

**Medical oncologists SHOULD play  
a central role in early palliative care**

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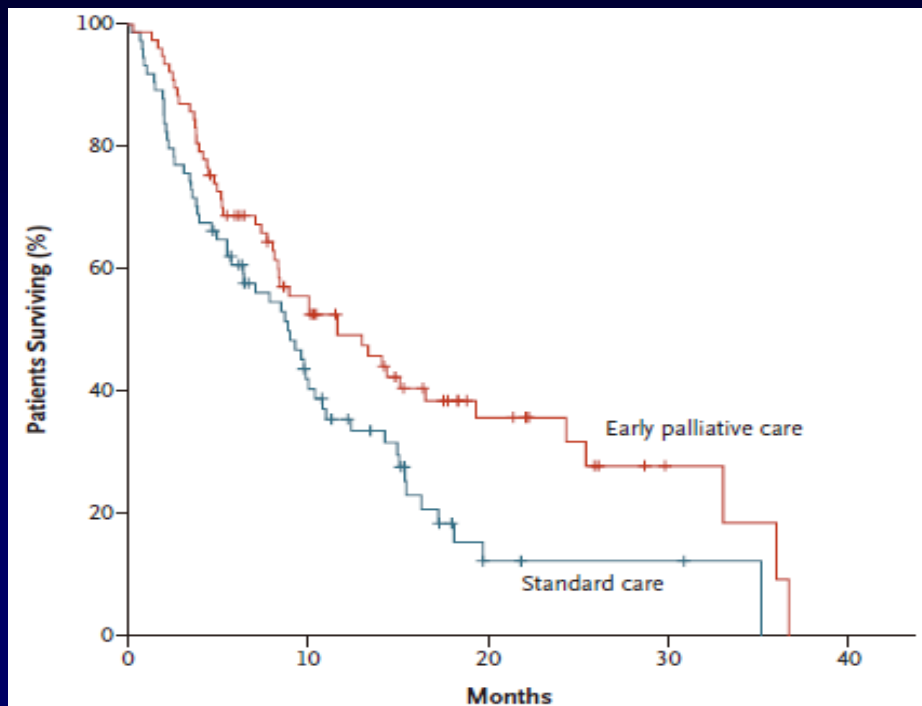
# 第22回日本緩和医療学会学術大会 COI 開示

演題名 : Medical oncologist SHOULD play a central role in  
early palliative care

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“Early palliative care (PC)” is a global standard.



Early palliative care for patients with metastatic NSCLC

Temel, NEJM 2010

Palliative care is placed as one of key elements in cancer treatment.

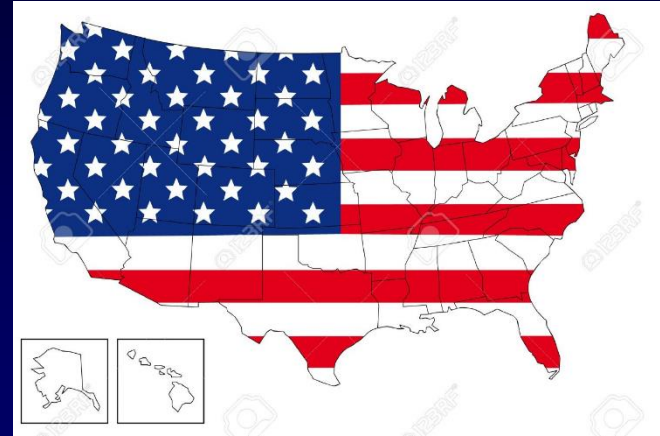
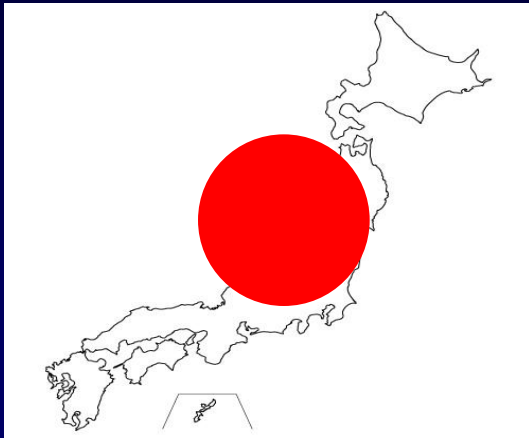
Cancer Control Act in Japan (revised Dec 2016)

