom based on the NOPQRSTUV Symptom Assessment Acronym, triage of the symptom using the Common Terminology Criteria for Adverse Events (Version 5.0) and interventions for appropriate follow-up care.

Clinical Management Pathway Example: PAIN

Definition: A disorder characterised by the sensation of marked discomfort, distress or agony

Escalation Policy – ESAS clinical cut-off that triggers PROpatient NC phone call for Pain is ≥6

GENERAL ASSESSMENT

- **Name:**
- **Diagnosis & Treatment type:** (include radiotherapy/chemotherapy regimen/in particular oral therapy such as Capecitabine, targeted therapy)
- **Current medications and allergies:**
- **Have you discussed** this symptom/problem with a health care professional?

SYMPTOM ASSESSMENT (using NOPQRSTUV Acronym)

Adapted from Fraser Health Authority Hospice Palliative Care Program, Symptom Guidelines, 2006

Normal (establish baseline):
- Is this a new pain (new location)?

Onset
- When did it begin? Is this a different pain (new location)?
- How often does it occur? How long does it last?
- Is this pain different to normal? How rapid does this pain come on?

Provoking/Palliating
- N/A

Quality
- Can you describe your pain?

Region/Radiation
- Where is it?
- Does it spread anywhere?

Severity/Other Symptoms
- How would you rate your pain level on a scale of 0 – 10, with 0 being not at all to 10 being the worst imaginable).
- What is it on average? At worst/ best?
- Are you experiencing any other symptoms? (i.e. loss of bowel or bladder functioning, motor weakness, affecting your walking) NOTE: consider spinal cord compression

Treatment
- What medications or treatments are you using right now? (Include over the counter, complementary and alternative treatments, cannabis).
- How much? How often? Has this been effective? Any side effects?
- Have you received treatment in the area? (i.e. radiation, surgery)

Understanding / Impact on you
- How worried/distressed are you by the pain?
- Is the pain stopping you from doing your normal things?

Value
- N/A

Interventions for all patients, as appropriate

- **Identifying** the underlying etiology of symptom is essential in determining the interventions / referrals required
- **Consider possible** associated causes
- **Consider performance status** and other known risk factors when assessing/triaging patient for further intervention

GRADES
Adapted Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0

GRADE 1 (Mild)	GRADE 2 (Moderate)	GRADE 3 (Severe)	GRADE 4 (Life threatening)
Mild pain	Moderate pain; limiting instrumental ADL OR Mild pain that is new / markedly different	Severe pain; limiting self-care ADL OR Mild pain PLUS associated symptoms of motor weakness / bladder or bowel change OR Moderate pain that is new / markedly different	

MILD PAIN
(Non-urgent)

- **Link to Information** click here
- **Self-care and support**:
  - Take analgesia regularly. Use breakthrough doses as needed
  - If waking up at night, plan to take a breakthrough dose before bed
  - Anticipate possible painful events e.g. bathing, and take analgesia 30 mins prior
  - Keep a pain diary and record pain levels and breakthrough doses and times
  - Use activities such as: listening to music, relaxation and deep breathing exercises, meditation, yoga, massage, hot or cold compress, light exercise
- **Follow-up** to report symptoms in 1-2 days if no improvement, symptom worsens, or new symptoms occur

MODERATE PAIN
(Requires medical attention within next **48/72hrs if no treatment plan in place**)

- **Recommend referral** for medical review: Health service/GP within 2-3 day if no treatment plan already in place
- **Information:** (as above)
- **Self-care and support**: (as above)
- **Reinforce** with patient to report on Symptom Tool if symptoms do not improve
- **Reinforce** with patient to contact medical team if symptoms begin to deteriorate
- **Follow-up** to report symptoms in 1-2 days if no improvement, symptom worsens, or new symptoms occur

SEVERE PAIN
(Requires immediate medical attention **within 24hrs**)

- **Recommend referral** for medical review immediately: Health service/GP (24hrs if no treatment plan in place)
- **Information:** (as above)
- **Self-care and support**: (as above)
- **Follow-up** to report symptoms in 1-2 days if no improvement, symptom worsens, or new symptoms occur

Conclusions

A multidisciplinary approach and clinical consensus informed the development of evidence-based clinical pathways, which provides a standardised platform to appropriately manage and triage symptoms reported by people with upper gastrointestinal cancer.

PROpatient@monash.edu
PROpatientproject.org.au
@PROpatientTrial

Acknowledgements: *PROpatient Team, PROpatient Steering Committee, Clinical Working Party, Clinical Champions, Upper Gastrointestinal Cancer Registry*

Research Month 2021