Care New England creates first outpatient palliative care site at the Program In Women's Oncology at Women & Infants

PROVIDENCE – Almost four years after creating a multidisciplinary Palliative Care Program and joining 10 other pioneering organizations nationally to support the Conversation Project with a goal of promoting discussions about palliative care and end-of-life decisions, Care New England Health System is bringing palliative care into the outpatient setting.

In addition to an inpatient consult service at all CNE hospitals, Care New England has offered home-based palliative care through the VNA of CNE. Care New England is seeking to reach patients who would benefit from palliative care in all possible settings, and hoping to help more patients engage their physicians in conversations about what matters as they face advanced illness. This clinic is a natural extension of the inpatient and home-based palliative care programs.

"Palliative care is a specialized medical care for people with serious illness and focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness, whatever the diagnosis," says **KATE M. LALLY, MD, FACP**, director of the Palliative Care Program.

"The goal is to improve quality of life for both the patient and the family."

Starting this month, she and a specialized palliative care team will begin working with women who seek care for gynecologic or breast cancers through the Program in Women's Oncology. This, Dr. Lally says, can include women with:

- Stage IV cancers.
- Recurrent or progressive disease.
- Unmanaged pain.
- Malignant bowel obstruction.
- Many symptoms.
- Frequent hospital admissions for symptom management.
- Uncertainty regarding the goals of care, which includes discussion of advanced directives.

"People do not need to be dying to need help living with their symptoms," says **CORNELIUS "SKIP" GRANAI III, MD**, director of the Program in Women's Oncology. "This is a tremendous step in helping us provide what our patients and their families need, which is physical and psychological relief from cancer."

The palliative care team – which includes physicians, a nurse practitioner, a medical assistant, social workers, case managers and others as needed – will meet with patients referred by the physicians in the Program in Women's Oncology and its Breast Health Center in sessions scheduled twice a month to start.

"Based on the patient's clinical criteria and needs, we may see her once or more than that," Dr. Lally says. "This is an extra layer of support for them." ❖

Paul DiSilvestro, MD, helps uncover more inherited genetic mutations linked to ovarian cancer

PROVIDENCE – Previous research has established a link between genetic mutations in the BRCA1 and BRCA2 genes to an increased risk of developing ovarian, fallopian tube or peritoneal cancer in women. A recent publication documents the efforts of a team of researchers affiliated with the Gynecologic Oncology Group (GOG) to determine if inherited genetic mutations other than BRCA1 and BRCA2 can also put a woman at risk of developing these diseases.

The team – which includes **PAUL DiSILVESTRO, MD,** head of research with the Program in Women's Oncology at Women & Infants Hospital and professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University – published their findings in the article "Inherited Mutations in Women with Ovarian Carcinoma" in the recent issue of the *Journal of the American Medical Society*.

"Descriptions of the identity of these genes and their frequency was lacking in the medical literature," Dr. DiSilvestro explains. "The goal of this research was to better define these issues."

More than 1,900 women with ovarian cancer who were identified through the University of Washington gynecologic tissue bank and from various GOG clinical trials made up the study population. Information about mutation frequencies were compared with the National Heart, Lung and Blood Institute GO Exome Sequencing Project and the Exome Aggregation Consortium. Clinical characteristics and survival rates were assessed by mutation status.

What the evaluations revealed was that 18 percent of the women with ovarian cancer carried mutations in genes associated with ovarian cancer risk beyond the BRCA1 and BRCA2 genes.

"The results of this trial expanded our knowledge of the genes that we suspect cause hereditary ovarian cancer, bringing the total to 11," Dr. DiSilvestro says, adding that, "Genetic testing should now begin screening for these nine additional genetic mutations so women carrying the genes can make educated decisions about their health care future." ❖