(専門的な知識及び技能を有する医師その他の医療従事者の育成)

第十五条 国及び地方公共団体は、手術、放射線療法、化学療法、**緩和ケア**(がんその他の特定の疾病に罹患した者に係る身体的若しくは精神的な苦痛又は社会生活上の不安を緩和することによりその療養生活の質の維持向上を図ることを主たる目的とする治療、看護その他の行為をいう。第十七条において同じ。)のうち医療として提供されるものその他のがん医療に携わる専門的な知識及び技能を有する医師その他の医療従事者の育成を図るために必要な施策を講ずるものとする。

# Big difference between US and Japan regarding PC.

## The number of authorized PC specialists



特定非営利活動法人  
日本緩和医療学会  
Japanese Society for Palliative Medicine

HOME > 専門医認定制度 > 認定名簿

学会概要  
学術大会  
厚生労働省委託事業  
入会・会員MLなど手続き  
会員専用  
専門医認定制度  
専門医認定制度細則

専門医認定制度

認定名簿

- 専門医名簿 (2010年4月1日～2017年4月1日認定)
- 暫定指導医名簿 (2009年4月1日～2011年4月1日認定)
- 認定研修施設名簿 (2009年4月1日～2017年4月1日認定)

aahpm  
AMERICAN ACADEMY OF  
HOSPICE AND PALLIATIVE MEDICINE

MEMBERSHIP EDUCATION & PRACTICE ADVOCACY CAREER DEVELOPMENT

Jobs  
Clinical Training  
Leadership Training  
AAHPM Ignite  
AAHPM Ascend  
AAHPM Elevate  
External Programs

### Number of Certified Hospice and Palliative Medicine Physicians by Cosponsoring Specialty Board

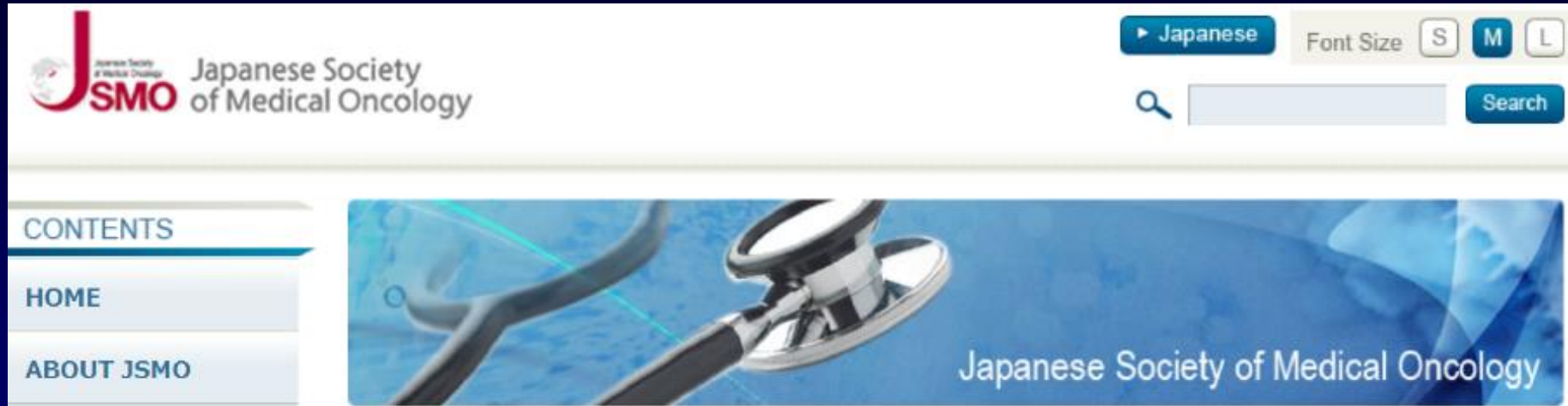
The following table provides the number of physicians who have achieved subspecialty certification in hospice and palliative medicine since ABMS and AOA formally recognized the subspecialty in 2008, as reported by each cosponsoring board.

