



Hospice Clinical Appropriateness:

Oncology

VITAS[®]
Healthcare



Make the nation's hospice leader your partner in care

Your patients depend on you to guide them in making some of the most important decisions they will ever make. So, when it comes to helping them choose hospice, you'll want to refer them to a provider with a proven record of administering the highest quality of clinical, spiritual and emotional support services. You'll want to partner with VITAS.

Physicians, hospitals, nursing homes, assisted living communities and home health agencies have chosen to refer to VITAS because they trust our clinical management. Developed over more than 35 years of caring for patients at the end of life, our expertise and resources ensure comfort, peace and satisfaction for their patients and patients' families. Clinicians know we work hand in hand with them in an interdisciplinary team environment, so every patient will have the full benefit of excellent care and symptom management as he or she nears the end of life.

Hospice as part of your continuum of care

Hospice services are specially designed to supplement the high level of care attending physicians and clinical staff bring to their patients. Partnering with VITAS has many benefits:

- VITAS staff actively monitors and manages changes/declines in your patient's condition.
- VITAS support reduces emergency calls to the physician, which minimizes the burden and stress on office/facility staff.
- VITAS services reduce calls to 911 or unnecessary transfers to the hospital/ED.
- VITAS clinicians are available as an experienced end-of-life resource at all times.
- VITAS employs more physicians than any other hospice, and all VITAS medical directors are highly trained in hospice and palliative medicine.
- VITAS care plans are dependent upon the attending physician's approval and welcome the physician's input on care.

VITAS helps to reduce rehospitalization

A partnership with VITAS provides resources that can reduce unnecessary rehospitalization.

- **Visit frequency**—VITAS' interdisciplinary team members coordinate support based on the individualized plan of care.
- **VITAS Telecare**®—24-hour direct access to trained clinicians provides around-the-clock resources and peace of mind for patients, families, and the clinical staff at nursing homes and assisted living communities.
- **Intensive Comfort Care**®—Medical management is provided in the patient's home, nursing home or assisted living community, up to 24 hours per day when medically appropriate.



Hospice for oncology patients

While a patient's goal is long-term control of the malignancy, there may come a time when the cancer can no longer be controlled or when the response to treatment is less than hoped for.

The hospice plan of care is designed for the treatment of a wide range of issues, including pain, weight loss and progression of other symptoms, such as dyspnea. Additionally, VITAS provides the emotional and spiritual support so many oncology patients and their loved ones seek—all tailored to the patients' needs.

Knowing when an oncology patient is ready for hospice care

Patients are eligible for hospice care when a physician makes a clinical determination that life expectancy is six months or less. Based on the results of several studies, VITAS suggests oncology patients be evaluated on a number of factors:

- Karnofsky Performance Status (KPS) Scale
- Eastern Cooperative Oncology Group Performance Scale (ECOG PS)
- Weight loss
- Symptoms that impede adequate nutrition—anorexia, dysphagia, dry mouth
- Progression of symptoms, such as dyspnea and fatigue

A rapid fall in KPS/ECOG score or a presenting score of KPS < 50 or ECOG \geq 2, combined with the presence of one or more of the above symptoms, are excellent indicators that the patient may need VITAS services.

While this guide may be used as a tool, it does not take the place of a physician's professional judgment.



Malignancy characteristics

Oncologists and other physicians have relied on detailed categories of malignancies, ranked on scales of treatability/probability of cure/prognosis, from curable to untreatable.

The tables on the following pages categorize most of the common malignancies, based on their history and the relative efficacy of available disease-modifying treatment options.

With medications, treatments and combinations of both continually in flux, and with new therapies coming to market, the categories in which a specific disease appears may change from time to time.

If you have a patient with cancer who does not meet these guidelines yet you believe is appropriate for VITAS services, please refer the patient and provide VITAS with the clinical information that supports your conclusion.

Ask your VITAS representative for more information to help determine who may be most appropriate for VITAS services.

Even before hospice is considered...

a VITAS physician is available for a consultation. We have the time to listen to the concerns of the patient and family, describe the progression of the advanced disease, explain care options and outline a realistic plan of care. You are informed of the outcome and we maintain communication with patient and family.

