



5th Student Conference of Palliative Medicine

Gdańsk, Poland, 20th April 2024

PROGRAM

- 9:00 Start of the Conference and introduction of the Guests
- 9:10 Speech by invited Guests: Prof. Wojciech Leppert, Prof. Ewa Bień
- 9:30 Lecture by Professor Wojciech Leppert: *Perspectives of the development of palliative, supportive and hospice care in Poland*
- 10:00 Lecture by Dr. Łukasz Żemojtel: *Opioids in chronic pain of non-cancer origin*
- 10:30 Lecture by Professor Ewa Bień: *How to help and survive in pediatric oncology*
- 11:00 Coffee break
- 11:30 Session of student papers
- 13:30 Lunch break
- 14:45 Lecture by Professor Monika Rucińska: *Morphine through the ages*
- 15:15 Lecture by Dr. Marcelina Drucis: *Palliative care of patients of the Department of Pediatrics, Hematology and Oncology UCC in Gdańsk in recent years*
- 15:30 Closing ceremony of the Conference and announcement of the winners of the student paper sessions



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Conference Organizing Committee

Chairman:

Michał Dąbrowski

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Ewa Sulisz

Maria Krasnodębska

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Weronika Rymon

Małgorzata Cherek

Maciej Pancewicz

STUDENT SESSION
ABSTRACTS OF REVIEW
ARTICLES

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First place in the category of Review Works

Effects of early palliative care for patients with lung cancer: a literature review

Patients diagnosed with cancer experience symptoms of stress, disease, and treatment that have debilitating results on the quality of life. It is easy to disregard the early management of these symptoms in favor of therapy targeted at controlling the disease as it is usually a standard approach in oncology practice. Early palliative care (EPC) can lead to improved comfort, reduced stress, and better management of therapy, which shows benefits for patients facing life-limiting diseases. This review aimed to provide insight into the value of EPC in terms of managing patients' well-being. A review was conducted using articles found in the PubMed database. The search terms used in the selection of the material were early or simultaneous or concurrent palliative care and lung cancer patients. Studies found were published in English in the years 2010–2024 (up to March 2024). The database search yielded a total of 29 articles out of which 6 were chosen for the review. A narrative analysis of the results was performed. Although studies in this area are found to be scarce, the research provides insight into the value of managing patients' distress in palliative care, which extends to managing patients' well-being. The reports show an increase in the quality of life and mood in patients who were provided with EPC.

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End-stage liver failure and palliative care

End-stage liver failure is irreversible liver damage, in which the organ loses its ability to perform its function, leading to numerous multi-organ complications, and rapid deterioration of quality of life and death. End-stage liver failure can be caused by various factors, such as chronic hepatitis (*hepatitis B*, *hepatitis C*), alcohol abuse, autoimmune diseases, steatosis of the liver, as well as some genetic conditions. Symptoms of end-stage liver failure include jaundice, edema, changes in urine and fecal color, weight loss, vomiting, decreased appetite, and skin changes. In advanced stages of the disease, liver transplantation is often the only effective treatment option. When organ transplantation is not an option, the goal of management is to treat symptoms and improve the patient's quality of life. However, transplantation has many limitations, including donor availability, and financial constraints, so palliative care is implemented in many patients to prevent or alleviate suffering and provide the best possible quality of life. Palliative management includes symptom management, and disease-modifying therapies and interventions may be continued or implemented.

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Rehabilitation of oncology patients

Oncological rehabilitation is an important medical and social process aimed at restoring or improving the psycho-physical state of cancer patients. Rehabilitation is an integral and complementary part of interdisciplinary cancer treatment, taking into account social and occupational aspects. This multidirectional process involves a variety of therapeutic interventions, tailored to the individual needs of the patient and the characteristics of the disease. It is important to take into account both the patient's mental and physical state and the social environment. The goal of rehabilitation is to make patients more active, which can lead to improved physical and mental performance, as well as increased social participation and involvement in work life. Access to a comprehensive, interdisciplinary rehabilitation team is crucial to the success of the process, which includes educating patients on self-medication and the use of various methods, such as exercise therapy, psychotherapy, and relaxation techniques.