178 (as of APL 2017)

7054 (as of DEC 2015)

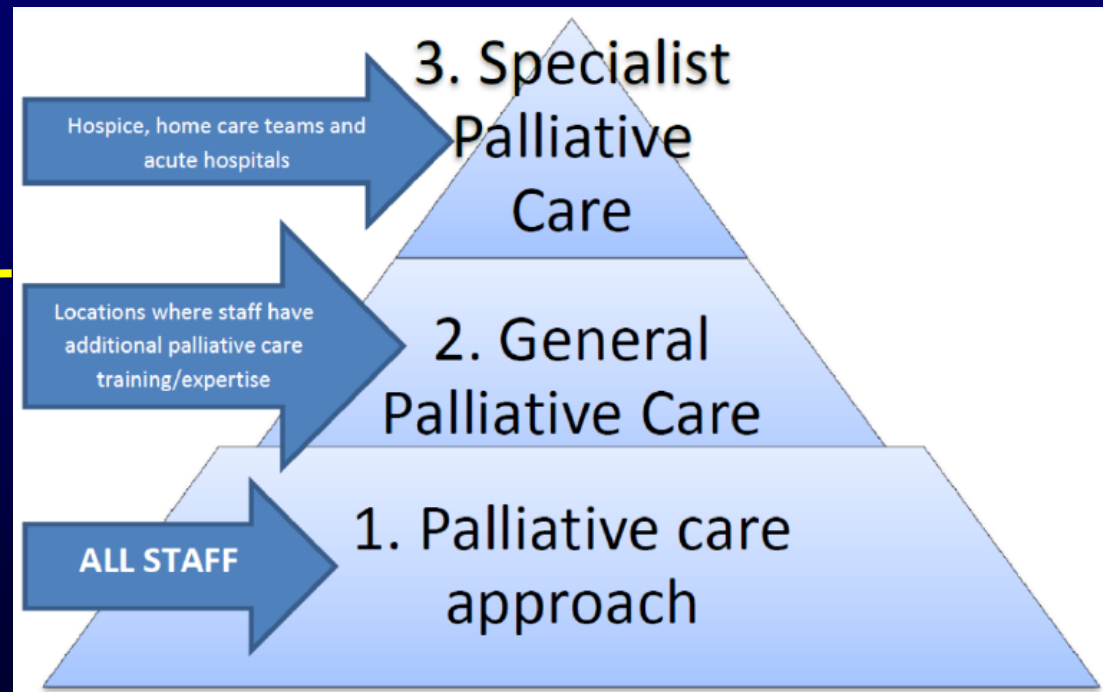
The current system in US will not work well in Japan.

