

Con il patrocinio di:



## GENOVA

Sala Convegni OMCeO  
Piazza della Vittoria, 12

4 APRILE 2019

**ONCORETE** SHARING AND INNOVATION SYSTEM

**NUOVI MODELLI ORGANIZZATIVI  
PER L'ONCOLOGIA**

2019 **MOTORE**   
**SANITÀ**  
Gestire il Cambiamento

**L'Ospedalizzazione del  
Paziente Neoplastico  
Avanzato  
(*Tumori Solidi dell'Adulto*)**

**CT NEAR DEATH**

**END OF LIFE ED VISITS**

**HOSPITALIZATION**

**DEATH AT HOSPITAL**

*Quality of Care*

# Fenomeno e Bisogni (Health Care Utilization)

- **Ricoveri**
- **Accessi al P.S.**

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*Ministero della Salute*  
*Ricerca Finalizzata 2016-2017*  
**PROGETTI DI RETE**

# Melanoma 2012-2016

- **260 casi**
- **Disuguaglianze**
- **2201 somministrazioni**
- **1040 prelievi (incl. TSH e S-100)**
- **2182 TC**
- **376 Ricoveri DO**
- **574 Ricoveri DH**

# Decessi al P.S. 2013

- **108**
- **Codici : rosso 53; giallo 48**
- **Età 78 (69-86)**
- **Tempo dall'ultima chemioterapia 41 giorni (19-91)**
- **Dispnea 54%; dolore 16%**
- **Ca polmonare 30%**
- **90% in CP domiciliari**

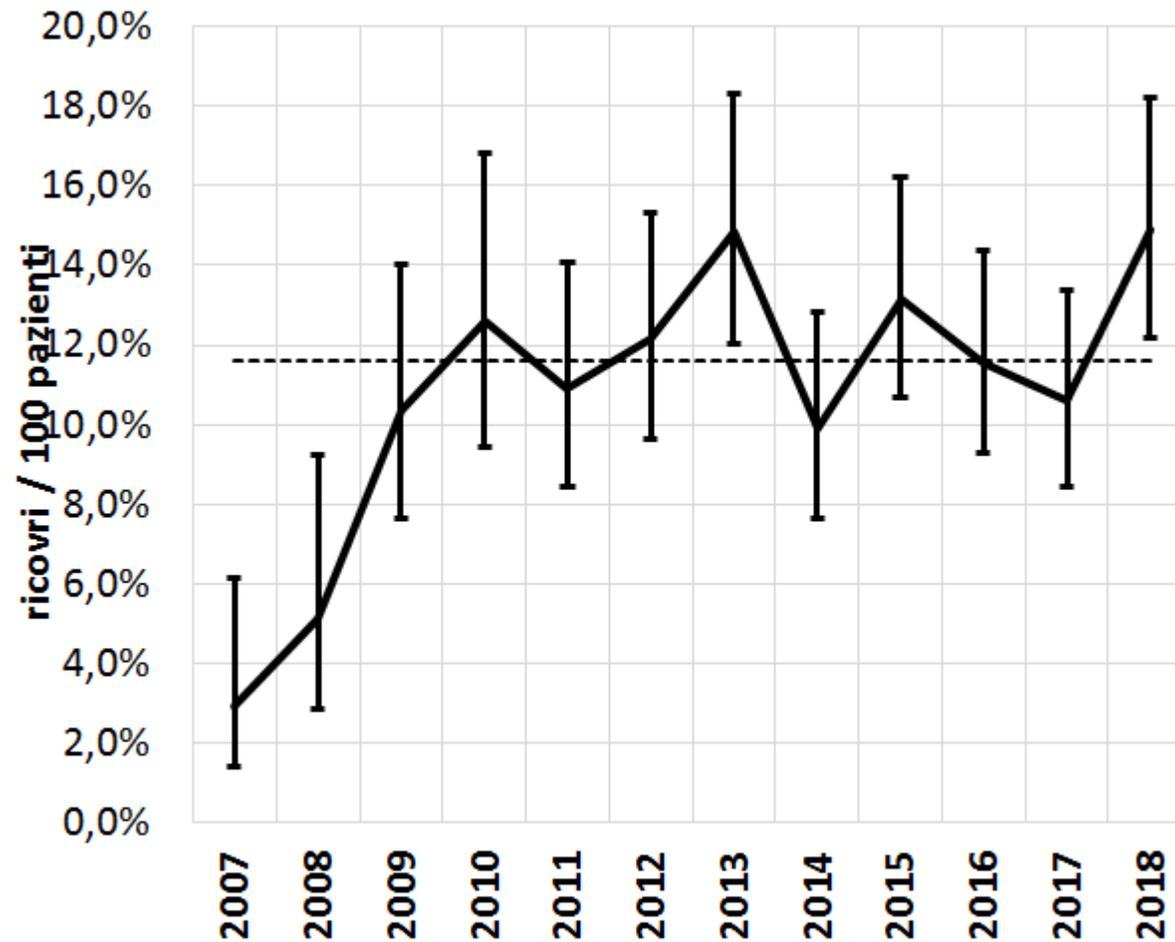
# Ricoveri per Gruppi Selezionati Tumori Rari (2009-2016) n (%)

	HSM*	Galliera	Villa Scassi	San Paolo	Sanremo	Sestri Lev	Tot Fuori Regione	N Ospedali	Totale
PELVI, URETERE, URETRA	<b>485 (30)</b>	<b>160 (10)</b>	<10%	<b>184 (11)</b>	<10%	<10%	<b>228 (14)</b>	<b>90</b>	<b>1591</b>
ANO	<b>68 (24)</b>	<b>32 (11)</b>	<10%	<b>35 (12)</b>	<10%	<10%	<b>36 (12)</b>	<b>40</b>	<b>282</b>
TESTA-COLLO (no LARINGE e IPOFARINGE)	<b>273 (21)</b>	<b>130 (10)</b>	<10%	<b>194 (15)</b>	<b>165 (12)</b>	<10%	<b>173 (13)</b>	<b>72</b>	<b>1280</b>
SARCOMI	<b>63 (17)</b>	<b>61 (17)</b>	<10%	<10%	<10%	<10%	<b>119 (34)</b>	<b>52</b>	<b>343</b>
PLEURA PARIET	<b>154 (14)</b>	<10%	<b>152 (14)</b>	<10%	<10%	<b>107 (10)</b>	<b>144 (13)</b>	<b>63</b>	<b>1039</b>
TIMO	<b>92 (41)</b>	<10%	<10%	<10%	<10%	<10%	<b>47 (21)</b>	<b>60</b>	<b>223</b>
VAGINA VULVA	<b>257 (31)</b>	<10%	<10%	<10%	<10%	<10%	<b>116 (14)</b>	<b>60</b>	<b>813</b>

