MOLST: Medical Orders for Life-Sustaining Treatment
Honoring Patient Wishes across the Continuum of Care
Prabhakar Ramya, MD, Adult Hospitalist and Palliative Care Physician

In keeping with our promise to provide Complete connected care™, 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 worldwide. 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 alone. Typically patients diagnosed with stages II-IV of ovarian cancer will receive either carboplatin or cisplatin, in combination with another chemotherapeutic agent, as the first line of treatment. 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 percent.

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 pemetrexed. Overall survival and response rates have been similar in all these agents. A particular agent is chosen based on 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 tamoxifen.

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 vomiting.

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. 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 afibercept, iniparib and olaparib are being studied for use in recurrent ovarian cancer and are showing promising results. Farletuzumab and vintafolide are newer agents being studied for platinum-resistant ovarian cancer, with vintafolide showing good tolerability and promising results.

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
4) Up To Date clinical database, 11/15/2013.
5) National Cancer Institute, Ovarian Epithelial Cancer Treatment, 11/18/2013, www.cancer.gov