# The number of medical oncologists is still better.

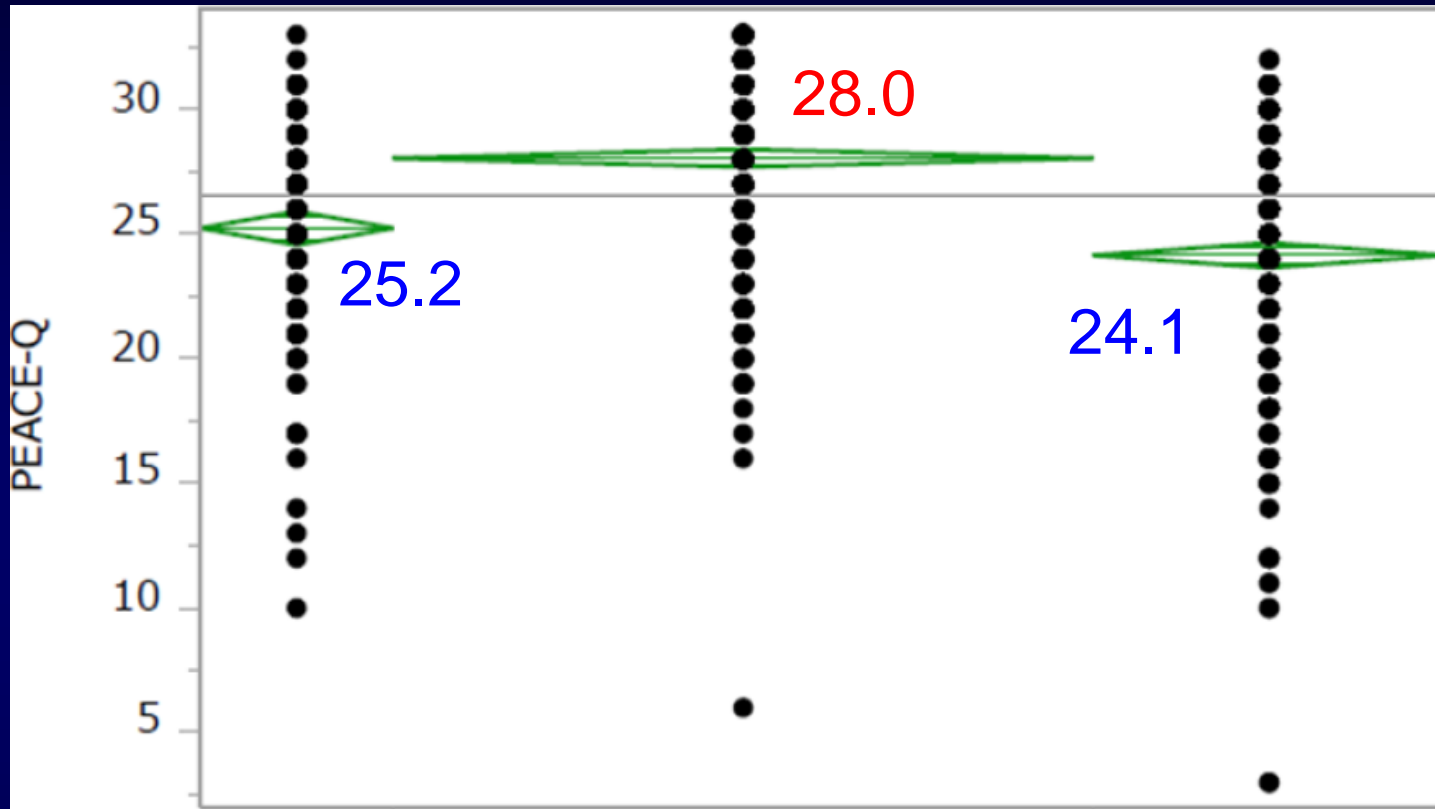


Authorized specialists **1193** (as of JUN 2017)

At least, general palliative care (>80% of cases) must be covered by attending physician in Japan.



The PEACE project is quite reasonable strategy.  
Web-based survey for lung cancer physician