***Citati solo i Presidi Ospedalieri >10% della casistica almeno in una famiglia***

\* IST + AOU San Martino e Clin Conv + IRCCS AOU San Martino IST

# Ricoveri in Aumento



**Numeri**

# I Numeri del Cancro - Liguria

*Numero di Nuovi Tumori Stimati per l'anno 2018*

	Polmone	Colon-Retto	Mammella	Prostata	Stomaco	Cervice	Melanoma	Vescica	TUTTI I TUMORI
<b>M + F</b>	<b>1350</b>	<b>1750</b>			<b>350</b>		<b>450</b>	<b>900</b>	<b>11950</b>
<b>M</b>	<b>850</b>	<b>950</b>	<b>1650</b>	<b>950</b>	<b>200</b>		<b>250</b>	<b>700</b>	<b>6150</b>
<b>F</b>	<b>500</b>	<b>800</b>			<b>150</b>	<b>100</b>	<b>200</b>	<b>200</b>	<b>5800</b>

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**50%**

# I Numeri del Cancro - Liguria

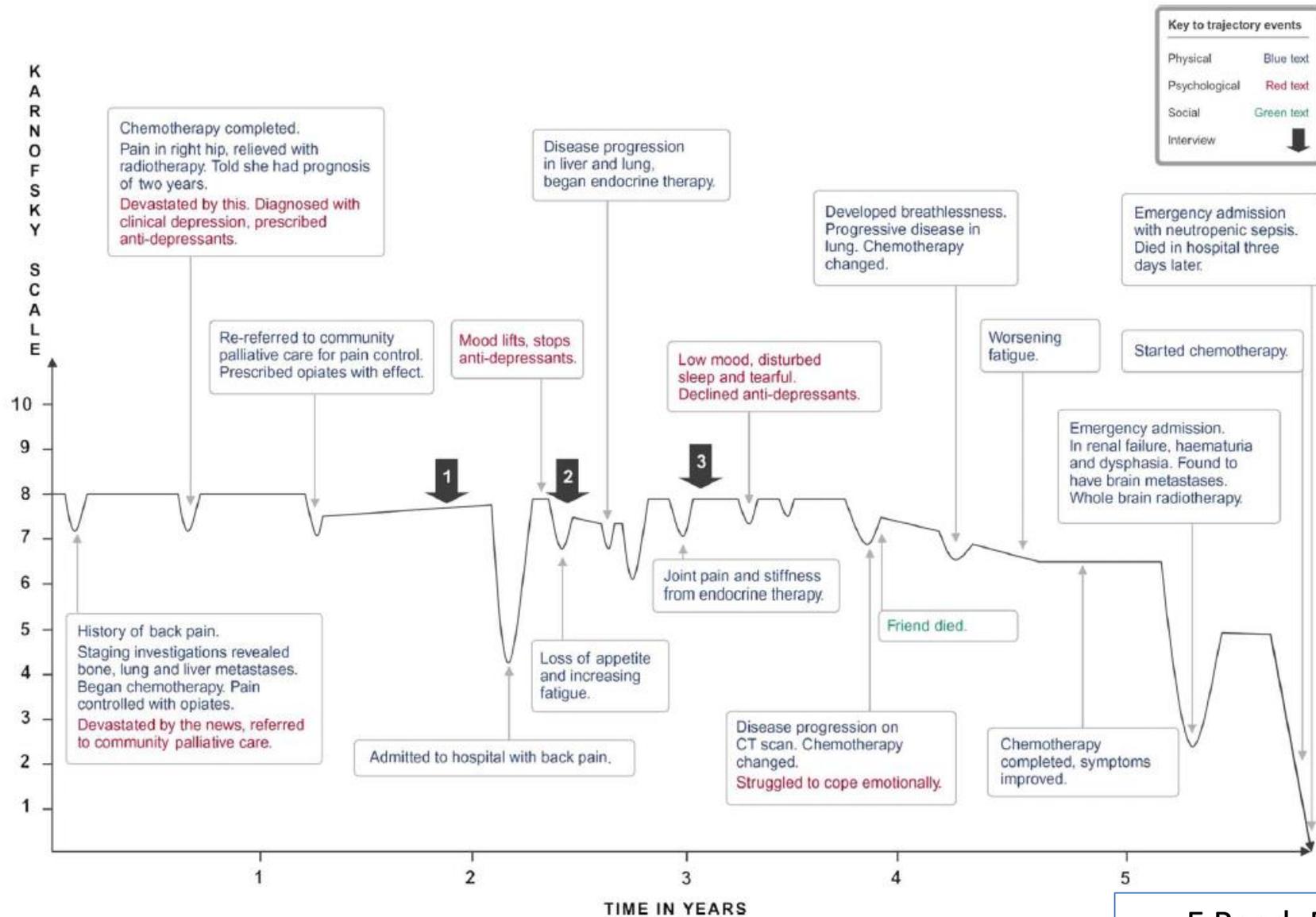
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**50%**

