City of Hope®

Multidisciplinary Approaches to Cancer Symposium

Quality of Life Considerations in Cancer

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Disclosures

- I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- *Quality of Life might vary in culture*
- *Providers should not assume that they understand the patient's culture or views on quality of life*

Introduction

Cancer impacts not only survival but also patients' quality of life (QoL).

QoL = physical, psychological, social, and spiritual well-being.

Essential in patient-centered care and treatment decisions.

A True Story

- 98-year-old man admitted to hospice after 10 years of treatments for leukemia. Has no regrets, says he has has lived a full life. He got to see him grandchildren grow up into wonderful teenagers. Has always enjoyed spending Christmas with the family, watching Christmas lights in the neighborhood. He has enjoyed drinking beer throughout his adulthood, but had to reduce his drinking to two or three times a week during the treatments

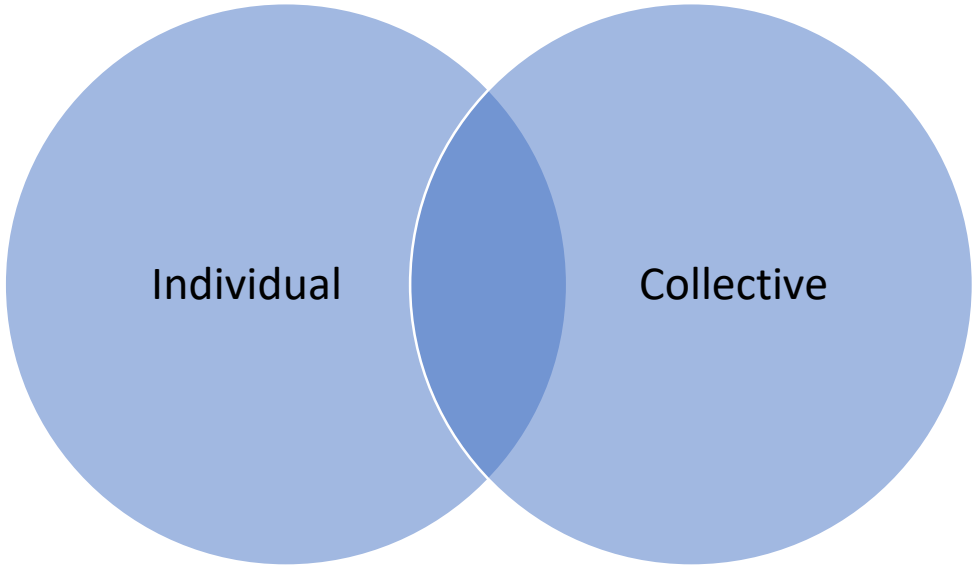
- While on hospice:
    - He requests his daughter to buy his some of his favorite beers that he enjoys drinking on his patio
    - He also requests to be driven around the neighborhood to watch Christmas lights

- When Hospice Nurse Visits for her weekly visit:
    - Reprimands the daughter and patient for the beer and the outing

QoL means different things to different people!

Individual vs Collective QoL

- Individual QoL can be same to Collective QoL
- Individual QoL can be different from Collective QoL
- Do not assume what QoL means to an individual
- Be curious about someone's QoL
- Do not project your own beliefs on QoL onto others



Individual = The specific patient's views
Collective = Includes views others involved in patient's environment

Domains of Quality of Life

Physical: pain, fatigue, nausea, side effects

Psychological: anxiety, depression, fear of recurrence

Social: relationships, work, financial burden

Spiritual: meaning, purpose, coping with mortality

Physical Considerations

- Symptom management: pain, fatigue, cachexia
- Treatment impacts: surgery, chemo, radiation, immunotherapy
- Long-term effects: neuropathy, cardiotoxicity, infertility
- Role of palliative and supportive care

Psychological Considerations

- High prevalence of depression and anxiety
- Distress screening
- Counseling, support groups, psycho-oncology
- Mindfulness, CBT, psychiatric support

