Developments in cancer research: Supportive and Palliative Care







Marie Curie Palliative Care Research Centre

CARDIFF

Multi-perspective learning: integrate and adapt

Complex interventions Outcomes

Evidence Synthesis



Early and late phase Trial design

Implementation Science









Covid paradigm

COvid-19 Multi-omics Blood Atlas: COMBAT

A blood atlas of COVID-19 defines hallmarks of disease severity and specificity

O Comment on this paper

COvid-19 Multi-omics Blood ATlas (COMBAT) Consortium, 💿 David J Ahern, Zhichao Ai, Mark Ainsworth, Chris Allan, Alice Allcock, 😳 Azim Ansari, 💿 Carolina V Arancibia-Carcamo, Dominik Aschenbrenner, O Moustafa Attar, I, Kenneth Baillie, O Eleanor Barnes, O Rachael Bashford-Rogers, Archana Bashyal. 🙆 Sally Beer, Georgina Berridge, Amy Beveridge, Sagida Bibi, 💿 Tihana Bicanic, Luke Blackwell, 💿 Paul Bowness, Andrew Brent, Andrew Brown, John Broxholme, O David Buck, O Katie L Burnham, Helen Byrne, Susana Camara, 😳 Ivan Candido Ferreira, 😳 Philip Charles, 😳 Wentao Chen, 💿 Yi-Ling Chen, () Amanda Chong, Elizabeth Clutterbuck, () Mark Coles, () Christopher P Conlon, Richard Cornall, O Adam P Cribbs, D Fabiola Curion, E Emma E Davenport, Neil Davidson, D Simon Davis, O Calliope Dendrou, Julie Dequaire, Lea Dib, James Docker, Christina Dold, Tao Dong, Damien Downes, O Alexander Drakesmith, O Susanna | Dunachie, O David A Duncan, Chris Eijsbouts, Robert Esnouf, 💿 Alexis Espinosa, Rachel Etherington, 💿 Benjamin Fairfax, Rory Fairhead, 💿 Hai Fang, 💿 Shayan Fassih, Sally Felle, Maria Fernandez Mendoza, 💿 Ricardo Ferreira, 💿 Roman Fischer, Thomas Foord, 💿 Aden Forrow, John Frater, @ Anastasia Fries, Veronica Gallardo Sanchez, @ Lucy Garner, Clementine Geeves, Dominique Georgiou, Leila Godfrey, 😳 Tanya Golubchik, Maria Gomez Vazquez, Angie Green, Hong Harper, Heather A Harrington, Raphael Heilig, Svenja Hester, Jennifer Hill, Charles Hinds, Clare Hird, Ling-Pei Ho, Renee Hoekzema, Benjamin Hollis, 🧿 Jim Hughes, Paula Hutton, 😳 Matthew Jackson, 😳 Ashwin Jainarayanan, O Anna James-Bott, O Kathrin Jansen, O Katie Jeffery, Elizabeth Jones, Luke Jostins, Georgina Kerr, 💿 David Kim, 💿 Paul Klenerman, 💿 Julian C Knight, Vinod Kumar, 💿 Piyush Kumar Sharma, Prathiba Kurupati, O Andrew Kwok, O Angela Lee, Aline Linder, Teresa Lockett, Lorne Lonie, Maria Lopopolo, O Martyna Lukoseviciute, Jian Luo, Spyridoula Marinou, O Brian Marsden, Jose Martinez, Philippa Matthews. Michalina Mazurczyk, 😳 Simon McGowan, Stuart McKechnie, 😳 Adam Mead, 😳 Alexander J Mentzer, 💿 Yuxin Mi, 💿 Claudia Monaco, Ruddy Montadon, 💿 Giorgio Napolitani, 💿 Isar Nassiri, Alex Novak, Darragh O'Brien, ⁽⁰⁾ Daniel O'Connor, Denise O'Donnell, Graham Ogg, ⁽⁰⁾ Lauren Overend, Inhye Park, Ian Pavord, Yanchun Peng, 😳 Frank Penkava, 😳 Mariana Pereira Pinho, Elena Perez, Andrew J Pollard, Fiona Powrie, 💿 Bethan Psaila, 💿 T. Phuong Quan, 💿 Emmanouela Repapi, 💿 Santiago Revale, Laura Silva-Reves, 💿 Jean-Baptiste Richard, 💿 Charlotte Rich-Griffin, 💿 Thomas Ritter, 💿 Christine S Rollier, Matthew Rowland, 💿 Fabian Ruehle, 💿 Mariolina Salio, 💿 Stephen N Sansom, 💿 Alberto Santos Delgado, Tatjana Sauka-Spengler, Ron Schwessinger, Giuseppe Scozzafava, Gavin Screaton, Anna Seigal, 💿 Malcolm G Semple, 💿 Martin Sergeant, 💿 Christina Simoglou Karali, David Sims, 💿 Donal Skelly, 💿 Hubert Slawinski, Alberto Sobrinodiaz, 💿 Nikolaos Sousos, Lizzie Stafford, Lisa Stockdale, Marie Strickland, Otto Sumray, 😳 Bo Sun, 😳 Chelsea Taylor, 😳 Stephen Taylor, Adan Taylor, 💿 Supat Thongjuea, Hannah Thraves, 💿 John A Todd, 💿 Adriana Tomic, 💿 Orion Tong, 💿 Amy Trebes, Dominik Trzupek, 💿 Felicia A Tucci, Interview Control C Alexandru Voda, 💿 Guanlin Wang, Lihui Wang, 💿 Dapeng Wang, Peter Watkinson, 💿 Robert Watson, O Michael Weinberger, O Justin Whalley, Lorna Witty, Katherine Wray, O Luzheng Xue, O Hing Yuen Yeung, Zixi Yin, Rebecca K Young, Jonathan Youngs, Ping Zhang, 💿 Yasemin-Xiomara Zurke doi: https://doi.org/10.1101/2021.05.11.21256877