**DELIBERA ALISA 5/2019**

# Trajectories



**Ospedalizzazione  
Il Contesto Tradizionale  
Sino al 2010**

# Ospedalizzazione

- **Effettuazione della Terapia**
- ***Unplanned Hospitalizations***

# Ospedalizzazione

- **Effettuazione della Terapia**

**DRG 410: 2016-2017**

**1009**

- ***Unplanned Hospitalizations***

# Ospedalizzazione

- Effettuazione della Terapia

**DRG 410: 2016-2017**

**1009**

**487 + 522**

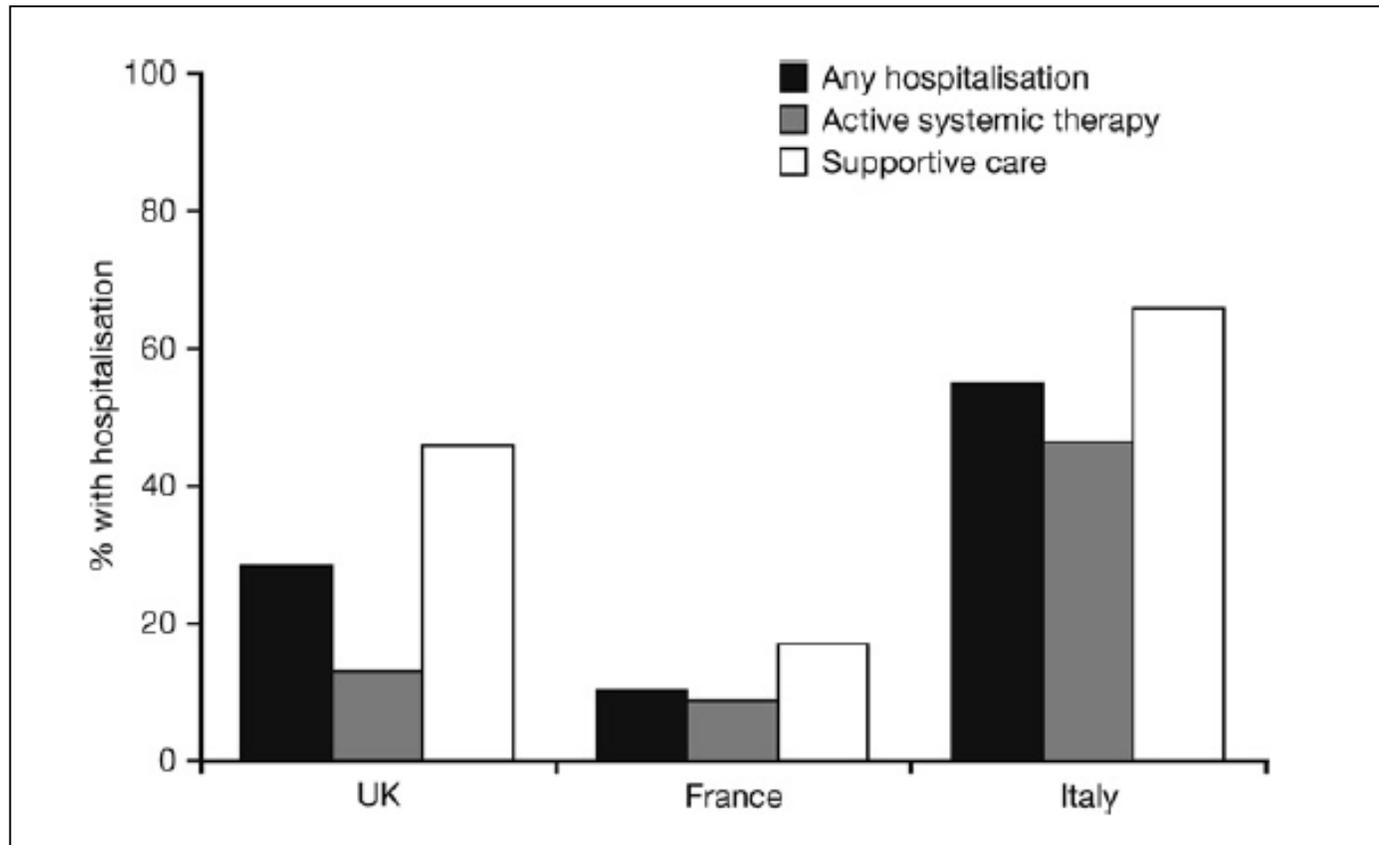
- *Unplanned Hospitalizations*

# Chemioterapia e Ospedalizzazione

Pazienti	Terapia	Rischio di Ospedalizzazione a 30 giorni	Ospedalizzazioni per paziente a 90 giorni
Pazienti NSCLC In RCT	Carboplatino + Paclitaxel o Pemetrexed	<b>20-24%</b>	<b>0.54-059</b>

***Il rischio di Ospedalizzazione è alto anche per la Chemioterapia tradizionale***

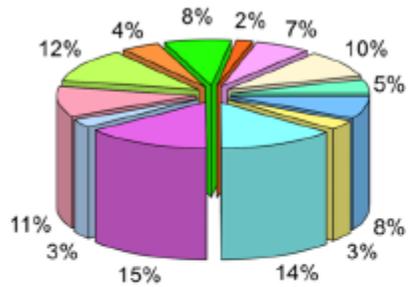
# Chemioterapia e Ospedalizzazione



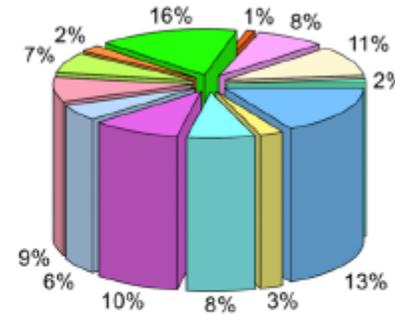
***Il rischio di Ospedalizzazione è relativo al contesto organizzativo***

# Chemioterapia e Ospedalizzazione

MDACC cancer patients in the ED  
based on ICD-9  
n = 32477



HCED cancer patients in the EDs  
based on ICD-9  
n = 44583



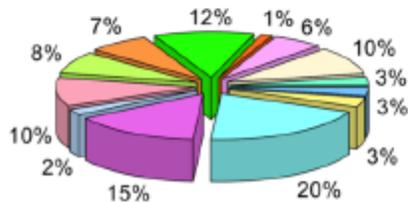
## Color Legends

- Cancer of oral, lip and pharynx
- Cancer of digestive system (excluded colorectal cancer)
- Colorectal cancer
- Cancer of respiratory system (excluded lung cancer)
- Other kinds of cancer

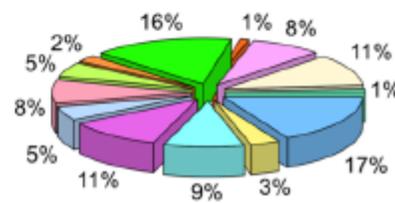
- Breast cancer
- Genitourinary cancer (excluded prostate cancer)
- Prostate cancer
- Lymphoma and myeloma
- Leukemia

- Lung cancer
- Cancer of bone, spine and skin
- Cancer of neuroendocrine system

MDACC cancer patients admitted  
through ED (based on ICD-9)  
n = 12257



HCED cancer patients admitted  
through ED (based on ICD-9)  
n = 8570



*Il rischio di Ospedalizzazione è simile in Istituti Tumori e Ospedali Generali*

# Chemioterapia e Ospedalizzazione

	Hospitalization Rate during CT
<b>TRIALS</b>	<b>16%</b>
<b>REAL WORLD</b>	<b>51%</b>

*Il rischio di Ospedalizzazione è maggiore nella Real World rispetto ai Trials*

# Chemioterapia e Ospedalizzazione

- **Planned (Chemotherapy, Radiotherapy, Surgery) : 33%**
- **Unplanned 67%**
  - **Infections : 16%**
  - **Complications: 6%**
  - **Higher Risk for Lung Cancer**

*La maggioranza dei ricoveri sono unplanned e passano per ED*

# Chemioterapia e Ospedalizzazione

- Pts with Cancer in 4.2% of ED visits
- Admission in 59.7%
  - Pneumonia
  - Nonspecific Chest Pain
  - GU Infections
  - Septicemia
  - Nonspecific Abdominal Pain
  - COPD
  - Fluid and electrolytes disorder
  - Congestive Heart Failure
  - Intestinal Obstruction

