

Panel Presentation / Q&A

The Interdisciplinary Team of End-of-Life and Palliative Care

Case Summary

Daniel*, a 40-year-old Latino male bilingual speaker (English and Spanish) diagnosed in 2012 with pancreatoblastoma (a form of pancreatic cancer). He underwent a Whipple procedure (surgical intervention for early stage pancreatic cancer) with pathology showing poorly differentiated small cell carcinoma/ pancreatoblastoma. He had a stable disease until 2015 where found to have recurrent disease involving his liver, the same year he was referred by his primary oncologist to our palliative care clinic for symptom management (mostly cancer related pain) and support. He began chemotherapy and completed 12 cycles with imaging showing near complete response in liver and pancreatic disease by mid-2016 and was then observed.

Unfortunately, early 2017 surveillance imaging showed recurrent disease (adrenal and retroperitoneal nodes). He then resumed chemotherapy. Follow up imaging of 6/2017 appeared to show progression of disease and patient began new chemotherapy regimen. In early 2018 he was admitted for intractable abdominal pain and discharged home on a hydromorphone PCA. He also underwent celiac plexus block (interventional pain procedure) and received radiation therapy, a month later he was readmitted due to generalized weakness, opioid induced toxicity and severe infection. A CT abdomen and pelvis showed significant progression of disease. Despite aggressive medical treatment, he developed multiorgan failure and died on comfort care 2 weeks later during this last admission.

Social & Spiritual Hx: Lived with wife, mother, and children (ages 20, 15, 4). Denied toxic habits. Used medical marijuana as part of his therapeutic regimen. He considered himself "spiritual, but not religious," opened to meditation.

**Patient identifiers have been modified to protect identity.*