


THE CRUCIAL ROLE OF PALLIATIVE CARE IN ADVANCED BREAST CANCER

 <https://doi.org/10.56238/rcsv14n8-008>

Date of submission: 13/11/2024

Date of approval: 13/12/2024

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ABSTRACT

Palliative care is a crucial component in the treatment of breast cancer patients, particularly in advanced or metastatic stages, when curative treatments lose their effectiveness. The main focus of palliative care is not only the relief of intense physical symptoms, such as pain and fatigue, but also providing psychological and emotional support, enhancing the quality of life for both the patient and their family. A multidisciplinary approach allows for holistic care that respects the patient's choices, offering a more humane and personalized care experience. Research highlights the importance of early interventions, such as palliative care consultations, which can improve treatment adherence and reduce negative emotional impacts like anxiety and depression. Additionally, educational programs are essential for raising awareness about the benefits of palliative care. However, significant challenges remain, such as limited access to palliative care in regions with inadequate infrastructure and the need for further training of healthcare professionals. The implementation of public policies and specific palliative care protocols is crucial to ensuring that all breast cancer patients, regardless of disease stage or location, receive the necessary support to live with dignity and comfort until the end of their journey.

Keywords: Palliative Care. Breast Câncer. Metastatic Stage. Quality of Life. Early Interventions.

INTRODUCTION

Palliative care plays a critical role in managing breast cancer patients, particularly during the advanced or metastatic stages of the disease. Unlike curative treatments aimed at eliminating or controlling cancer, palliative care prioritizes improving the patient's quality of life by alleviating symptoms, providing emotional and psychological support, and addressing physical and social well-being.

Breast cancer, one of the most prevalent cancers in women, can become more aggressive as it spreads to other organs, such as the bones, liver, and lungs. In these advanced stages, curative treatments may no longer be effective, making palliative care an essential part of the treatment plan, with a focus on reducing suffering and improving comfort.

Pain management is a key component of palliative care for breast cancer patients. Whether caused by the tumor or side effects from treatments like chemotherapy, pain can be severe. Effective pain control is vital for maintaining a high quality of life. Palliative care also addresses other symptoms, such as shortness of breath, extreme fatigue, nausea, vomiting, and mobility difficulties, which often emerge as the disease progresses.

Beyond physical care, palliative services provide crucial emotional and psychological support for both patients and their families. The diagnosis of breast cancer can lead to profound emotional distress, including fear, anxiety, sadness, and depression. Psychological counseling helps manage these emotions, creating a supportive environment for patients and their loved ones.

Open communication between healthcare providers and patients is another vital aspect of palliative care. It facilitates shared decision-making, allowing patients to make informed choices about their treatment. The multidisciplinary team, including doctors, nurses, psychologists, and social workers, must respect the patient's preferences, offering alternatives that meet their physical, emotional, and spiritual needs.

Ultimately, palliative care in breast cancer focuses on providing comfort and dignity throughout all stages of the disease, helping patients live as fully as possible without unnecessary suffering. This integrated approach, combining pain management, emotional support, clear communication, and family involvement, ensures that patients can face their illness in the most peaceful and comfortable way.

Figure 1: Palliative chemotherapy regimens used over time.

Regimen	Dose	Year
Epirubicin	12 mg/m ² IV weekly	1989
Cyclophosphamide, methotrexate and 5-fluorouracil (fungal breast cancer)	Cyclophosphamide, 75–100 mg/m ² + methotrexate IV, 30 and 40 mg/m ² + 5-fluorouracil 500–600 mg/m ² IV	1995
Mitoxantrone, 5-fluorouracil, and high-dose leucovorin (NFL) vs cyclophosphamide, methotrexate, and 5-fluorouracil (fungal breast cancer)	1C received mitoxantrone 12 mg/m ² IV + leucovorin 300 mg IV + 5-fluorouracil 350 mg/m ² IV 2C received cyclophosphamide 600 mg/m ² IV + methotrexate 40 mg/m ² IV + 5-fluorouracil 600 mg/m ² IV	2000
Vinorelbine	30 mg/m ² /week	2001
Mitomycin + folinate + 5-fluorouracil	4 weeks of mitomycin 8 mg/m ² IV + folinic acid 500 mg IV + 5-fluorouracil 750 mg/m ² IV	2007
Paclitaxel	60 mg/m ² , 6 times every 8 weeks	2007
Oral metronomic cyclophosphamide with and without methotrexate	1C received oral cyclophosphamide at 50 mg/day 2C received oral cyclophosphamide at the previous dose + oral methotrexate at low doses of 2.5 mg orally twice weekly	2012
Carboplatin as late-line therapy	1C received carboplatin AUC 5 or carboplatin + trastuzumab 6 mg/kg (8 mg/kg loading dose) 2C received carboplatin AUC 5 on day 1 + gemcitabine 1,000 mg/m ² on days 1 + 8 in a 3-week cycle	2017

