

# COORDENATION OF CARE FOR NURSING HOME PATIENTS RECEIVING CANCER DIRECTED THERAPY: SUPPORTING CARE WHEREVER THE PATIENTS ARE

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#### Introduction

Cancer, and its complex treatment, have a profound impact on the lives of patients and their families. Patients have a wide range of needs, even before the cancer diagnosis. Many studies focus on the needs of specific patient groups, defined by diagnosis, treatment, or demographics, but there is no consensus on patient's care needs across different types of cancer or populations. Identifying the common underlying needs of patients with cancer living in community homes, as well as needs that are specific to a patient's diagnosis or background, will help provide comprehensive support more effectively. This case report aims to highlight the need for more coordination of care for patients who are still receiving disease-direct therapy and reside in nursing homes, where limitations for this type of care may apply.

### **Case Description**

A 60 years old Cambodian female with a complex regional pain syndrome, quadriplegia secondary to spinal cord injury with an intrathecal baclofen pump for spasms and wheelchair dependence, traumatic brain injury and seizure disorder secondary to domestic abuse, was admitted for chest pain and diagnosed with metastatic ER/PR positive, HER2 positive right breast cancer. While she was prepared for discharge from the hospital, several barriers were faced. She is a long-term nursing home resident, which can frequently be a barrier to pursuing chemotherapy.

During the hospital admission, she was transferred to the Inpatient Palliative Service for pain control and ongoing goals of care discussion regarding treatment in the setting of her complex psychosocial situation. The palliative interdisciplinary team reached out to the insurance company and her community home to learn about payment barriers. The team also helped coordinating transportation to and from the Oncology and Supportive care clinic. Video appointments were also coordinated to ensure support, assessment, and management of symptoms. The patient successfully completed the first round of treatment, and her second cycle is ongoing.

## **Sequence of Events**

Born in Cambodia. The family died in the war.

Orphaned at age 12.

Emigrated to the US at the age of 19 with 1 child, pregnant with her second child.

Age 53 MVA in the setting of alcohol intoxication resulting in recurrent TIB and C5 fracture resulting in quadriplegia.

Age 58 Incidental right breast mass discovered on CT in the setting of an admission for pyelonephritis.

Age 60 Admission for right shoulder, chest, abdominal, and bilateral lower extremity pain. She underwent breast biopsy and PET given a lack of alternative explanations for her pain from having Stage IV right breast cancer with pulmonary nodules. She was transferred to the palliative service with the goals of demonstrating a desire for symptom management first, as well as a trial of treatment pending her tolerance to side effects. Oncology specifically recommended avoiding traditional chemotherapy given the side effects/toxicity as a starting point and electing to trail immune therapy first. She underwent palliative radiation before dismissal, initiated letrozole, opioids were titrated, and she was dismissed back to her long-term care facility. In the setting of domestic abuse, suffered a TBI and developed a seizure disorder. Her only formal education was English School in Thailand as a Refugee.

Worked as a cook and cleaner.

6 months later indeterminate diagnosis of complex regional pain syndrome of the left upper extremity.

Age 59 Baclofen pump implantation for spasticity.

2 months following dismissal she initiated trastuzumab/pertuzumab infusions. She continues to live at her long-term care facility.

#### Discussion

The prompt and accurate coordination of care by the multidisciplinary nature of the Supportive Care model led to a successful dismissal and coordination of care, following the goals that patient envisioned for her care.

#### **Conclusions**

There is a lot more to learn about models of care delivered for patients living in nursing homes who need cancerdirected therapy. The assumption of the denial of chemotherapy for a patient living in residential care can be detrimental to the patient and their family.

While all patients are unique, there is a clear set of issues that are common for a majority of patients in their cancer journeys. Care is often spread across multiple facilities and delivered by numerous healthcare practitioners, which makes it challenging for a patient's wider support needs to be identified and met. This has an impact on patient wellbeing and survival outcomes. To improve care, these needs should be prioritized by healthcare practitioners. This case report reaffirms the needs to further explore the wider needs of patients dealing with cancer treatment and living in community homes. More research is necessary.

## References

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