Difficult decisions for a palliative care patient

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DISCLOSURE OF INTEREST

- No conflicts of interests to declare
Women, 33 y.o.
Her2+ Breast Cancer
cT2N1M0

Neoadjuvant treatment (4T+ 4FEC + Trastuzumab) 05-10/2015

Mastectomy 10/2015 + RT Reconstruction

PD 12/2017: Bones
1st line 12/2017 - 05/2018 Capecitabine Trastuzumab + bisphosphonates

Alternative medicine: hunger and malnutrition Until 10/2018
Current event 02/10/2018

Chronic pain syndrome: Basal bone nociceptive pain 5-6/10 + Irruptive pain from sacrum and back 7-8/10

Nausea and vomiting 2nd grade

Constipation

Anaemia 3d grade, Hypercalcaemia, Abnormal Liver Test Results

Fracture of L2, multiple lung, liver and bone metastases
02/10/2018
• RBC transfusion
• Intravenous salines
• Fentanyl patch 25 μg + gabapentin
• Ondasetron + dexamethasone pulse
• Conversations with the psychologist: intended to treatment

12/10/2018
• 1st cycle of 2nd line TC (Paclitaxel+ Carboplatin AUC2) + Trastuzumab+
• Zoledronic Acid
• Fentanyl patch 50 μg + gabapentin
• Start palliative RT on bones
• Existential suffering: aware of the prognosis and afraid of death

16/10/2018
• Febrile Neutropaenia
• Broad-spectrum i.v. antibiotics: Meropenem → Telavancin
• Pain reduction after RT + Fentanyl

22/10/2018
• Seizures
• CT of brain - metastasis in the frontal lobe
• Understands the inappropriateness of further treatment, she was worried about her daughter
At the moment of discharge

- Decision towards – palliative care
- CPS medicated by Fentanyl patch 50 μg + gabapentin + lactulose for constipation
- No metabolic disorders
- No fever
- The patient wants to contact the palliative care service upon arrival home
Questions

- What do you prefer to prescribe for pain caused by bone metastases?
- What do you add to therapy when the liver tests results is abnormal?
Thank you for your attention!