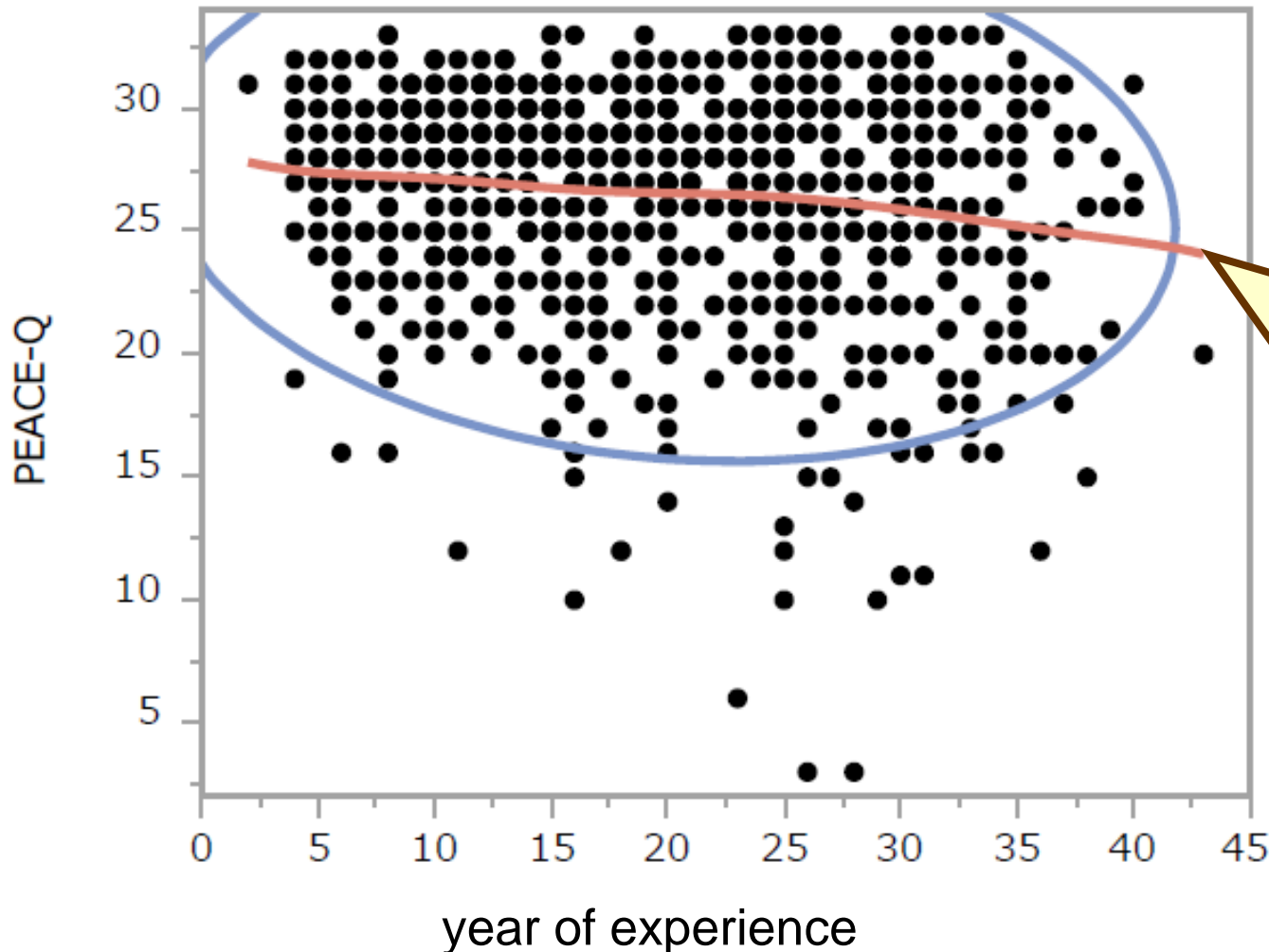
Non-participants  
who were aware  
of PEACE  
(n=143)

PEACE  
program  
Participants  
(n=520)

Non-participants  
who were not  
aware of PEACE  
(n=261)

# 鉄は熱いうちに打て (Strike while the iron is hot!)

Relationship between PEACE-Q and year of experience



Regarding PC, an old hand does not ensure “skillful.”

