Fighting *against* Breast Cancer – Fighting *for* the Patient!

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It Takes an Interdisciplinary Team to Share the Workload

Modern senological therapy is becoming an increasingly complex therapeutic and communicative task [1]. The increasingly individualized therapeutic approaches that concurrently aim at recognizing the holistic individual needs of the patients (e.g., symptom control, quality of life, participation / patient information, psychosocial issues, etc.) are challenging for the therapeutic team [2]. These complex demands led to the implementation of the *integrated oncology* concept [3]. Main paradigms of this approach, which is also known as *comprehensive cancer care*, are a) the optimisation of life expectancy, b) timely implementation of scientific progress (translation), c) recognition of the merits of patient-reported outcomes (quality of life, symptom control, perceived empathy, etc.), d) respect of other professions and speciality's potential (interdisciplinarity and multi-professionalism). In both daily clinical routine and in conceptual planning, this requires a high degree of openness and flexibility from medical staff and leadership. This is not an easy task for the individual and the health care system itself, as anyone involved has to contribute to interdisciplinary concepts by actively learning to work together in a joint multi-professional clinical routine towards best possible patient care.

In *comprehensive cancer care*, specialised palliative care is an integral and independent component, along with other disciplines such as radiotherapy, psycho-oncology, senology and tumour surgery [2]. Moreover, the current recommendations of the American Society of Clinical Oncology (ASCO), the World Health Organization (WHO) and the National Comprehensive Cancer Network (NCCN) go even further and explicitly call for *early integration* of specialised palliative care after diagnosis of a disease that is incurable, progressive and life threatening [2–5]. Specifically, Prof. Bruera, the leading oncologist of the ASCO working group not only mentions the complex and time consuming demands ('heavy workload') associated with the provision of state-of-the-art cancer care as one of the reasons for early integration of palliative care but also compares the situation to a difficult and strenuous jour-

ney. He reports that patients expect their primary treating physicians 'to hope for the best' but also 'prepare for other options'. Integrating a specialized palliative care team is a strong argument to convey that oncologists (here: senologists) are strongly committed to actively do all they can *against* the malignancy but also at the same time assure that in addition everything is done *for* the patient, *for* her quality of life, *for* her priorities and *for* her autonomy and that the senology team is dedicated to include all professional expertise into the trajectory of care to ensure the achievement of these therapeutic goals.

The authors of this editorial would particularly like to thank the administration and staff of the Breast Centre of the Cologne University Hospital (Prof. Mallmann, Prof. Harbeck and Prof. Krämer). Their openness and patient-oriented attitude, in co-operation with the Centre for Integrated Oncology (CIO) Cologne/Bonn (Prof. Hallek, Prof. Wolf) has enabled outpatient the beginning of a model development towards an a) cross-sectoral (homecare, inpatient unit and outpatient clinics), b) routine and c) early integration of palliative care. Practically, the palliative care consulting team (physician, nurse and psychologist) visits patients with advanced breast cancer on inpatient units or outpatient clinics. While consultations are provided for specific somatic (e.g. pain, dyspnoea), psychological / psychiatric (e.g. depression, delirium) or social (e.g. providing advice about communication strategies within the family or counselling for organising home care) indications, also non-symptomatic patients benefit from the early integration concept in the long run. In these cases, patients often remember the (often brief) palliative care consultation at a very early stage of the disease that most often merely conveys the fact that 'We are here just to let you know that in addition to the fight *against* your cancer, everything is being done *for* you, *for* your quality of life and autonomy'.

The experience with this concept is encouraging. Many patients who were only consulted once early in the course of disease but thereafter did not require palliative care support for months (sometimes years) report that the initial brief palliative care visit provided a great relief because of a) knowing where to get help in case it is needed,

- b) being assured that the treating department actively engages other teams to ensure best possible health care,
- c) experiencing that modern cancer care not only means fighting cancer (which is often perceived as arduous),
- d) appreciating that state-of-the-art cancer care is strongly committed to patient priorities besides survival (i.e. quality of life, active participation in treatment decisions, place of care etc.) and
- e) realising that the early palliative care consultation itself resulted in a slow but sustained process of thinking about own priorities to come to the right decisions later on (i.e. by setting up advance directives).

The focus in the present edition of *BREAST CARE* has been developed in close cooperation of various disciplines (including e.g. senology, palliative care and radiotherapy) and professions (including nursing staff, physicians and psycho-oncologists). With this special edition, the editors hope to contribute to the process of conveying the necessity of an active dialogue about the chances of new, modern shared care concepts that demand a great amount of visionary thinking to establish lively cooperation between different disciplines and professions. Beyond the horizon of senology and oncology the development of such concepts may be one of the most challenging tasks for the development of a modern, effective and patient oriented medicine [6].

References

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