***La maggioranza dei ricoveri sono unplanned e passano per ED***

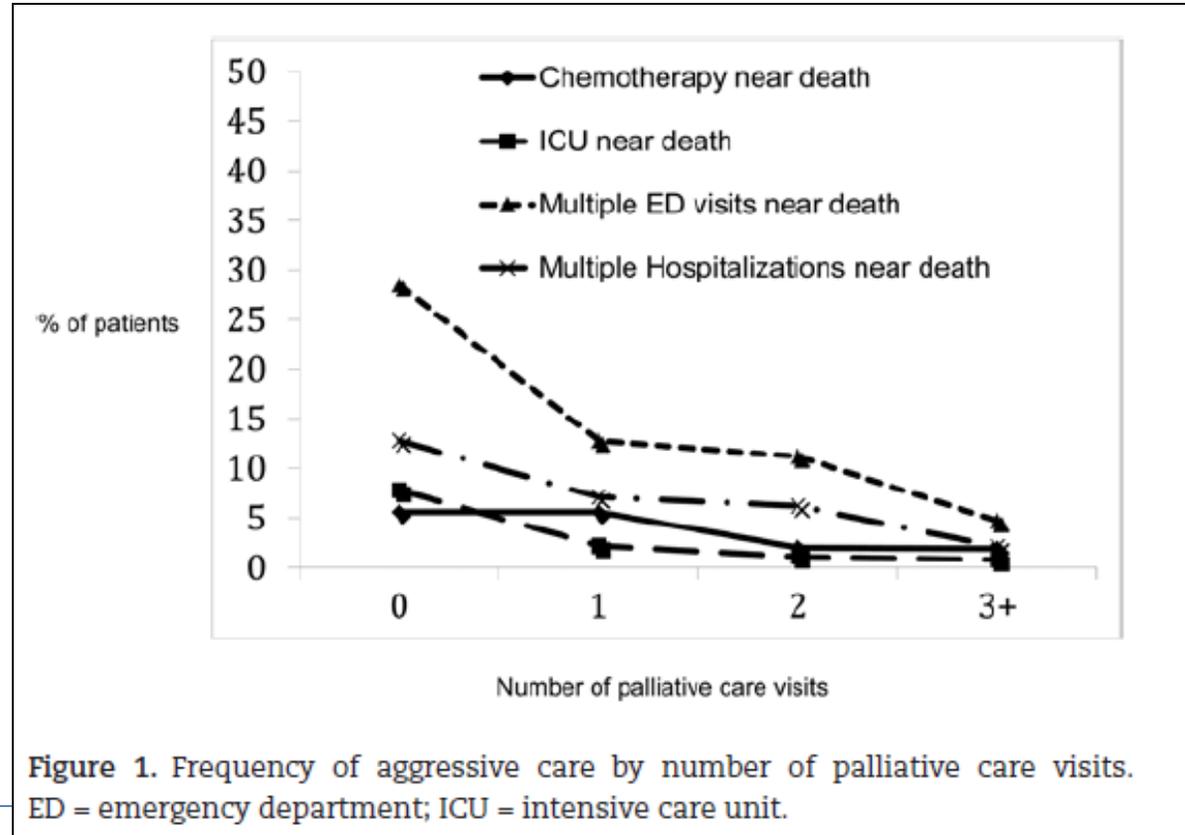
# Chemioterapia e Ospedalizzazione

## CARE DELIVERY

**Geriatric Assessment Predicts Hospitalization Frequency and Long-Term Care Use in Older Adult Cancer Survivors**

*Impatto dell'età, delle comorbidità e del P.S.*

# Chemioterapia e Ospedalizzazione



***Ruolo delle Cure Palliative Simultanee/Precoci***

# Chemioterapia e Ospedalizzazione

Do Palliative Care Interventions Reduce Emergency Department Visits among Patients with Cancer at the End of Life? A Systematic Review

*Ruolo delle Cure Palliative Simultanee/Precoci*

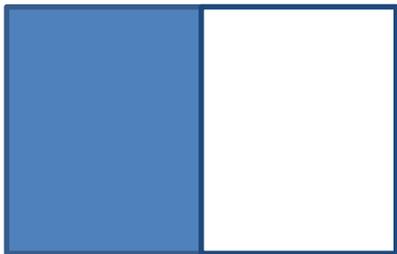
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# **Il Nuovo Paradigma**

