



European Society for Medical Oncology



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Project title

Outcome Measurement in Palliative Care

Home Institute



Cancer Prevention Center
14 Chikovani str.
Tbilisi 0171
Georgia

Host Institute



Rambam Health Care Campus
8 Ha'Aliyah Street, Haifa 35254
Israel

Duration of planned program: 4 months

Research sites: Rambam Medical Center, Department of Oncology, Haifa, Israel
Palliative Care Unit of Cancer Prevention Center, Tbilisi, Georgia

Methodology of research: Questioning of stakeholders of palliative care (physicians, patients)

Activities planned under the ESMO research grant started in September 2011. The whole project covered a period of 4 months and it consisted of several stages:

I stage: Preparatory

II stage: Research in Tbilisi, Georgia.

III stage: Visit to Israel, Rambam Medical Center, Department of Oncology

IV stage: Continue research in Tbilisi, Research results analysis and preparation of the report for ESMO.

Stage I: Preparatory

The research was prepared and presented in details to the CPC staff and the patients/family member. On all the questions there were given exact answers. The aim and the task of the research turned out actual for clinics and interesting for patients. The research was given positive estimation and the next steps were planned.

After the translation of the questionnaires from English to Georgian (two different versions – one for patients and one for doctors), we create the research protocol, and it was presented to the Ethics Committee of the Cancer Prevention Center for their official confirmation. At the end of September, 2011 CPC officially confirmed its permission for conducting the interviews.

At the same time, the questionnaire and research protocol were sent to the Department of Oncology of Rambam Medical Center in Israel and also the translated Jewish version was sent to our colleague Dr. Gil Bar Sela.

Stage II: Research in Tbilisi, Georgia.

In October, 2011, the interviews started at the Palliative Care Unit of the Cancer Prevention Center. In total 30 patients participated in the study. The doctors and nurses filled the questionnaires as well. All the participants were informed that the questionnaires are anonymous and they did not need to put their names on the papers.

Stage III: Visit to Israel, Rambam Medical Center, Department of Oncology

The Israel trip, to the Rambam Medical Center, Department of Oncology, was arranged within the period of 24th November to the 20th December, 2011.

Despite the ongoing consultations with the hosting organization, the Committee on Ethics at Rambam Medical Center decided to conduct direct observation instead of the questioning of patients.

The first week in the Rambam Medical Center I started with meetings Prof. Abraham Kuten, Dr. Gil Bar Sela and his colleagues; they introduced me the structure of Oncologic service and the development of palliative care in Israel. During various periods I visited Oncologic Polyclinic Department (Dr. Gil Bar Sela), the Department of Stationary Chemotherapy (Prof. Nisim Haim), chemotherapy day clinic, Department of Stationary Radial Therapy (Dr. Daniela Zalman), Department of Oncohematology (Riba Fineman), also the Diagnostic Department (Zohar Keidar), Outpatient Consulting Service providing services to out-patients and their family members, Pain relief clinic (Dr. Ana Shifrin), Pain Management Team helping palliative Care Team to manage patients with refractory pain, Psycho-Social Support Teams. Also I visited the department of Urology (Dr. David Kakiashvili) where I have seen radical operations by the method of robot surgeon. Simultaneously, there was arranged the questioning of the patients for the purpose of supporting the local doctors and nurses. All the results of the questionnaires were presented in Excel files for further study and research.



There were held meetings for data analysis, where was planned to present Georgian data to Israel partners and to search the ways for future communications. During the visit there were exchanged the information about development and lacks of palliative care in Georgia, also there was shared Georgian experience to Israel and vice versa. There were discussed the availability of the medicines for pain reducing therapy in Georgia and Israel, the ethical questions of palliative care, similarities and differences between Georgia and Israel. During the last week, in accordance with the invitation of Prof. Abraham Kuten I visited Oncology conference in Tel Aviv where was discussed efficiency of radial therapy in case of head and neck spread cancer and its side effects.

The last meeting was held with Prof. Abraham Kuten and Dr. Gil Bar Sela. All the gathered information during the visit in Israel was summarized and the future plans concerning the team work with Rambam medical center and Cancer Prevention Center were planned.

During the whole my visit I met the patients and their family members. The local doctors and nurses helped me with communication and through their help I received all necessary information not only for the research, but also in general about efficiency of palliative care, pain reducing therapy and control of symptoms.