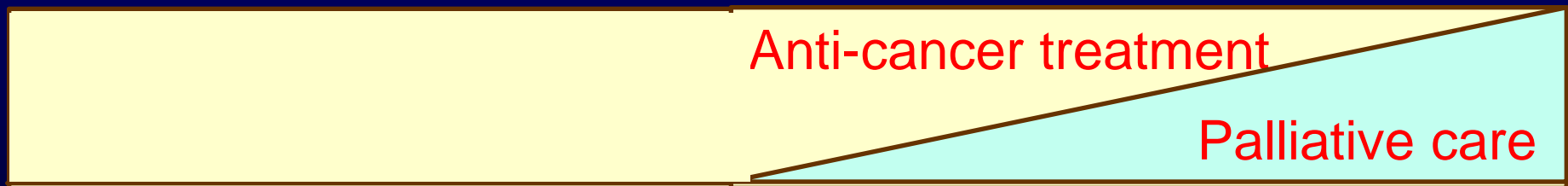
Role of PC is not only “symptom management.”

## Role of palliative care

- ✓ Illness understanding and education
- ✓ Symptom management
- ✓ Decision making
- ✓ Coping with life-threatening illness

Definition in  
the Temel's  
study

- Medical Oncologist should play a central role for “decision making” and “education” because they are specialists for cancer treatment.



- Especially duration of anti-cancer treatment tend to be extended longer and longer these days.



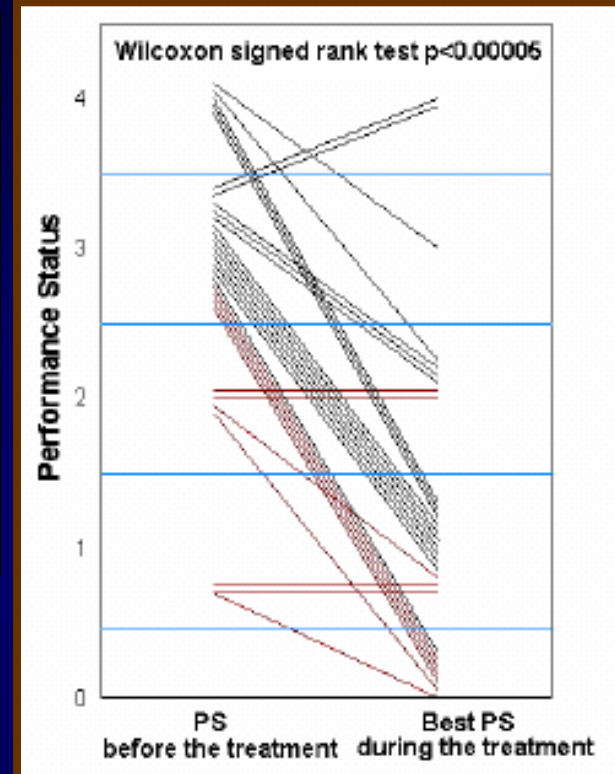
# Recent progress in cancer treatment is amazing!