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Comprehensive physiotherapy of post-mastectomy patients carried out in a palliative medicine unit with consideration of lymphatic drainage of the upper limb

Physiotherapy for cancer patients receiving palliative care should include pain management. A special priority for this group of patients is to activate and maintain function in performing activities of daily living for as long as possible. In physiotherapy, the type and intensity of interventions used should be adapted to the capabilities and expectations of patients, especially in the advanced stage of cancer. Rehabilitation is an effective part of the treatment of patients with conditions or symptoms of damage to the structures of the nervous system in the course of cancer. Cancer-related fatigue, defined as a symptom or syndrome, affects a large group of patients after mastectomy. Rehabilitation, with adherence to medical recommendations, is an effective element that positively influences patients' ability to return to activities of daily living.

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STUDY SESSION
CLINICAL CASES

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The Grand Prix Conference Award

Treatment of a patient with stage IV non-Hodgkin's lymphoma and liver failure with DA-R-EPOCH immunochemotherapy

Background: Diffuse large B-cell lymphoma (DLBCL) is the most common type of non-Hodgkin's lymphoma (NHL), accounting for about 25% of NHL cases. "Double hit" lymphoma (DHL) is a form of DLBCL that occurs much less frequently and is characterized by rearrangements in the *MYC* gene and *BCL2* or *BCL6*. Clinically and histologically, this lymphoma resembles Burkitt lymphoma and is referred to, as high-grade B-cell lymphoma (HGBL), thus emphasizing that standard therapies for DLBCL are associated with poorer treatment outcomes. Most DHL is detected at an advanced stage of the disease, with associated central nervous system (CNS) involvement, extranodal lesions, leukocytosis, and high LDH levels. We present the case of a patient with liver failure, encephalopathy, and jaundice in the course of DHL, whose treatment presented both a challenge and an ethical dilemma in the context of providing persistent therapy.

Case report: A 54-year-old patient was admitted to the Department of Hematology because of increasing weakness, jaundice, abdominal pain, and weight loss. A gastric ulcer was found in a gastroscopy performed earlier. On admission, the patient was in intermediate general condition — ECOG 3, but rapidly deteriorated due to the progression of hepatic encephalopathy. The patient was ineligible for node retrieval via laparoscopy, due to coagulogram abnormalities. The result of a microscopic examination of the gastric mucosa was awaited. A CT scan described multiple hypovascular lesions in the liver and spleen, lymphadenopathy of the hepatic hilar region, periaqueductal and retroperitoneal space, as well as autolytic lesions of the ribs and vertebral body. Laboratory tests showed bilirubin levels of 21 mg/dL, transaminases above 500 U/L; alkaline phosphatase 2416 U/L, and GGTP 1178 U/L. Unusual for lymphoproliferation, an elevated CA19.9 level (8322.7 U/m) was observed. Given the deterioration of the patient's clinical condition, further increase in bilirubin levels, and the radiologist's suggestion, and against the CA19.9 result, it was decided to rescue chemotherapy, as in the treatment of lymphoma. After the diagnosis of DLBCL was confirmed from the gastric ulcer specimens, treatment was started according to the R-DA-EPOCH regimen (rituximab, etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) at lower doses. Due to a successive improvement in general condition and parameters of liver and kidney function, the next immunochemotherapy regimen was given at full doses. The patient, fully independent, was discharged after completing the second cycle of treatment.

Conclusions: Patients with DLBC at an advanced stage of the disease at the time of diagnosis can benefit significantly from chemotherapy. In the described case, the patient was qualified for radical treatment, despite theoretical contraindications (hepatic encephalopathy), counting on the high chemosensitivity of lymphomas. A chemotherapy regimen with different pharmacokinetics was administered. Chemotherapeutics were administered in continuous infusions, extended to 96 hours, instead of an hourly single bolus. However, the total dose was similar to typical regimens, which increased safety and allowed for dose adjustments or withholding.

