

Sharing is Caring

The Cancer Center at Lowell General Hospital

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MOLST: Medical Orders for Life-Sustaining Treatment Honoring Patient Wishes across the Continuum of Care

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In keeping with our promise to provide **Complete connected careSM**, Lowell General Hospital now recognizes MOLST – Medical Orders for Life-Sustaining Treatment for patients with an advanced illness. In collaboration with the Department of Public Health (DPH), Executive Office of Elder Affairs and Commonwealth Medicine at UMass Medical School, the MOLST process and medical order forms were developed to ensure that persons with advanced illness will have their decisions regarding life-sustaining treatments known, communicated and honored by all caregivers. Emergency Medical Technicians honor all valid MOLST forms per authority of the Massachusetts DPH, Office of Emergency Services. MOLST is from the POLST paradigm (Physician Orders for Life-Sustaining Treatment), which started in Oregon over 15 years ago to honor patients' informed preferences for end-of-life care. More information may be found at <http://www.polst.org/>

MOLST is intended for patients of any age with a serious advancing medical condition and nearing the end of life. It is a tool that clinicians may use to document patient preferences about life-sustaining treatment after discussions with the patient regarding their medical condition, prognosis, potential burdens and benefits of any recommended treatments, and their values and goals of care. Use of the MOLST form is voluntary, and may indicate that the patient accepts or refuses certain treatments. It is meant to be a dynamic form, updated as changes in the patient's health status or treatment preferences arise. Treatment options include cardiopulmonary resuscitation, ventilation and transfer to the hospital, with further options to consider, i.e. dialysis, nutrition and hydration. The MOLST form builds on the experience of the Comfort Care (CC)/Do Not Resuscitate (DNR) verification protocol. If the patient has both the CC/DNR form and a MOLST form, the form with the most current date is valid. The MOLST form will soon replace the CC/DNR form.

A valid Massachusetts MOLST form "constitutes an actionable medical order that can be recognized and honored across healthcare settings" (MADPH Circular Letter: DHCQ 12-3-560). The MOLST form is a standardized, bright pink, easily recognizable form intended to remain with the patient at all times. For patients presenting to the hospital with a MOLST form, staff make a copy of the form and immediately return the MOLST form to the patient and/or family member. Copies of the MOLST form are available by request through the Lowell General Print Shop at printshop@lowellgeneral.org or directly from the MOLST website at www.MOLST-ma.org.



Caregiving Sites

www.caregiver.org

A clearinghouse on brain disorders, caregiver assistance and long-term care public policy.

www.caregiver.va.gov

Taking care of the veteran you love can be an incredibly demanding job and the VA wants caregivers to know they don't have to do it alone.

www.caregiverresource.net

A collaboration of organizations dedicated to providing for the needs and welfare of caregivers.

www.medicare.gov/campaigns/caregiver

Resources, stories and newsletters about taking care of someone with Medicare.

www.wellspouse.org

The Well Spouse Association advocates for and addresses the needs of individuals caring for a chronically ill and/or disabled spouse/partner.

Camp Kesem

We are helping M.I.T. students spread the word about Camp Kesem, a week-long FREE summer camp for kids who are dealing with cancer in their family. The camp is located in Hartford, Maine and M.I.T. students volunteer their time as staff members. The previous campers have first option until January 1, then registration is open to the public. The camp has added another week for the 2014 camp season! Please visit campkesem.org for more information.

Treatment Overview for Platinum Resistant Ovarian Cancer

Ovarian cancer is in the top ten of newly-diagnosed cancer cases, and in the top ten of mortality rates from cancer in women worldwide¹. In the US alone, ovarian cancer was estimated to be newly-diagnosed in 22,240 women in 2013, leading to 14,030 deaths in this year alone². Typically patients diagnosed with stages II-IV of ovarian cancer will receive either carboplatin or cisplatin, in combination with another chemo agent, as the first line of treatment³. Many of these patients will develop a resistance called platinum-resistance to either the carboplatin or cisplatin. The National Cancer Institute defines platinum-resistant ovarian cancer as those women who progress on or relapse within six months of completion of prior platinum-based therapy. For all stages of disease for women with epithelial ovarian cancer, the overall possibility of relapse after initial platinum-based therapy is 62 percent⁴.