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice





Supporting Multi-perspective Analysis to Refine Treatment: SMART MDT









Traditional cancer MDT model





Care and support through terminal illness





Precision medicine approach of future MDT



SMART MDT: personalized medicine



Wales Cancer Research Centre

Treatment and Care Domain



MDRGs

Research that follows the patient journey







Patient preferences and resilience to treatment

Professor Annmarie Nelson Professor Anthony Byrne Dr Michelle Edwards Dr Daniella Holland Hart









PrEdicting Treatment Resilience in Oesophageal cancer Systemic treatment : PETROS





Accessing the data:



Raw Routine Data

Standardised format

Integration for learning





Dr Kevin Ashelford

Patient preferences: PACT Study

Key findings

The MDTs **lacked essential information** about the patient's everyday life and support, or their priorities and preferences.

Performance status did not capture how patients cope in daily life and their **ability to tolerate treatment.**

Oncologists were challenged by having to negotiate patients' treatment against MDT recommendation, due to **deterioration, or patient preference.**

The concept of **palliative chemotherapy** was commonly misunderstood by patients and the word palliative was often avoided by clinicians, again to avoid distress.

physician companionship non-curative homecare comfort home comfort live caregivers diagnosis pharmacists resources quality medicine education management PALLIATIVE life friends social support value CARE living volunteers dignity philosophy illness family holistic spiritual-care knowledge nurse awareness hospital healthcare symptom collaborate empathy personal-care-home nurse-specialist psychosocial-specialist



Patient experience and preferences

Health literacy; the activated patient. Patient frames the consultation



Route map. Working with NOP format. Defined palliative care pathway.

Challenge and equip patients to take control of own care. Question prompt lists per consultation.



Frame consultation by patient, not treatment – 'my preference is' campaign. Offer all reasonable treatment options including do nothing, not just MDT recommendation.



Formal and recorded inclusion of patient priorities/social context.

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IT solutions for documenting and sharing patient priorities – clinical coding and pop up windows.



Care and support through terminal illnes





SMART MDT: personalized medicine



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