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Targeted therapies, multisite palliative radiotherapy, and dog therapy used in an 18-year-old patient with metastatic Ewing's sarcoma recurrence — a case report

Background: Despite significant advances in pediatric oncology, the prognosis of patients with advanced extraosseous Ewing sarcoma (EES) remains unsatisfactory. Metastatic bony recurrence of EES is associated with a particularly poor prognosis, and palliative and staging management of the disease is challenging.

Case description: A 17-year-old patient was diagnosed in September 2021 with inoperable EES of the nasopharynx and sinuses, invading the skull. As a result of multi-drug chemotherapy and radiotherapy, full clinical and pathomorphologic remission was achieved. In January 2023, at the end of 6 months of metronomic maintenance chemotherapy, the patient reported left shoulder pain. Initially, no abnormalities were found on CT and ultrasound. In June 2023, a PET-CT scan revealed metabolically active foci in the left I rib and Th1 body, indicating metastatic recurrence of EES. The patient was ineligible for REGBONE, so in July 2023 he received chemotherapy with regorafenib, an off-label tyrosine kinase inhibitor (TKI). After a brief improvement, new metastatic *foci* in the bones of the spine, skull, and pelvis were found in September 2023, causing total pain. Analgesics, infusions of dexamethasone, lignocaine, and MgSO₄, bisphosphonates, anti-anxiety drugs, antidepressants, sedatives, and sleeping pills were administered. Between September and November 2023, palliative radiation therapy was given three times to the area of painful metastases, and three cycles of cisplatin and olaparib, a PARP (poly-ADP ribose polymerase) inhibitor, were administered. An improvement in well-being was achieved, allowing active short-term stays at home. In October 2023, due to another progression, a TKI, pazopanib, was switched on, again achieving effective pain relief and the possibility of discharge. In November 2023, the boy decided to return to the Clinic, where he received symptomatic treatment surrounded by family, friends, and his beloved dog for one month until his death.

Conclusions: Several palliative oncological treatments are currently available, including modern targeted therapies used orally. Their proper selection should ensure effective pain management, improved quality of life, and the ability to stay at home, among loved ones. If the patient needs it, at an advanced stage of cancer, he or she can stay on the ward, among a familiar medical team, family, and friends. Around-the-clock close interaction with an animal increases oxytocin synthesis and lowers cortisol levels, which satisfies emotional needs and improves patient comfort.

Ewa Konarzewska, Katarzyna Żak-Jasińska, Marcelina Drucis

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Honorable mention in the Clinical Cases category

Palliative care in pediatrics — the case of a 16-year-old patient with hematologic malignancy

Background: Despite significant advances in the treatment of leukemia, hematologic malignancies with an unfavorable prognosis are still encountered in the pediatric population. Such a disease is aggressively progressive blastic plasmacytoid dendritic cell neoplasm (BPDCN). It is classified as a subtype of acute myeloid leukemia (AML), and because of the difficulty of adopting effective therapy, it most often leads to the death of the patient.

Case description: A 16-year-old female patient was admitted to the Department of Pediatrics, Hematology, and Oncology in January 2014. AML was diagnosed with partial differentiation toward BPDCN. On day 30, the patient went into remission. Seven months after the diagnosis, in August 2014, the patient underwent a cycle of intensive chemotherapy according to the AML Interim 2004 protocol. The first relapse occurred in October 2014. The patient was treated sequentially with the Relapsed AML (IDA-FLA/FLA) protocol and a decision was made to undergo allogeneic bone marrow transplantation (allo-HSCT). Allogeneic hematopoietic cell transplantation from a compatible unrelated donor was performed on March 12, 2015, at the Department of Pediatrics, Hematology and Oncology in Bydgoszcz, Poland. In March 2016, the patient was diagnosed with a second recurrence of AML. The patient and her father were informed of the unfavorable prognosis and offered palliative management. The patient and her father agreed to be treated in an inpatient hospice. In April 2016, the patient was transferred in a generally stable condition to the children's inpatient hospice "Bursztynowa Przystań" in Gdynia. The father was constantly present with the girl, who died after a month.

