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Introduction

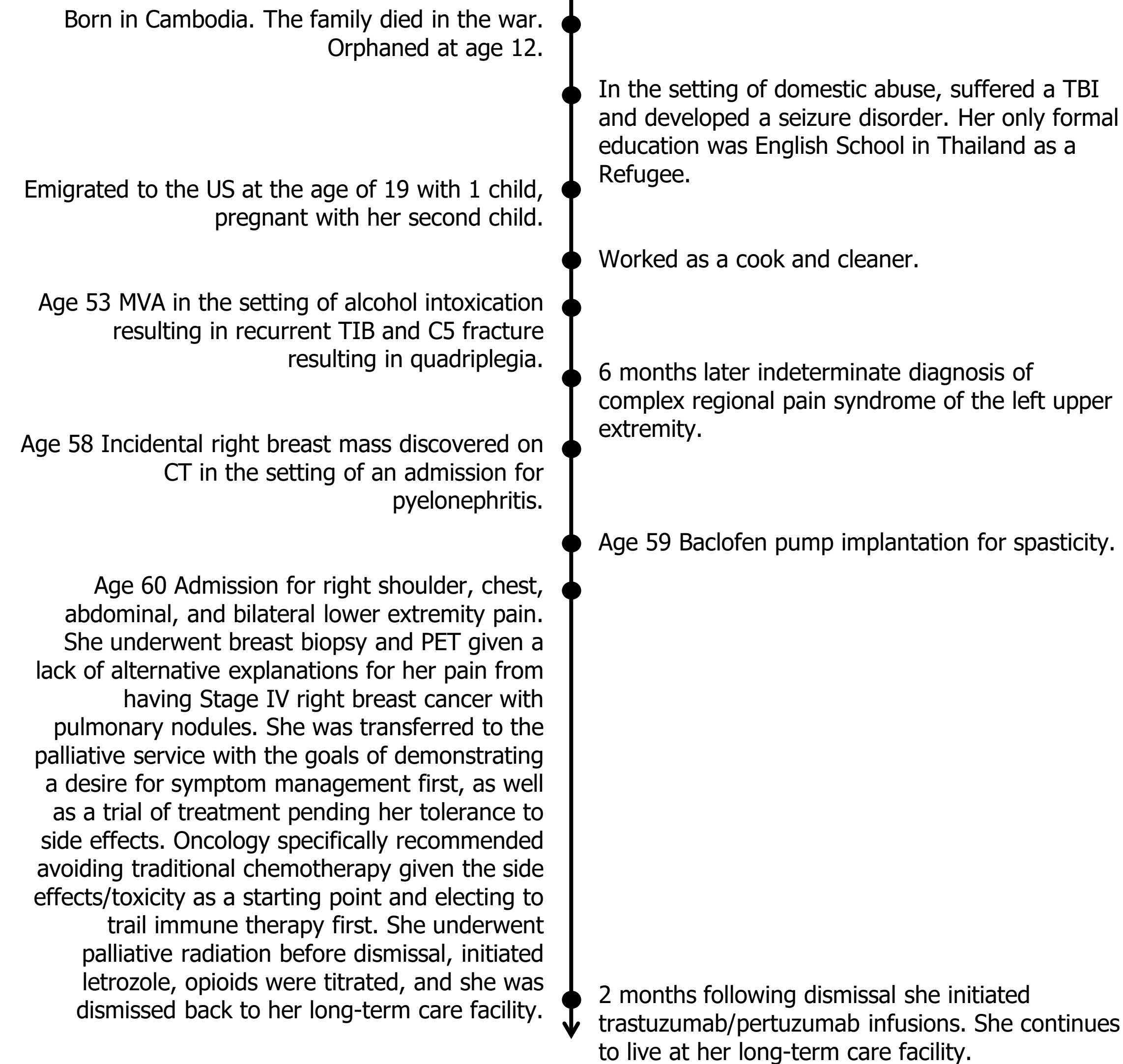
Cancer, and its complex treatment, have a profound impact on the lives of patients and their families. Patients have a wide range of needs, even before the cancer diagnosis. Many studies focus on the needs of specific patient groups, defined by diagnosis, treatment, or demographics, but there is no consensus 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



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 cancer-directed 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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