The visit shows many similar problems and some differences in palliative care system and with colleagues we plan closer relations for farther development of collaboration.

After the visit in Israel, we continued work with patients and in addition, 40 more patients were questioned.

After the questioning were completed, the following results were reached

POS	Description	Patient	Doctor
pain	0-Not at all, no effect	0-12.2%	0-22,4%
	1-Slightly, but not bothered to be rid of it	1-20,4%	1-24,4%
	2-Moderately – pain limits some activity	2-26,5%	2-24,4
	3-Severely – activities or concentration markedly affected	3-20,4%	3-16,3%
	4-Overwhelmingly – unable to think of anything else	4-20,4%	4-12,2
Other symptoms: nausea constipation, vomiting.	0-Not at all,	0-10,2%	0-16,3%
	1-Slightly	1-28,6%	1-26,5%
	2-Moderately	2-20,4%	2-20,4%
	3-Severely	3-22,4%	3-16,3%
anxiety	4-Overwhelmingly	4-18,3%	4-20,4%
	0-No, not at all	0-18,3%	0-16,3%
	1-Occasionally	1-16,3%	1-20,4%
	2-Sometimes – affects my concentration now and then	2-16,3%	2-12,2%
3-Most of the time – often affects my concentration	3-22,4%	3-14,2%	
	4-Can't think of anything else - completely pre-occupied by worry and anxiety	4-26,5%	4-36,7%

Family anxiety	0-No, not at all 1-Occasionally 2-Sometimes – it seems to affect their concentration 3-Most of the time 4-Yes, always preoccupied with worry about me	0-0 1-4% 2-8.1% 3-14.2% 4-73%	0-4% 1-22.4% 2-8.1% 3-18.3% 4-47%
information	0-Full information or as much as wanted – always feel free to ask 1-Information given but hard to understand 2-Information given on request but would have liked more 3-Very little given and some questions were avoided 4-None at all – when we wanted information	0-73% 1-0 2-14.2 % 3-2% 4-10.2%	0-61.2% 1-4% 2-16.3% 3-14.2% 4-4%
support	0-Yes, as much as I wanted to 1-Most of the time 2-Sometimes 3-Occasionally 4-Not at all with anyone	0-63.2% 1-14.2% 2-10.2% 3-8.1% 4-4%	0-63.2% 1-12.2% 2-4% 3-14.2% 4-6.1%
depressed	0-Yes, all the time 1-Most of the time 2-Sometimes 3-Occasionally 4-No, not at all	0-49% 1-20.4% 2-20.4% 3-4% 4-6.1%	0-28.6% 1-16.3% 2-12.2% 3-30.6% 4-12.2%
Self-worth	0-Yes, all the time 1-Most of the time 2-Sometimes 3-Occasionally 4-No, not at all	0-38.7% 1-20.4% 2-22.4% 3-10.2% 4-8.1%	0-8.1% 1-30.6% 2-18.3% 3-30.6% 4-12.2%
Wasted time	0-None at all 2-Up to half a day wasted 4-More than half a day wasted	0-57.1% 2-20.4% 4-22.4%	0-91.8% 2-2% 4-8.2%
Personal affairs	0-Practical problems have been addressed and my affairs are as up to date as I would Wish, I have had no practical problems 2-Practical problems are in the process of being addressed 4-Practical problems exist which were not addressed	0-61.2% 2-30.6% 4-8.2%	0-89.8% 2-6.2% 4-4%
ECOG status	0-fully active 1-restricted 2-ambulatory 3-limited self-care 4-completely disabled.		0-20.4% 1-22.4% 2-6.2% 3-22.4% 4-28.5%
Complete questionnaires	0-On my own 1-With the help of a friend or relative 2-With help from a member of staff	0-44.9% 1-26.5% 2-28.5%	

Based on the data given above it must be concluded that it is necessary

1. to improve the quality of pain management
2. to improve the management of other symptoms, ex. nausea, vomiting, constipation
3. to improve the management of psychological problems in terminal cancer patients
4. to improve the communication with patients' family members.
5. to improve the process of informing the patient with bad news
6. to improve the bereavement service.

IV stage: Continue research in Tbilisi, Research results analysis and preparation of the report for ESMO.