## Poor PS patient with EGFR-mutated NSCLC



Before EGFR-TKI

3mo after TKI

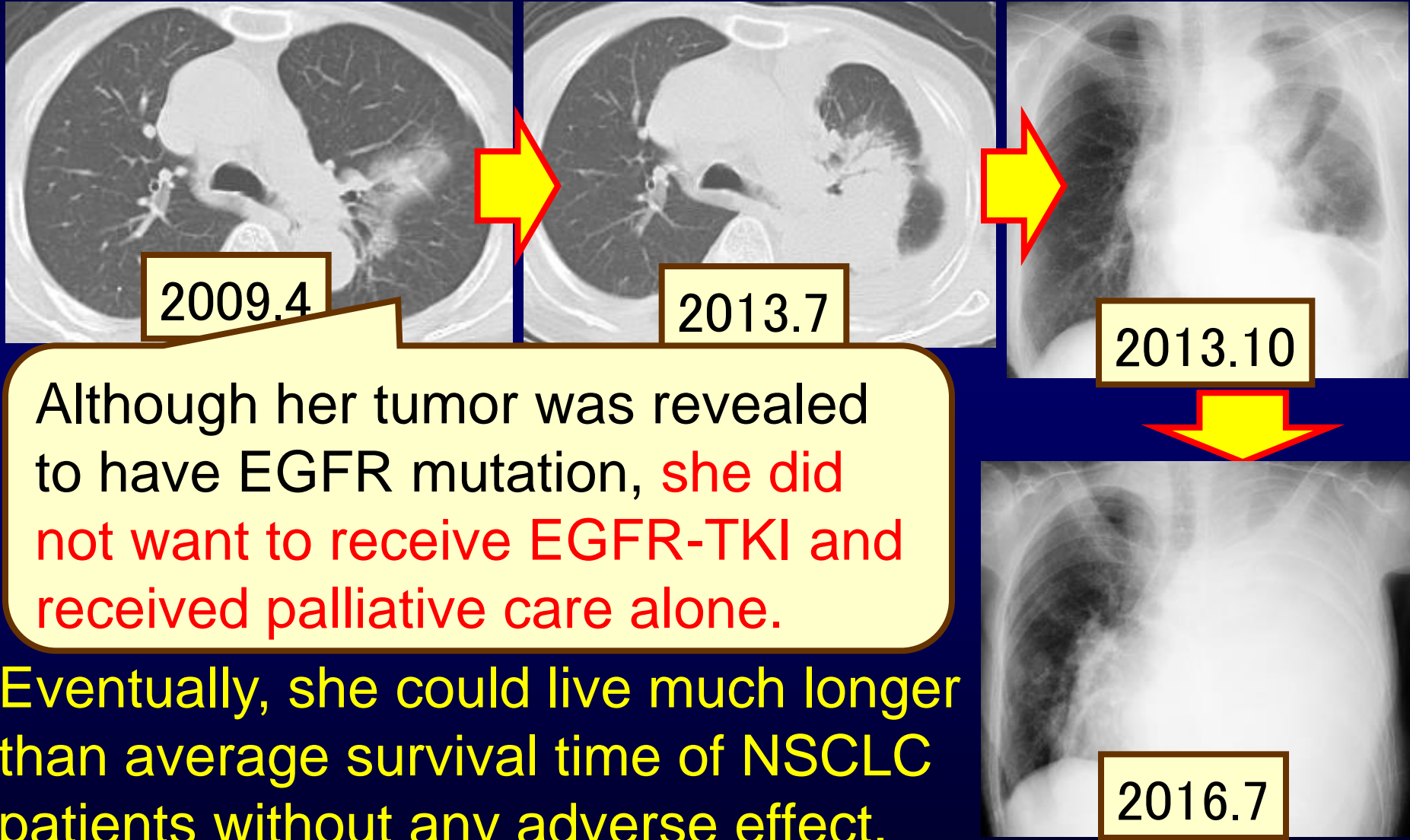


Inoue, JCO 2009

Severe symptoms were improved by TKI treatment.

Medical oncologists should recognize the benefit of “no anti-cancer treatment” as well.

Clinical course of a female patient (83y.o.) with relapsed NSCLC



Correct understanding of EBM is quite important.

