

Systematic Review: Interventions for Dyspnea in Advanced Cancer

A PCORI Virtual Multi-Stakeholder
Workshop

July 9th, 2019



Welcome!



Today's PCORI Representatives:

- **Bill Lawrence, MD, MS**, Senior Clinical Advisor, Office of the Chief Engagement and Dissemination Officer, PCORI
- **Ellen Kimmel, MLIS**, Program Officer, Office of the Chief Science Officer, Research Synthesis, PCORI
- **Michelle Althuis, PhD, MA**, Program Officer, Research Synthesis, Office of the Chief Science Officer, PCORI

Housekeeping



- Participants' lines are live
 - Please mute your line when you are not speaking to reduce background noise
- Today's conversation is being recorded and will be posted to the PCORI website
- We will take stakeholder comments in the order indicated
- If you wish to speak during the open comments/questions period, please indicate this by typing "permission to speak" in the chat box
- Comments and questions from participants may be submitted via the chat window
 - We cannot guarantee a question will be addressed

Agenda



Agenda



- Welcome
- Background and goals for the webinar:
 - Background
 - Proposed Systematic Review Key Questions (KQs)
 - PICOTS
- Moderated discussion
- Summary and closing remarks
- Adjourn

Background



Background and Goals



- **Goals for the Systematic Review:**
 - To provide evidence for a new clinical practice guideline developed by the American Society of Clinical Oncology (ASCO).
 - PCORI is commissioning, via the Agency for Healthcare Research and Quality (AHRQ), a systematic evidence review of pharmacological and non-pharmacological interventions for the management of dyspnea in adults with advanced cancer.
- **Goal for this webinar:** to receive stakeholder input on the Key Questions for this Systematic Review.

Proposed Systematic Review Key Questions



Key Question One:

What are the benefits of pharmacological interventions (either alone or in combination) for improving dyspnea in advanced cancer patients, and how do they compare with each other?

PICOTS framework

Population	Advanced cancer patients w/ cancer-associated dyspnea ≥ 18 yr
Intervention	<i>Pharma</i> : Opioids, phenothiazines, anxiolytics, corticosteroids, bronchodilators, lidocaine, antiprostaglandins
Comparator	Placebo, usual care, other pharma intervention or a combination of pharma interventions
Outcomes	Dyspnea, anxiety, QoL, functional capacity
Timing	No limit on study length
Setting	Hospital, outpatient palliative care clinic, oncology clinic, home health care, hospice care
Study design	Randomized clinical trials

Key Question Two:

What are the benefits of non-pharmacological interventions (either alone or in combination) for improving dyspnea in advanced cancer patients, and how do they compare with each other?

PICOTS framework

Population	Advanced cancer patients w/ cancer-associated dyspnea \geq 18 yr
Intervention	<i>Non-pharma</i> : walking/mobility aids, fan therapy, behavioral interventions, exercise, respiratory training, oxygen therapy, acupuncture, neuromuscular electrical stimulation, changing the room environment
Comparator	Placebo, usual care, other non-pharma intervention or a combination of non-pharma interventions
Outcomes	Dyspnea, anxiety, QoL, functional capacity
Timing	No limit on study length
Setting	Hospital, outpatient palliative care clinic, oncology clinic, home health care, hospice care
Study design	Randomized clinical trials

Key Question three:

What are the comparative benefits of pharmacological interventions as compared to, or in combination with non-pharmacological interventions, for improving dyspnea in advanced cancer patients?

PICOTS framework

Population	Advanced cancer patients w/ cancer-associated dyspnea ≥ 18 yr
Intervention	<i>Pharma</i> : Opioids, phenothiazines, anxiolytics, corticosteroids, bronchodilators, lidocaine, antiprostaglandins
Comparator	Placebo, usual care, other non-pharma intervention or a combination of non-pharma interventions, or combinations of pharma and non-pharma interventions
Outcomes	Dyspnea, anxiety, QoL, functional capacity
Timing	No limit on study length
Setting	Hospital, outpatient palliative care clinic, oncology clinic, home health care, hospice care
Study design	Randomized clinical trials

Key Question Four:

What are the harms of pharmacological and non-pharmacological interventions for improving dyspnea in advanced cancer patients?

PICOTS framework

Population	Advanced cancer patients w/ cancer-associated dyspnea ≥ 18 yr
Intervention	<i>Pharma</i> : Opioids, phenothiazines, anxiolytics, corticosteroids, bronchodilators, lidocaine, antiprostaglandins <i>Non-pharma</i> : walking/mobility aids, fan therapy, behavioral interventions, exercise, respiratory training, oxygen therapy, acupuncture, neuromuscular electrical stimulation, changing the room environment
Comparator	Pharma or non-pharma interventions listed above
Outcomes	Dizziness, drowsiness, headache, constipation, nausea, vomiting, urinary retention, death
Timing	No limit on study length
Setting	Hospital, outpatient palliative care clinic, oncology clinic, home health care, hospice care
Study design	Randomized clinical trials, prospective and retrospective cohorts

Moderated Discussion

Moderator: Bill Lawrence, MD, MS



Order of Comments



- American Society of Clinical Oncology (ASCO)
- Dana-Farber Cancer Institute
- American College of Physicians (ACP)

Order of Comments

Representatives



- **American Society of Clinical Oncology (ASCO)**
 - **Eric Roeland, MD**, Palliative Care and Medical Oncology Physician, Massachusetts General Hospital
- **Dana-Farber Cancer Institute**
 - **Janet Abrahm, MD**, Professor of Medicine, Harvard Medical School, Department of Psychosocial Oncology and Palliative Care
- **American College of Physicians (ACP)**
 - **Banu E. Symington, MD, MACP**, Medical Director, Sweetwater Regional Cancer Center

Key Questions



1. What are the benefits of pharmacological interventions (either alone or in combination) for improving dyspnea in advanced cancer patients, and how do they compare with each other?
2. What are the benefits of non-pharmacological interventions (either alone or in combination) for improving dyspnea in advanced cancer patients, and how do they compare with each other?
3. What are the comparative benefits of pharmacological interventions as compared to, or in combination with non-pharmacological interventions, for improving dyspnea in advanced cancer patients?
4. What are the harms of pharmacological and non-pharmacological interventions for improving dyspnea in advanced cancer patients?

Open Comments and Questions Period



Summary and Closing Remarks



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Thank you!