Fortunately, there are multiple options for treatment of platinum-resistant ovarian cancer. Single agent therapy is often the standard of therapy, consisting of either pegylated liposomal doxorubicin, paclitaxel, docetaxel, nanoparticle albumin-bound paclitaxel, topotecan, gemcitabine, or pemetrexed⁴. Overall survival and response rates have been similar in all these agents^{4,5}. A particular agent is chosen based patient specificity, taking into account what the patient had already used for therapy, the side effect profile of each drug, how often the patient will need to receive each dose and patient preference. Other agents that have been used in recurrent ovarian cancer, but have had questionable results with platinum-resistant ovarian cancer include etoposide, cyclophosphamide, irinotecan, oxaliplatin, vinorelbine, fluorouracil, capecitabine and tamoxifen⁵.

Patient's side effects vary by treatment, but may include alopecia, anemia, arthralgia, diarrhea, fatigue, GI toxicity and other GI symptoms, hand-foot syndrome, leukopenia, loss of strength, myalgia, myelosuppression, nausea, neuropathy, neutropenia, the risk of clot development, stomatitis, thrombocytopenia and vomiting⁵.

Biologic therapy for platinum-resistant ovarian cancer is a new approach for treating this disease. It has been the major focus of research for treating ovarian cancer^{4,6}. The AURELIA trial showed favorable response and overall survival results for bevacizumab in platinum-resistant patients. It has not been yet approved in the US by the FDA for ovarian cancer. Other agents like aflibercept, iniparib and olaparib are being studied for use in recurrent ovarian cancer and are showing promising results⁶. Farletuzumab and vintafolide are newer agents being studied for platinum-resistant ovarian cancer, with vintafolide showing good tolerability and promising results⁶.

Current clinical trials are ongoing and open trials can be viewed at the National Cancer Institute website (www.cancer.gov). With early detection being the optimum scenario for treating ovarian cancer, the treatments options are increasing with every new drug developed, every trial conducted and every drug approved for treating stage II-IV platinum-resistant ovarian cancer.

References

- 1) Ferlay J et al. GLOBO_CAN 2008 v2.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No 10. Lyon, France: International Agency for Research on Cancer, 2010.
- 2) Siegel R, Naishadham D, Jemal A. Cancer statistics, 2013. *CA Cancer J Clin.* 2013;63(1):11-30.
- 3) NCCN Guidelines, 2013. Ovarian cancer. www.nccn.org
- 4) Up To Date clinical database, 11/15/2013.
- 5) National Cancer Institute, Ovarian Epithelial Cancer Treatment, 11/18/2013, www.cancer.gov
- 6) Leamon CP, Lovejoy CD, Nguyen Binh. Patient selection and targeted treatment in the management of platinum-resistant ovarian cancer. *Pharmacogenomics and Personalized Medicine* 2013;6 113-125.

Meg Lemire-Berthel, MSW Honored at D'Youville Life & Wellness Community's 11th Annual Lasting Impressions Celebration

Meg Lemire-Berthel, MSW, Director of Oncology Social Work and Community Outreach at Lowell General Hospital's Cancer Center was recently honored at D'Youville Life & Wellness Community's 11th Annual Lasting Impressions Celebration held Thursday, November 7, 2013 at the Westford Regency Inn & Conference Center.



Meg was one of six individuals and organizations honored at the event, which celebrated those who aid seniors in living healthy, independent lives in our community. Other honorees included Meredith Boumil-Flynn, the Cambodian Mutual Assistance Association, City Councilor Rita Mercier, the Portuguese American Senior Center and Senator Susan Tucker. The event's guest speaker was Colonel Timothy Alben, Superintendent of the Massachusetts State Police. Alben was one of the key leaders in the investigations following the Boston Marathon bombings, and spoke about the importance of the entire community coming together in safeguarding our well-being.

Born and raised in Lowell, Meg has worked at Lowell General Hospital for 23 years. She has worked with, counseled, consoled, grieved and celebrated with the many individuals and families she has touched over more than two decades at the hospital. Meg earned a Bachelor of Science in Human Services and a Master of Science in Social Work from Springfield College. She is active in many community organizations and events, including the American Cancer Society, the Visiting Nurse Association of Greater Lowell, TeamWalk for CancerCare, Boy Scouts of America, the Miss America Pageant New Hampshire and the Ethnic New England Pageant.

Congratulations Meg on this great honor!