Conclusions: For patients with an unfavorable prognosis, optimal management should be considered, taking into account the patient's quality of life. The decision on where to provide palliative care (home or inpatient care), out of concern for the patient's well-being, should be made by the wishes of the patient and legal guardians. The medical team caring for a minor patient with advanced disease, capable of expressing his or her own will regarding further management, should make every effort to ensure that this opinion influences the decisions made.

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Palliative chemotherapy in a pregnant patient with biliary tract cancer — a case report

Background: Cancers in pregnant women are very rare, being diagnosed in 0.02–0.1% of all pregnant women. The most common are breast cancer, cervical cancer, lymphomas, and malignant melanoma.

Case description: A thirty-one-year-old woman (second pregnancy, second delivery) was admitted to the Obstetrics and Gynecology Clinical Department at 21 weeks' gestation due to pruritus of the whole body occurring for a month and numerous laxities on the skin. Her first pregnancy ended on time in 2015 with a natural childbirth without complications. Laboratory tests showed elevated values of AspAT 83 U/L, ALT 132 U/L, and ALP 233 U/L. Abdominal ultrasound showed focal changes in the liver. Abdominal MRI revealed multiple focal lesions in the liver, the image of the largest lesion (approximately 117 × 78 × 104 mm) was ambiguous, and the remaining lesions were metastatic. A thick-needle biopsy of the focal lesion in the liver was performed. On histopathological examination, it was described as a neoplasm most consistent with adenocarcinoma of the biliary tract epithelium. After numerous consultations, palliative chemotherapy with FOLFOX 4 (oxaliplatin, fluorouracil, and folinic acid) and supportive treatment: ondansetron, dexamethasone, hydrocortisone, and clemastine were administered at the 23rd week of pregnancy. Subsequent infusions of chemotherapy were given every 14 days. In addition, during her pregnancy, the patient visited the ED twice for severe right epigastric pain, requiring opioids. At 35 5/7 weeks, a planned cesarean section was performed and her daughter was delivered alive and undelivered (weight: 3100 g, length: 54 cm, Apgar: 10). The patient then continued chemotherapy and pain management.

Conclusions: Due to the very rare occurrence of biliary epithelial adenocarcinoma in pregnant women, no management regimens have been developed for such patients. It is therefore necessary to approach patients individually and choose the optimal management. The applied chemotherapy according to the FOLFOX 4 regimen, despite the described harmful effects on the fetus and numerous side effects, in the case of the presented patient successfully prolonged life expectancy and allowed the birth of a healthy newborn.

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How one cancer can delay the diagnosis of another — with the example of a patient with spontaneous hyperplasia

Background: Spontaneous hyperplasia is a malignancy that, when properly diagnosed and treated, allows patients to have a survival time similar to the healthy population. The disease can pose diagnostic and therapeutic challenges, especially in the context of coexisting other cancers.

Case description: A 62-year-old woman, after years of good control of the disease, suddenly, despite appropriate treatment, did not obtain good control of the primary disease, in addition, weight loss, weakness, vomiting, abdominal pain, and diarrhea appeared. During the diagnosis taking into account further deterioration of the patient's condition, an abdominal and chest CT scan was performed, which revealed the presence of a lung lesion and lymphadenopathy of the biliary region. In the following months, further diagnosis was made and treatment attempts were unsuccessful, and after a year, a lymph node biopsy was performed, demonstrating the presence of mast cells and confirming the diagnosis of systemic mastocytosis.

Conclusions: It is important to emphasize the importance of recognizing and treating other diseases in cancer patients, especially in cases of sudden deterioration of health not strictly due to primary cancer. Doctors in other specialties may attribute the patient's reported symptoms as the result of a previously diagnosed cancer and overlook the onset of another disease. The introduction of appropriate treatment improved the patient's condition, highlighting the importance of integrating palliative care with the comprehensive care provided to cancer patients. The clinical case presented here underscores the need for increased awareness and careful observation among physicians of various specialties, so that patients can be promptly diagnosed, and appropriate treatment can be implemented.

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