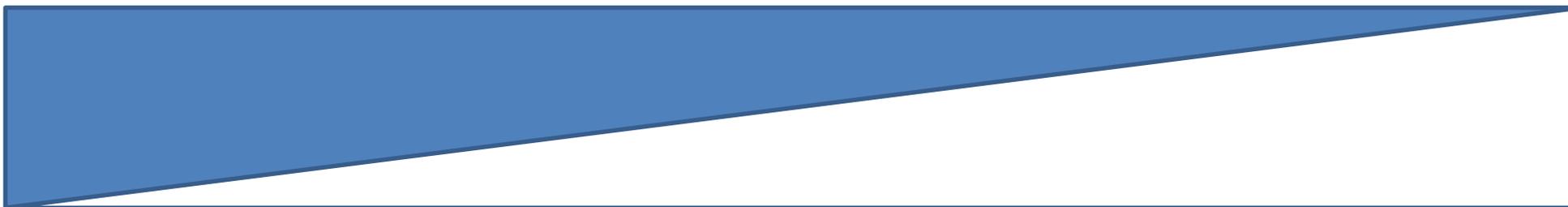
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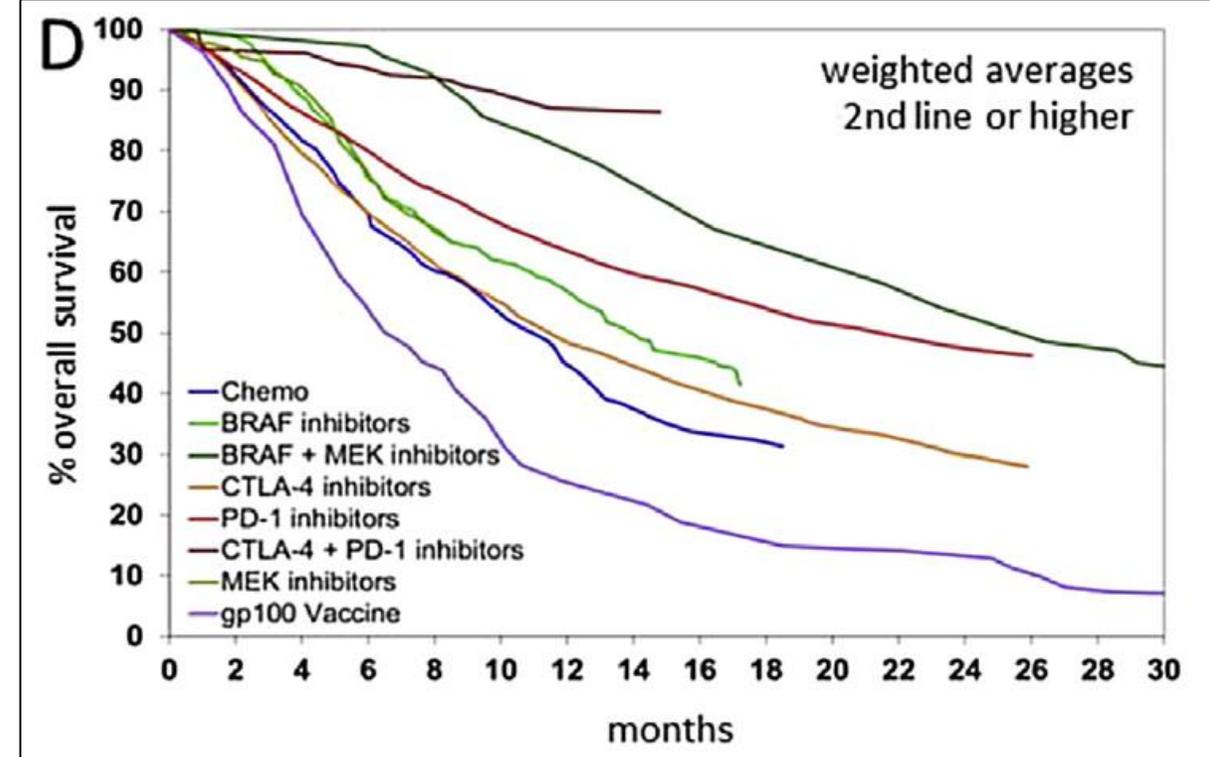
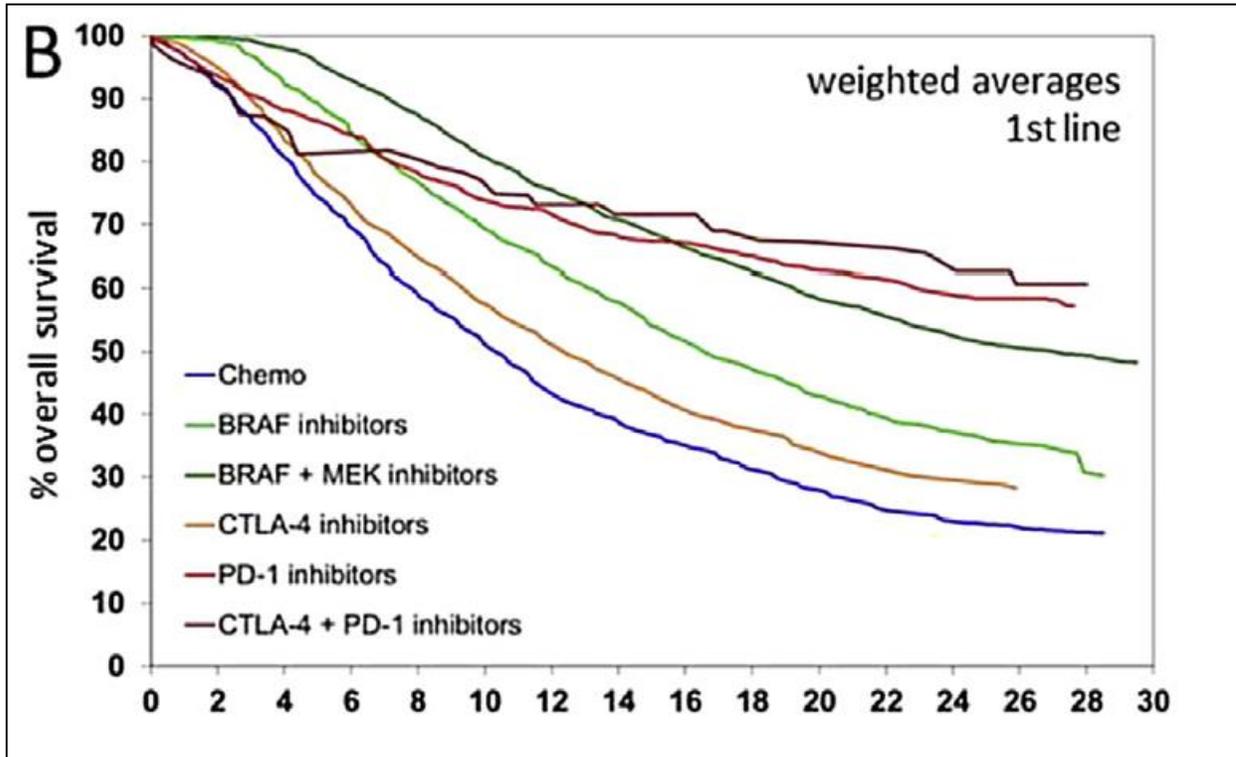


# Tumori Polmonari e Melanoma

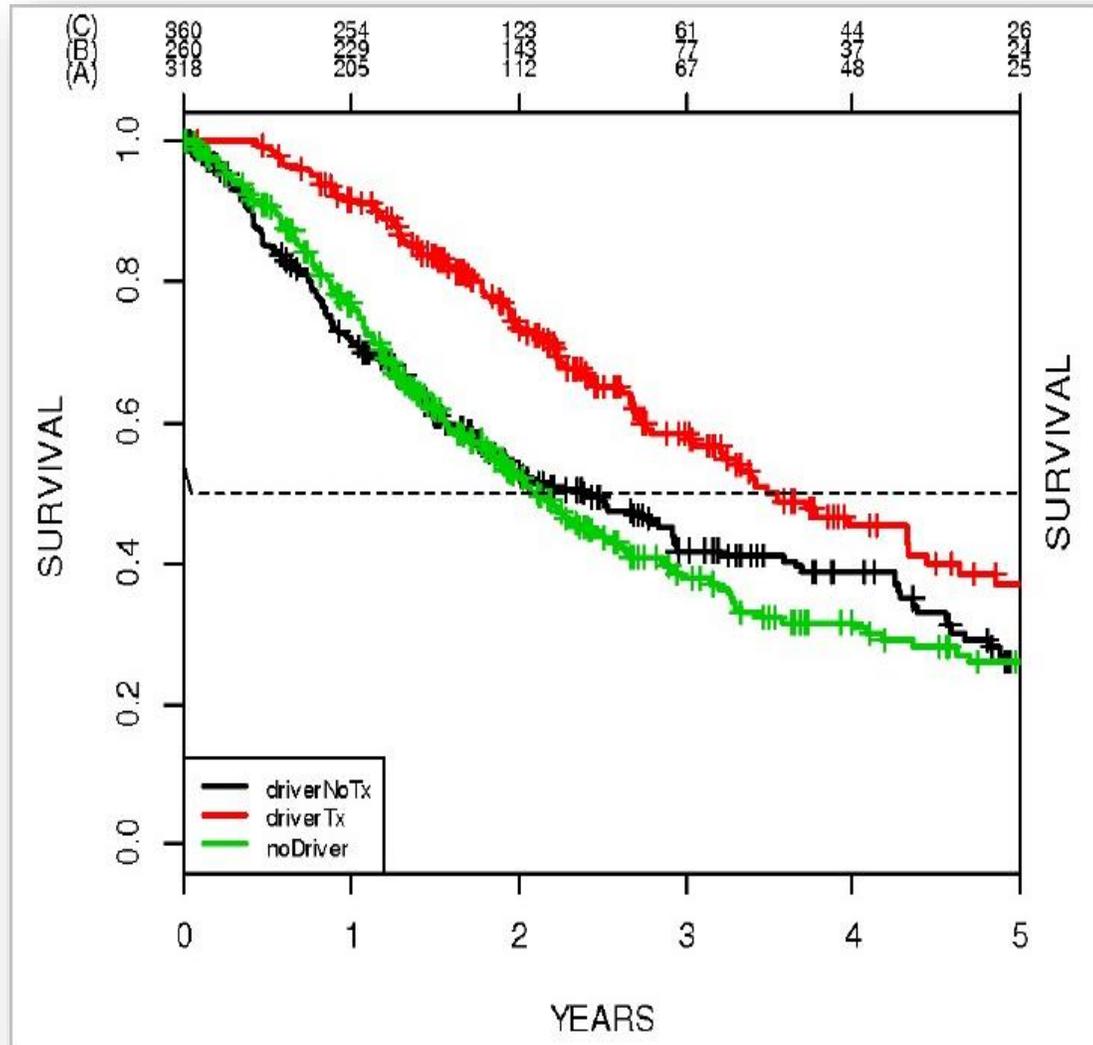
- **Stadi Avanzati di**
  - **Tumori Polmonari**
  - **Melanoma**