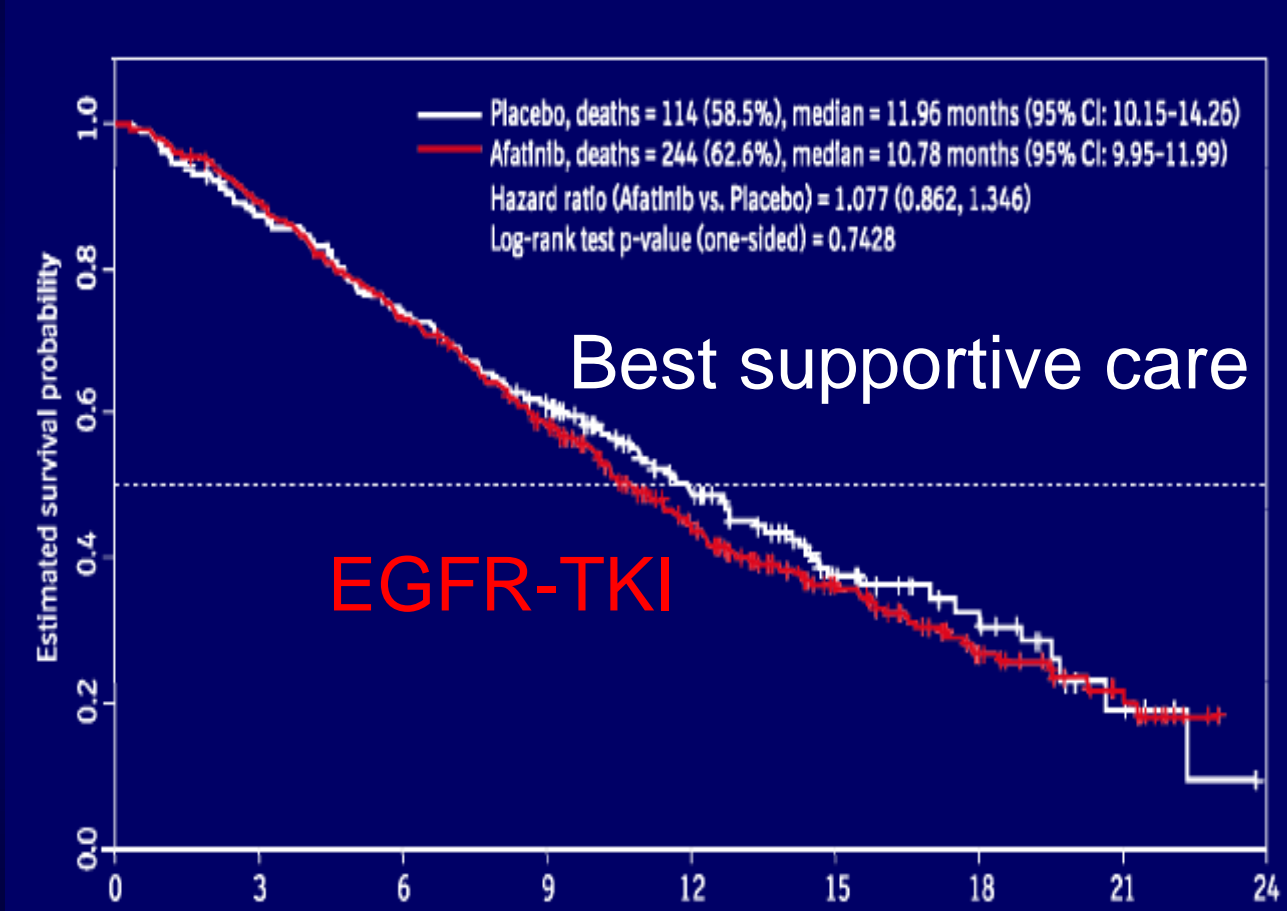
### 3 components of EBM



- Some (many?) oncologists misunderstand the concept of EBM and stick to recommend the most effective treatment to patients.

Oncologists should not continue chemo that have no evidence to improve patients' QOL and/or survival.

2<sup>nd</sup> EGFR-TKI for patients with resistance to 1<sup>st</sup> EGFR-TKI



Miller, Lancet Oncol 2012

過ぎたるは及ばざるが如し

More than enough is too much!

JSMO aims to develop medical oncologists who

- Understand the risk and benefit of anti-cancer treatment based on the true EBM.
- Can perform general palliative care during the cancer treatment.
- Recognize their limitation and can cooperate with palliative care specialists appropriately.

JSMO requires medical oncology specialists to have clinical experience of palliative care and update their skills of palliative care through our educational programs.

To improve the QOL of cancer patients and their family, a close cooperation between medical oncologists and palliative care specialists is indispensable.