Hospice Eligibility by Category

Oncologists traditionally rely on charts that rank malignancies on scales of treatability/probability of cure/prognosis, from curable to untreatable. The following chart categorizes the most common malignancies from the point of view of hospice appropriateness. Treatments and medications change quickly; this chart could be outdated as specific diseases move from one category to another.

Category I:

Early stage is treatable, with high or moderate expectation of cure. Hospice care may be indicated when there is disease progression after extensive antineoplastic therapy.

Malignancy

- Testicular carcinoma
- Choriocarcinoma and trophoblastic malignancy
- Childhood acute lymphoblastic leukemia
- Other pediatric malignancies
- Acute promyelocytic leukemia
- Hodgkin's disease

Category II:

Even late stages of disease are treatable, with a high probability of remission but a low probability of cure. Hospice care may be indicated when there is disease progression following first-line or second-line therapy (depending upon the illness).

Malignancy

- Ovarian carcinoma
- Adult acute myeloblastic leukemia and acute lymphoblastic leukemia
- Indeterminate and high-grade non-Hodgkin's lymphoma
- Chronic myelocytic leukemia

Characteristics

- Antineoplastic therapy in stage IV disease improves quality and length of life

Category III:

Even late stages of disease are treatable with a chance of remission, which can be prolonged; yet metastatic disease is incurable. Hospice care may be indicated when there is evidence of disease progression after one or multiple regimens (dependent upon specific disease) of standard antineoplastic therapy.

Malignancies

- Prostate carcinoma
- Breast carcinoma
- Chronic lymphocytic leukemia

- Low-grade non-Hodgkin's lymphoma
- Multiple myeloma and the immunoproliferative disorders
- Myelodysplastic syndrome
- Thyroid carcinoma (except anaplastic)

Characteristics

- Remission potential is high to moderate
- Indolent course with a long prognosis
- Antineoplastic therapy may be relatively side-effect free (e.g., oral hormonal therapy)

Sources: Kinzbrunner BM. "The Terminally Ill Patient." Chapter 26 in: Abeloff MD, Armitage JO, Lichter AS, Niederhuber JF, eds. *Clinical Oncology*. New York, Churchill Livingstone; 2nd edition, 2000.

Kinzbrunner BM. "Predicting Prognosis: How to decide when end-of-life care is needed." Chapter 1 in: Kinzbrunner BM, Policzer JS, eds. *End-of-Life Care: A Practical Guide*, New York: McGraw-Hill, 2011.

Category IV:

Late-stage disease is treatable in only a minority of patients; remissions may be short. Hospice comfort measures may be presented as a therapeutic option to patients following second-line or third-line chemotherapy and for patients with poor performance status (KPS < 50 or ECOG > 2), alongside first-line or second-line chemotherapy (depending on the illness).

Malignancies

- Bladder carcinoma
- Primary brain tumors
 - Glioblastoma
 - Grade III astrocytoma
- Gynecological malignancies other than ovary
- Colon carcinoma (Response rate for this cancer is somewhat higher than for other cancers in this group. Those patients who do respond seem to have a much longer survival.)
- Non-small-cell bronchogenic carcinoma
 - Squamous-cell carcinoma
 - Adenocarcinoma
 - Large-cell carcinoma
 - Bronchoalveolar carcinoma
- Head and neck carcinomas
- Esophageal carcinoma
- Gastric carcinoma
- Pancreatic carcinoma
- Soft-tissue sarcomas
- Renal cell carcinoma

Characteristics

- Responses to therapy in < 50% of patients
- Short prognosis even after response to first-line chemotherapy



VITAS partners know we will work hand in hand with them in a multidisciplinary team environment, so every patient will have the full benefit of excellent care and symptom management as he or she nears the end of life.

Refer your patients to
VITAS Healthcare

Call 800.93.VITAS

Easy online referrals now available
at [VITAS.com/referral](https://www.vitas.com/referral)

Download Our App on Your Smartphone



- Provides immediate access to hospice clinical criteria
- Offers one-touch referral capability
- No referral paperwork
- Puts you in immediate contact with a VITAS hospice admissions professional if you prefer

Go to VITASapp.com

Contact your local VITAS representative for more information.

To refer a patient call 800.93.VITAS

VITAS.com/referral  

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