- **In comune**
  - **Caratterizzazione Molecolare**
  - **Nuovi Farmaci ad Alto Costo**
  - **Immunoterapia**
  - **Lungo-Sopravvivenenti**
  - **Rischio di Disuguaglianza**
  - **.....**

# Prognosi del Melanoma Metastatico

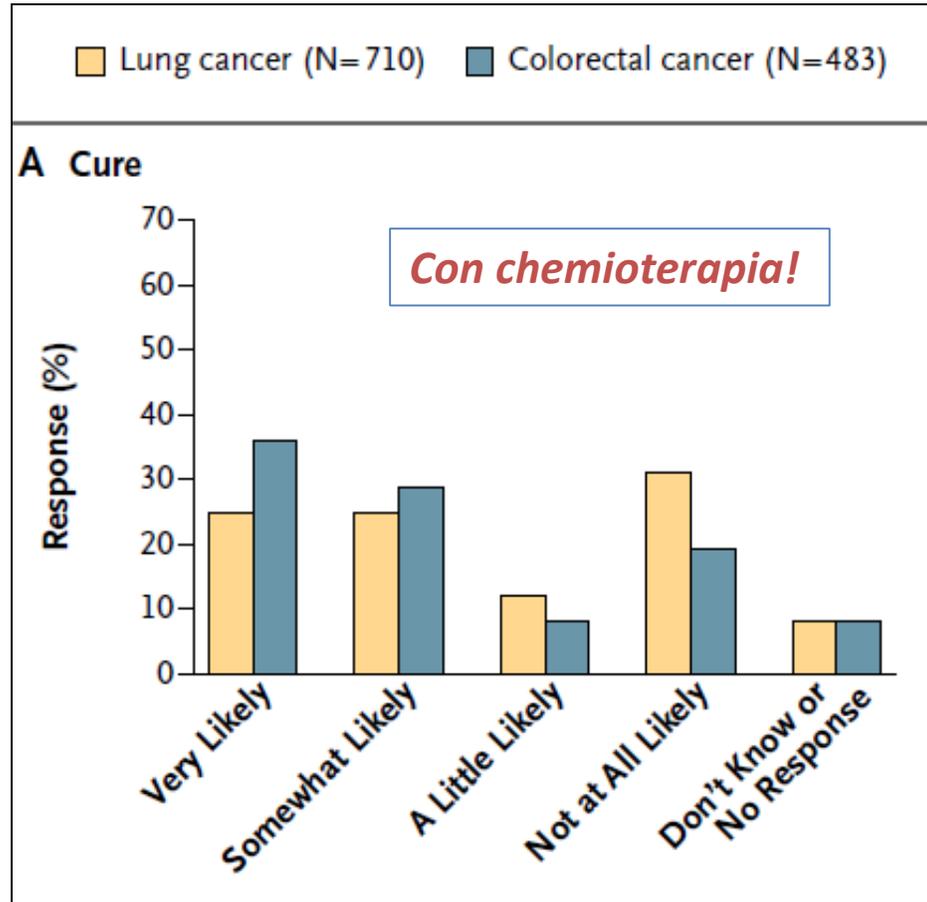


# Disuguaglianza

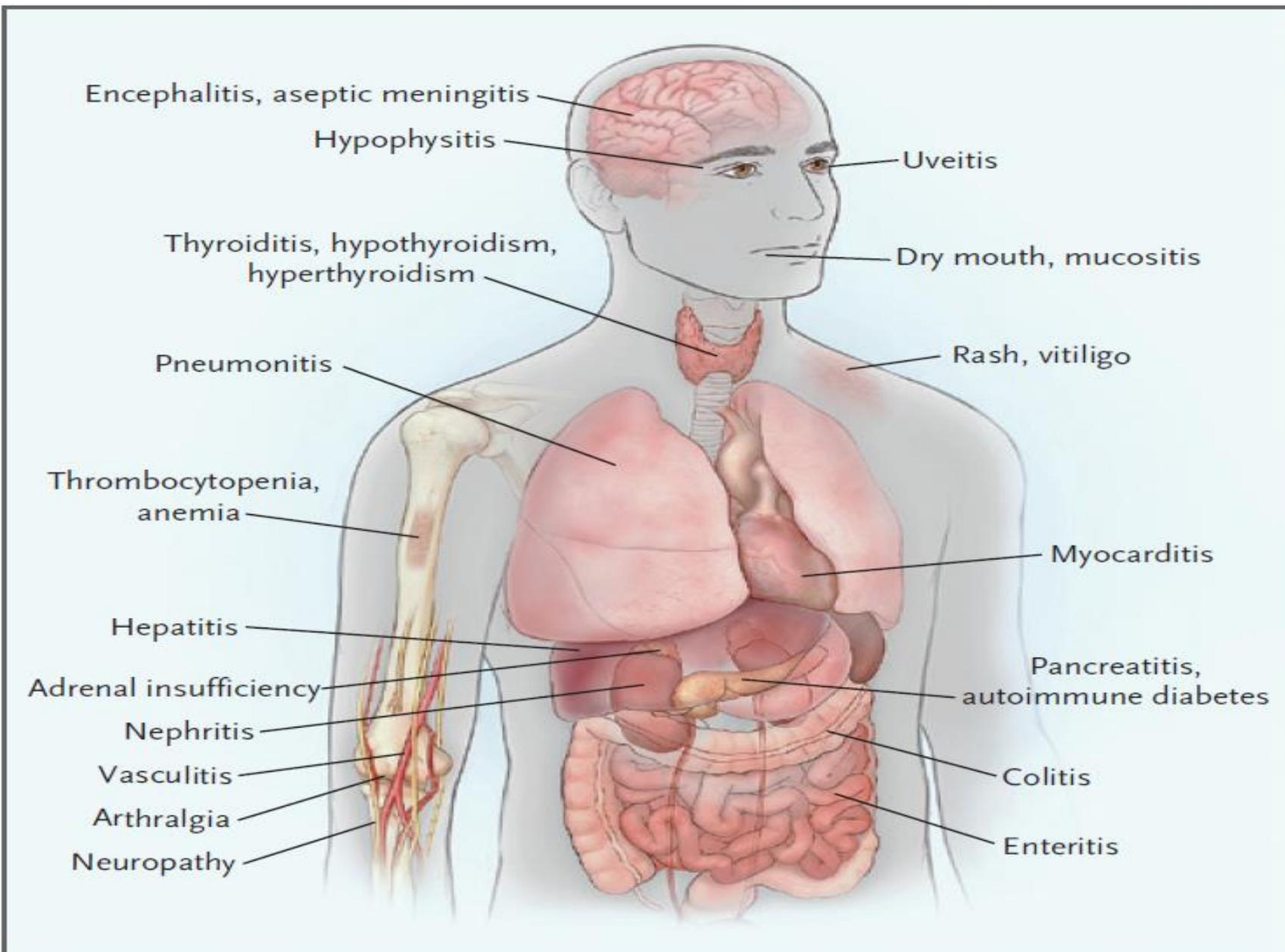


*Precision Medicine & Lung Adenocarcinoma*

# Cambio delle Aspettative



***Even Greater Expectations***



**Figure 1.