

From the 40th Annual American Society of Clinical Oncology Meeting

EPEC-O: training oncologists in palliative care

New project reinforces integration of palliative care into cancer care

A new project sponsored by the National Cancer Institute (NCI), the American Society of Clinical Oncology (ASCO), and the Education for Physicians on End-of-Life Care (EPEC) that trains oncologists to teach colleagues about different facets of palliative and end-of-life care will debut in 2005. An overview of this developing program—known as Education on Palliative and End-of-life Care-Oncology (EPEC-O)—was given at the 40th annual meeting of ASCO.

In the past decade, professional and national groups increasingly have focused on palliative care in the oncology setting and set policy in the field, said Jamie H. Von Roenn, MD, an EPEC-O co-principal and professor of medicine at the Robert H. Lurie Comprehensive Cancer Center, Chicago, Illinois. “In 2001,” she said, “probably the most important of these or the one that has finally seemed to have moved things forward was the National Cancer Policy Board report entitled, *Improving Palliative Care for Cancer*,” a document that provided recommendations and highlighted barriers to integrating symptom management and palliative care into oncology.

The EPEC-O program is being modeled after a parent project, EPEC, which targets all practicing physicians in the United States, said Linda L. Emanuel, MD, PhD, the EPEC-O principal investigator and director of the Buehler Center on Aging at the Feinberg School of Medicine, Chicago, Illinois. In this project, physicians go to a 2½-day

“train-the-trainer” conference, in which participants attend plenary and small group sessions to acquire information, adaptable educational materials, and skills for teaching the project’s core curriculum at their home institutions.

This approach to sharing information has proven very effective. “At the end of 2 years,” according to Dr. Emanuel, “we had trained 555 EPEC trainers. They, in turn, had had just under 7,000 training sessions, reaching over 120,000 professionals, 83,000 of whom were physicians or physicians in training.” Currently, she noted, over three times this number of EPEC trainers are in the work force.

The EPEC-O project is similar to EPEC, but it incorporates oncology-specific issues, said Charles F. von Gunten, MD, PhD, an EPEC-O co-principal investigator and medical director of the Center for Palliative Studies at San Diego Hospital. “ASCO has a solid commitment to palliative care throughout the course of illness, not just at the end of life, and this combined with the [NCI’s] goal of eliminating suffering and death [from cancer] by 2015 was a natural impetus to develop this [EPEC-O] curriculum,” Dr. von Gunten said. He added that oncologists are natural candidates for such a project, because they often are viewed as experts in palliative care and are asked to present information on the field to others.

The EPEC-O curriculum features about 20 modules, many of which address care-related issues, including conflict resolution, symptom manage-

ment, advance care planning, physician-assisted suicide, withholding and withdrawing therapy, and interdisciplinary teamwork. However, some of the modules supply oncologists with ways to apply what they learn and to change palliative care practices at their institutions. “The change is not going to be effective unless oncologists are on board, practicing it and advocating it and teaching it to others,” Dr. von Gunten commented.

Gaps in care

Dr. von Gunten and Dr. Von Roenn presented a preliminary version of the opening EPEC-O plenary session, entitled “Gaps in Care.” Dr. von Gunten explained that gaps between current and desired practice must be filled to make palliative care “an essential and inextricable part of comprehensive cancer care.” A “trigger video” produced to engage and elicit responses from viewers and to promote learning highlighted this point, showing patients, caregivers, and oncologists from different subspecialties and at different points in their careers discussing their personal, and sometimes disturbing, experiences with palliative care.

According to Dr. von Gunten and Dr. Von Roenn, the comprehensive cancer care model presents elements of palliative care beginning as soon as a patient is seen for cancer treatment and continuing throughout oncology care, regardless of the anticipated clinical outcome (Figure 1). “Clearly, palliative care is treatment to relieve pain and suffering, and it can be combined with therapies aimed at remitting or curing the cancer, or it can be the total focus of care,” Dr. von Gunten said.

End of life

A revealing study done a decade ago assessed the average number of symptoms experienced by cancer patients. “In the outpatient setting, it was 9.7, and in the inpatient setting,

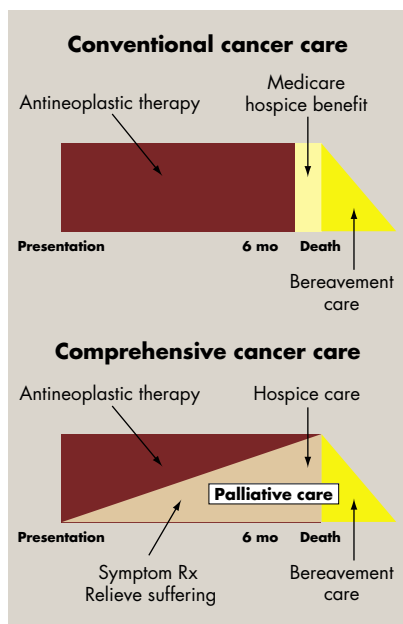


FIGURE 1 Comparison of conventional cancer care with comprehensive cancer care. Adapted, with permission, from the Education on Palliative and End-of-life Care-Oncology program.

it was 13.5—a phenomenal symptom burden that often isn't talked about,"

Dr. Von Roenn said, adding that patients and their caregivers experience tremendous psychological, social, and financial distress as well. Dr. von Gunten discussed data from a study at Brown University that indicated that although most patients want to die at home, the percentage of individuals with chronic disease who die in institutions increased from 50% in 1949 to 73% in 2001.

The 1998 ASCO survey of oncologists on end-of-life care had 3,227 respondents and offered some alarming findings. When asked about their source of information for palliative care, 90% of respondents cited trial and error, 73% cited colleagues and role models, and 38% cited traumatic experiences. "The message we got from this...is [palliative care] just isn't being adequately taught up front," Dr. Von Roenn remarked.

Many barriers have to be overcome to improve palliative care. "What we need to do is get rid of the separation between palliative care and oncologic

care as whole, and that's coming," Dr. Von Roenn said. She listed other barriers, including inadequate training, a lack of reliable data, too little accountability for providing good palliative care, and little available information for patients, family, and the public on the topic. She noted that ASCO has addressed the lack of information by offering the *People Living With Cancer* Web site.

The EPEC-O curriculum, noted the presenters, is a way to close the gap between current and ideal palliative care. Dr. Von Roenn noted that the goals of EPEC-O begin with core clinical skills that particularly target the practicing oncologist. From there, the program strives to improve competence, confidence in patient-physician relationships, and patient and family satisfaction—which, in turn, results in physician satisfaction. Dr. Von Roenn commented, "There is no goal here to make every oncologist a palliative care doctor, but, instead, to make every oncologist a full caregiver of oncology integrated with palliative medicine."