Social Considerations

- Caregiver burden and family dynamics
- Financial toxicity: costs, employment challenges
- Social isolation and stigma
- Community support and advocacy

Spiritual & Existential Considerations

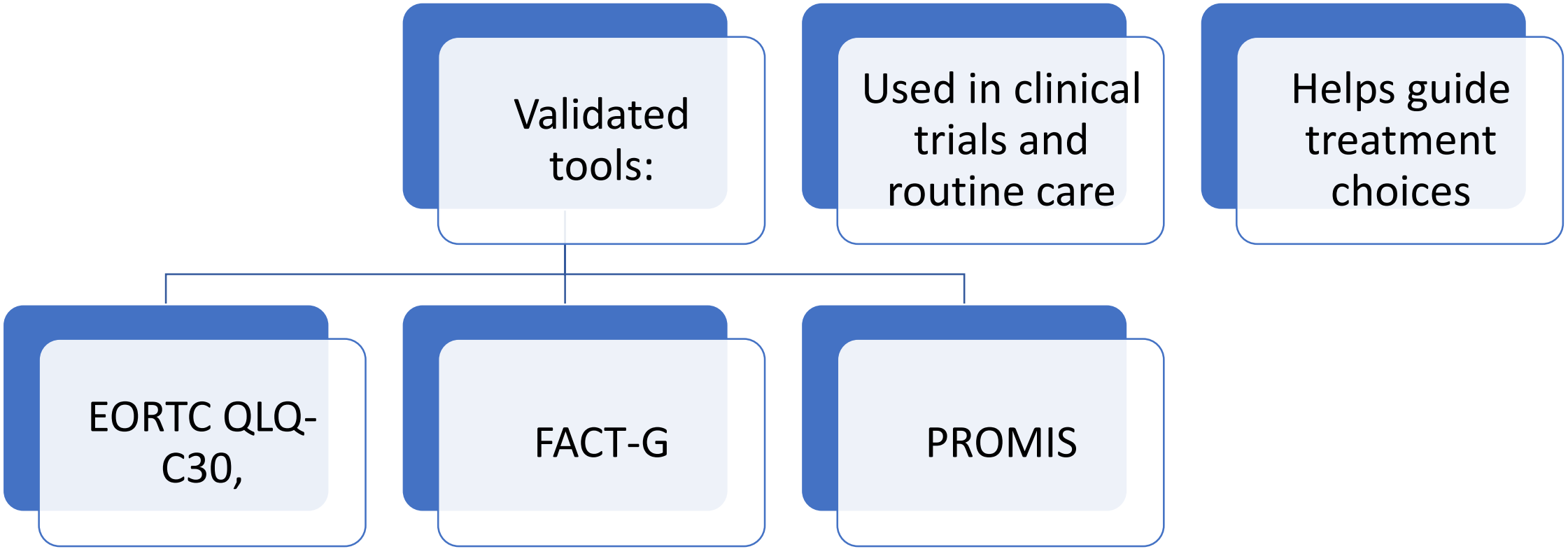
Meaning, purpose, legacy

Spiritual distress impacts well-being

Chaplaincy, meditation, narrative medicine

Culturally sensitive care

Measuring Quality of Life



Improving Quality of Life

- Early integration of palliative care (ASCO & WHO)
- Symptom management alongside curative treatment
- Shared decision-making: treatment vs. QoL
- Survivorship care plans and follow-up

Future Directions

- Precision medicine + patient-reported outcomes (PROs)
- Digital health: real-time symptom tracking
- Policy changes: address financial toxicity
- Integrating mental health and supportive oncology

Summary

- QoL is as important as survival in cancer care
- Multidisciplinary approach required
- Measurement, patient involvement, and support improve outcomes
- Important to understand individual vs collective QoL for patient
- Important not of have biases of pass judgement
- Important to respect QoL at end of life

Thank You!