** Organs Affected by Immune Checkpoint Blockade

# Melanoma

- **7.1 stays**
- **3.1 ± 19.4 days**

# NSCLC/ Anziani/ Immunoterapia/ Real World

- **72% at least 1 hospitalization**
- **32%  $\geq$  2 hospitalizations**
- **13% admitted to ICU**

**Criticità**

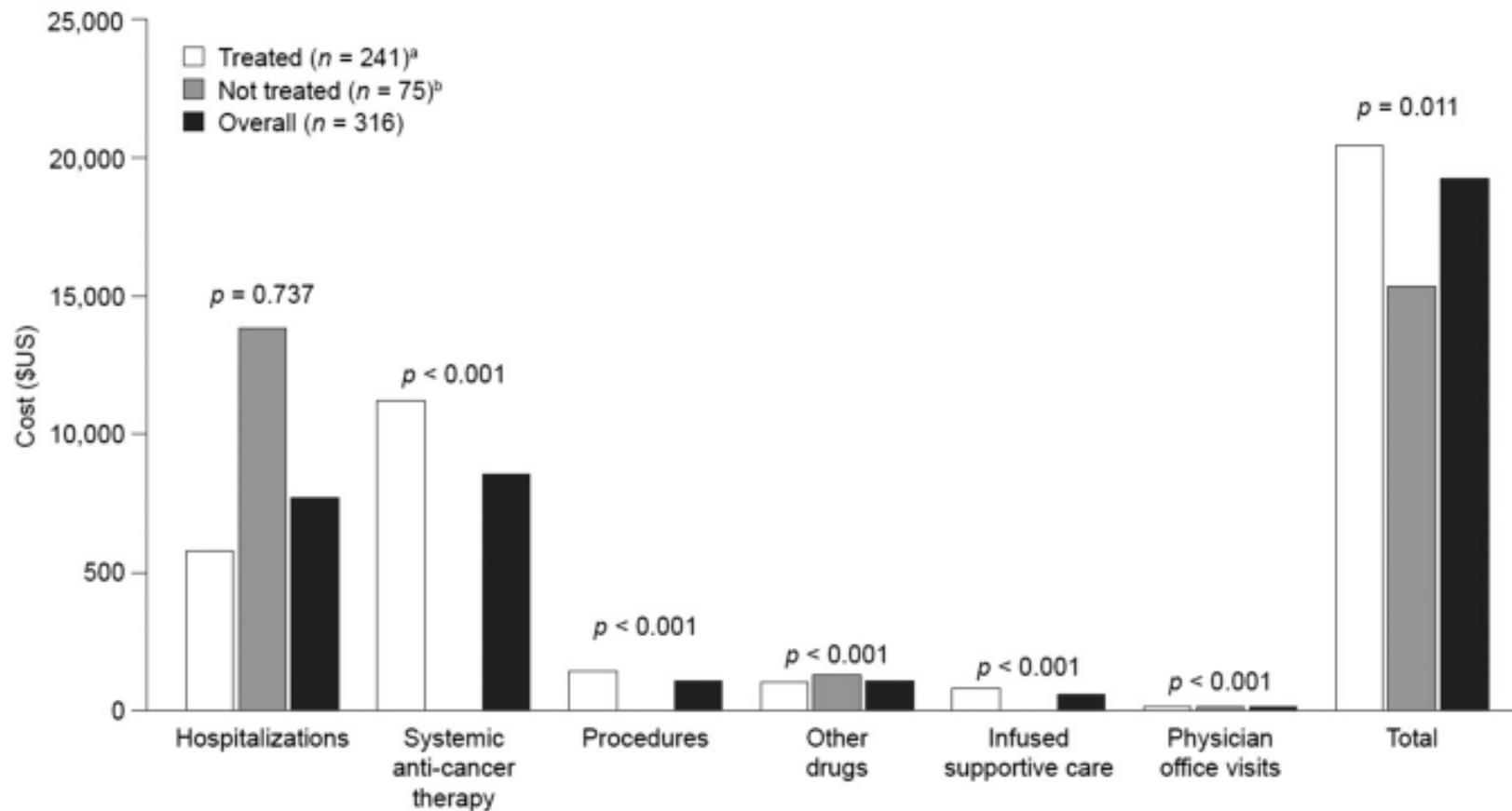
# Melanoma

- **7.1 stays**
- **3.1  $\pm$  19.4 days**
- **Annual Cost**
  - **Hospitalization: 36000 eu**
  - **Therapy: 11700**

