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Walking on Egg Shells: The  
Who and the How of having  
THE conversation.

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# S P I K E S strategy

*S- Setting* – quiet, private

*P-Perception*-“What have you been told so far”?

*I-Invitation*- How much, what kind of info

*K- Knowledge*- “Unfortunately, I’ve got some bad news to tell you.”

*E- Empathy*- “I know that this isn’t what you wanted to hear. I wish the news was better.”

*S- Strategy and Summary*- “Does this make sense to you.”

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# Case Study

A 60 year old South Asian man with localized adenocarcinoma of the gastro-esophageal junction initially treated with neoadjuvant chemotherapy and surgery.

He now has recurrent metastatic disease being treated with palliative chemotherapy but this has been discontinued secondary to nephrotoxicity and progression of his cancer.

He has a gastrostomy tube (g-tube) in place for feeding and is losing weight.

He is married with 1 stepson. His siblings are all living in India and he has hopes of visiting them but unclear if this is possible.

## **What are the choices for this patient?**

- Further lines of chemotherapy/clinical trial
- Referral to Radiation Oncology for reassessment for bone metastases
- Referral has been made to HomeCare and Palliative Care Benefits Program
- Referral to Patient and Family Counseling
- Referral to Nutrition

## **Who has THE conversation and HOW?**

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# The Panel

- Ms Cari Hoffman
  - Dr. Judith Pike
  - Ms Karen Levy
  - Ms Andréa Fimrite
  - Dr. Michael McKenzie
  - Dr. Douglas McGregor
  - Ms Pat Porterfield
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