Source: Yanez et al (2023).

Several studies have highlighted the importance of early and effective palliative care in breast cancer management. The research by Yanez et al. (2023), for example, systematically reviewed the literature on the role of palliative care in breast cancer treatment. This review, which involved an extensive search across various databases and sources, identified critical knowledge gaps and underscored the need for more targeted research to guide clinical practices. The findings emphasize the importance of integrating palliative care interventions, particularly in palliative radiotherapy, and offer practical recommendations for professionals in the field.

A study by Schulman-Green et al. (2022) tested an intervention called "Managing Cancer Care: A Personal Guide" (MCC-PT) to improve palliative care literacy and self-management in breast cancer patients. This pilot randomized controlled trial demonstrated that participants who used the intervention had improved knowledge of palliative care, with

those in late stages of the disease showing better self-management, reduced anxiety, and decreased depression. The results suggest that incorporating palliative care into cancer treatment can enhance emotional well-being, particularly for patients with advanced cancer.

In another study by Greer et al. (2022), a palliative care intervention was tested on patients with metastatic breast cancer (MBC). The intervention included structured visits focusing on symptom management, coping strategies, prognostic awareness, decision-making, and end-of-life (EoL) planning. The results showed that patients who received the intervention were more likely to discuss EoL care and use hospice services. However, there were no significant changes in quality of life or mood symptoms. This study highlights how tailored palliative care interventions can address the specific needs of patients with advanced cancers like MBC.

Cherny, Paluch-Shimon, and Berner-Wygoda (2018) explored the complex needs of patients with advanced breast cancer, advocating for an interdisciplinary palliative care approach. This approach emphasizes addressing both the current and anticipated needs of patients, ensuring continuous care, and managing physical and psychological symptoms to improve the quality of life for both patients and families.

The challenges of providing palliative care in resource-limited settings were explored by Spence et al. (2018), who focused on the Caribbean. The study revealed significant barriers to delivering palliative care, including inadequate infrastructure, limited access to opioids, and patients' reluctance to seek care early. The authors suggested that regional collaboration, better access to medications, and improved healthcare training and infrastructure could help overcome these challenges.

Subramaniam et al. (2022) investigated the use of palliative care consultations (PCC) among patients with metastatic breast cancer in the United States. The study found that only 38% of these patients received at least one PCC after their diagnosis. The results showed that those who received PCC were more likely to use emergency department and intensive care unit services in the final months of life, as well as receive chemotherapy. Furthermore, patients who received PCC had a shorter survival time after metastasis, which may indicate more effective disease management in advanced stages. These findings highlight the need for early palliative care integration to ensure appropriate care for MBC patients and suggest the implementation of educational interventions to increase PCC usage.

In conclusion, palliative care plays a crucial role in the treatment of breast cancer patients, especially in the advanced or metastatic stages of the disease, when curative

treatments are no longer effective. Its focus is not only on relieving intense physical symptoms such as pain and fatigue but also on providing emotional and psychological support, thereby improving the quality of life for both the patient and their family. The integration of palliative care, with a multidisciplinary approach, allows for a holistic approach that respects the patient's choices, promoting more humane and personalized care. The evidence gathered from research highlights the importance of early and systematic interventions, such as palliative care consultations and educational programs, to improve treatment adherence and reduce negative emotional impacts such as anxiety and depression. However, many challenges still need to be addressed, such as access to palliative care in regions with limited infrastructure and the need for more training for healthcare professionals. The development of public policies and the implementation of palliative care protocols are essential to ensure that all breast cancer patients, regardless of disease stage or location, receive the necessary support to live with dignity and comfort until the end of their journey.

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