# Melanoma (ADR stays and tariffs)

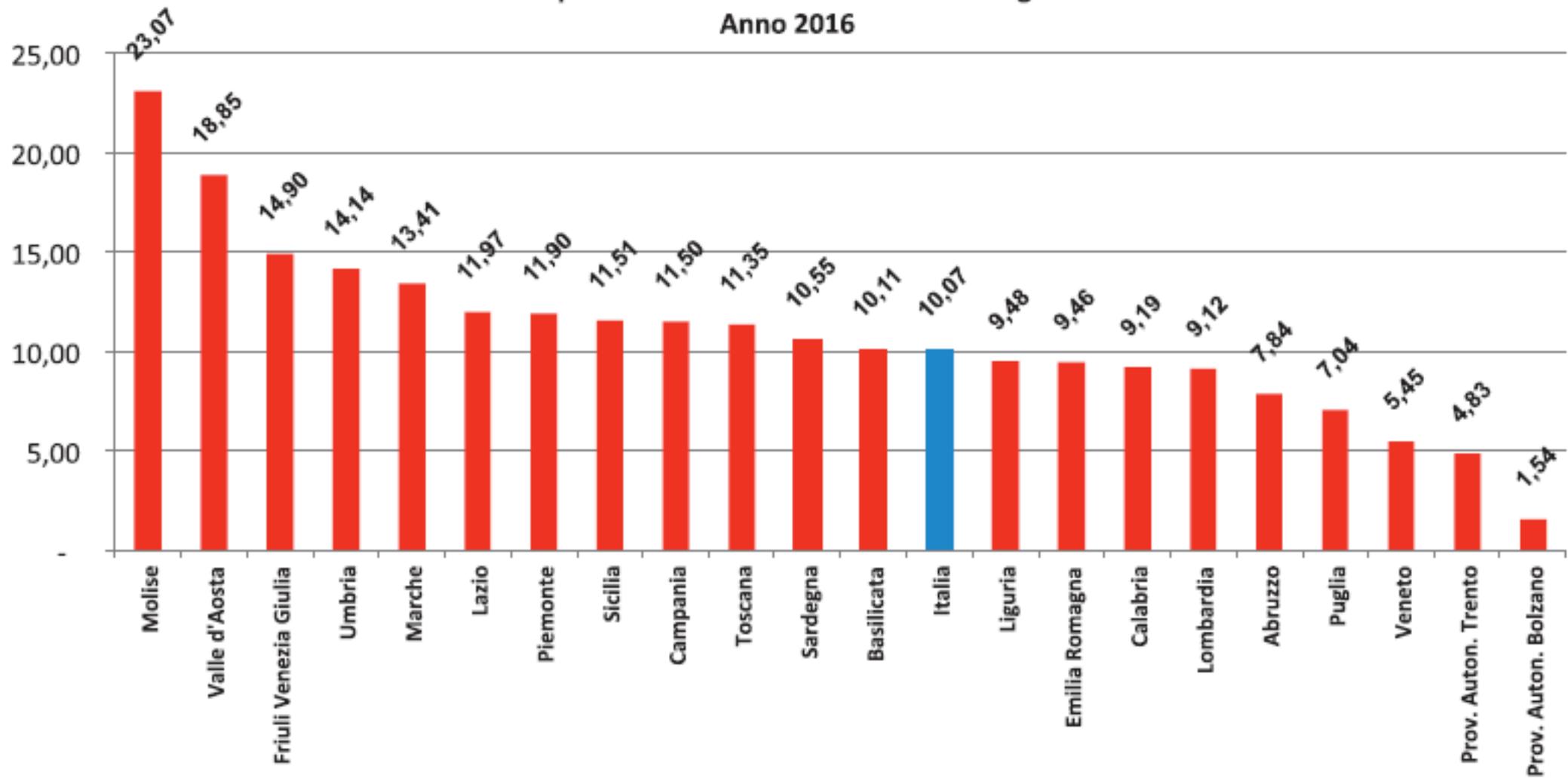
Infections ( <i>N</i> = 1090 stays)	€ 3936 ± 4328
Neutropenia ( <i>N</i> = 225 stays)	€ 3806 ± 3920
Glomerulonephritis ( <i>N</i> = 41 stays)	€ 3456 ± 3552
Myalgia/pain ( <i>N</i> = 309 stays)	€ 3032 ± 4609
Colitis ( <i>N</i> = 93 stays)	€ 2942 ± 2114
Diarrhoea ( <i>N</i> = 40 stays)	€ 2747 ± 3036
Decreased blood ACTH ( <i>N</i> = 34 stays)	€ 2607 ± 2725
Fatigue ( <i>N</i> = 268 stays)	€ 2567 ± 2817
Skin reactions ( <i>N</i> = 137 stays)	€ 2333 ± 2544
Dyspnoea ( <i>N</i> = 56 stays)	€ 1875 ± 1508
Anaemia ( <i>N</i> = 660 stays)	€ 1645 ± 2510
Nausea/vomiting ( <i>N</i> = 42 stays)	€ 1302 ± 703
Thrombocytopenia ( <i>N</i> = 208 stays)	€ 1252 ± 1432
Basocellular carcinoma ( <i>N</i> = 2599 stays)	€ 1129 ± 2671
Neuropathies ( <i>N</i> = 15 stays)	€ 691 ± 597

# Costi



Treated	\$5,805	\$11,198	\$1,442	\$1,049	\$814	\$182	\$20,490
Not treated	\$13,829	\$0	\$38	\$1,320	\$12	\$165	\$15,364
Overall	\$7,710	\$8,540	\$1,109	\$1,113	\$623	\$178	\$19,274

Posti letto per 100.000 Ab. nell'area dell'oncologia medica  
Anno 2016



	<b>PL Deg Ord</b>	<b>PL-DO/100.000</b>
<b>Liguria</b>	<b>32</b>	<b>2</b>
<b>Lombardia</b>	<b>764</b>	<b>8</b>
<b>Piemonte</b>	<b>213</b>	<b>5</b>
<b>Veneto</b>	<b>159</b>	<b>3.5</b>
<b>Emilia-Romagna</b>	<b>232</b>	<b>5</b>

**Azioni**

- **Territorio e Assistenza Domiciliare**
- **Cure Intermedie**
- ***ED-Initiated Palliative Care***
- **Organizzazione Ospedaliera**
  - Nurse
  - Acute Complex Care Model – ACCM (hospitalist?)
- ....

## **Palliative care from diagnosis to death**

Evidence is growing that people can benefit from palliative care earlier in their illness, say **Scott Murray and colleagues**, but care must be tailored to different conditions



## **Set a low bar for starting palliative care**

Dying patients and their families most need support early on

***Early Palliative Care is therefore about doing more for the person, not less!***

Original Investigation

# Emergency Department–Initiated Palliative Care in Advanced Cancer

## A Randomized Clinical Trial

Corita R. Grudzen, MD, MSHS; Lynne D. Richardson, MD; Pauline N. Johnson, BS; Ming Hu, PhD;  
Binhuan Wang, PhD; Joanna M. Ortiz, BA; Emmett A. Kistler, MD; Angela Chen, MD; R. Sean Morrison, MD

# Proportion of Patients Visiting Emergency Room

- Compared to standard care, 7% fewer patients in the self-reporting arm visited the ER, with durable effects throughout the study ( $P=0.02$ )

