BACKGROUND

- Despite progress in treatment of ovarian cancer, advanced disease cannot be cured
- Median life expectancy of 24 months
- Median life expectancy of 12 months following resistance to platinum based therapy
- Estimated 14,000 women die annually in the US
- Patients suffer high symptom burden, require frequent hospitalization and receive aggressive intervention late in their disease process
- Most patients maintain a palliative performance status of ≥ 50% throughout the majority of their illness making prognostic measures even more difficult

OBJECTIVES

1) to discuss the experience of patients with advanced ovarian cancer
2) to highlight the role of palliative care in facilitating care transitions for these patients
3) to discuss the opportunities for earlier integration of palliative care services for these patients

CASE DESCRIPTION

42 year old female with a two-year history of ovarian cancer admitted with new onset jaundice and severe abdominal pain. Prior treatment included debulking surgery, Carboplatin (Intravenous and Intraperitoneal) and Paclitaxel. Her labs demonstrated elevated transaminases and hyperbilirubinemia. Imaging was consistent with recurrent metastatic disease to the liver despite treatment. Third line Doxil was planned. She had a palliative performance score of 80% and was resistant to discussing prognosis or advance care planning.

Palliative care was consulted to assist with pain management and provide family support. Over the next six months we saw her as an outpatient and during two hospitalizations for exacerbation of pain and other symptoms. Multiple supportive and advanced care planning discussions ensued. Three months prior to death, she declined further chemotherapy or repeat hospitalization, agreed to a DNR order, and enrolled in hospice. She died at home peacefully with family present.

CONCLUSION

Patients with advanced ovarian cancers are often young, maintain functional status and receive aggressive care until very close to death. Because of our potential to reduce high symptom burden and suffering in such a prolonged terminal phase of illness, this is an ideal population for palliative care. To serve these patients well, and those who care for them, we must be present to manage symptom distress, identify transitional events, initiate timely discussions of goals and help alter the trajectory of care.

DISCUSSION

- Evidence is limited, but early integration of palliative care may be an effective strategy to support patients, families, clinicians and hospital systems
- Embedding palliative care services into oncology clinics is a particularly helpful way of facilitating appropriate care transitions
- Palliative literature in the advanced gynecologic oncology patient is limited making this population ideal for further palliative research

REFERENCES