

2023 Walther Cancer Foundation Supportive Oncology Award

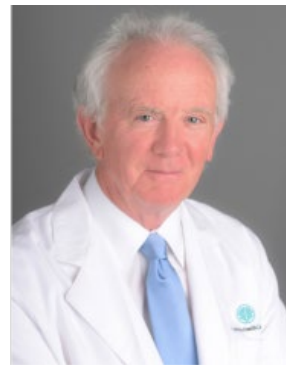
Declan Walsh, MD, MSc, FACP, FRCP(Edin)

Dr. Walsh is the chair of the Department of Supportive Oncology and the Hemby Endowed Chair in Supportive Oncology at the Levine Cancer Institute. He served as the founding chair of an Academic Department of Palliative Medicine between the medical schools of Trinity College and University College Dublin, Ireland. He held the Harry R. Horvitz Chair in Palliative Medicine and was director of the Palliative Medicine Center at the Cleveland Clinic, and a professor of internal medicine at Ohio State University College of Medicine. Dr. Walsh founded the first U.S. hospital palliative care program at the Cleveland Clinic, which was designated as a World Health Organization international demonstration project and accredited by ESMO as an Integrated Center of Oncology and Palliative Care, and was responsible for several notable innovations in U.S. palliative medicine: an endowed chair, a clinical fellowship, and the first acute palliative medicine inpatient unit. The program achieved international recognition for clinical practice and academic activities. Dr. Walsh is a Fellow of the American College of Physicians and of the Royal College of Physicians in Edinburgh. Dr. Walsh is a founding member of both the European Association of Palliative Care and American Academy of Hospice and Palliative Medicine and has served on the Boards of the Multinational Association for Supportive Care in Cancer and the American Academy of Hospice and Palliative Medicine.

The following article was featured in the ASCO Connection newsletter.

Supportive Oncology Benefits Patients: During His Walther Award Lecture, Dr. Declan Walsh Will Detail How

Apr 07, 2023 By Carina Storrs, PhD



Declan Walsh, MD, MSc, FACP, FRCP (Edin), the Hemby Family Endowed Chair in Supportive Oncology at the Levine Cancer Institute (Levine), will receive the 2023 Walther Cancer Foundation Endowed Supportive Oncology Award at the 2023 ASCO Annual Meeting. The award recognizes distinguished leaders who have made important contributions to palliative and supportive oncology care by advancing the prevention, assessment, and management of cancer and treatment-related suffering.

“It is an honor to receive this award. It is a sign that the area of supportive oncology is getting increasing attention and recognition, and that the field is developing rapidly,” said Dr. Walsh, who is also a clinical professor of medicine at Wake Forest University School of Medicine.

During his award lecture, Dr. Walsh will discuss his work in establishing the first department for supportive oncology as well as the lessons and benefits of integrating palliative medicine, cancer rehabilitation, psycho-oncology, and other services into a single department.

“It is not just that these services make people feel better,” he said. “They have real, measurable benefits for patients with cancer and their families, including some patients living longer.”

Beyond Oncology Palliative Care

Dr. Walsh began making his mark in the field of palliative medicine in 1987 when he created the first palliative care program in the United States at the Cleveland Clinic Taussig Cancer Center. As director of the program until 2012, he oversaw the development of its acute care and home care services, including decision-making assistance for patients and families, management of complications, and symptom control.

“As time went by [directing the program],” he said, “it became obvious that there were other complex challenges that patients with cancer had—such as rehabilitation, nutrition, and psychological complications—and palliative medicine alone was not enough.”

That lesson became his guiding principle when Levine asked him in 2016 to lead their efforts to expand supportive care for their patients and families. Dr. Walsh accepted on the condition that the numerous services, including rehabilitation, surgical oncology prehabilitation, nutrition, and survivorship, would all be sections within a single, formal department. Derek Raghavan, MD, PhD, FACP, FRACP, then-president of Levine, agreed with the plan, and in 2017, it opened the first-of-its-kind Department of Supportive Oncology.

Although many cancer centers offer some of these services, Dr. Walsh said, having them integrated into one department makes a big difference. It increases the visibility of the services for patients and clinicians in other departments, and it allows the sections to have dedicated staff and resources and to conduct research and develop treatment protocols. “Every major cancer center should have something like this,” he said.

Connecting Patients With Support

At Levine, patients with cancer receive a comprehensive screening for distress at the time of diagnosis or if their oncologist notices a behavioral change. The screening covers a range of possible issues, including weight loss, poor sleep, and concerns about being able to pay medical bills.

“We have learned that many patients who have cancer, not just advanced cancer, have issues that they don’t necessarily bring to the attention of their physician, and we have to inquire specifically about these issues,” Dr. Walsh said.

Patients who indicate distress in one or more areas are automatically referred to the appropriate specialist in the Department of Supportive Oncology, such as a physician, dietitian, psycho-oncologist, or social worker.

Focusing on Malnutrition Research

Since joining Levine, Dr. Walsh has focused his clinical research on malnutrition, which affects nearly every patient with cancer.

“The existence of malnutrition is a real harbinger of trouble ahead, in terms of a patient’s survival and their ability to tolerate antitumor treatment,” he said.

Even so, he added, malnutrition remains underrecognized among clinicians as a major problem for patients with cancer. He is currently working to increase awareness, in part through enhanced screening to detect malnutrition risk. Greater appreciation of the issue will help pave the way for more progress toward understanding the mechanisms of malnutrition and developing interventions to improve patients’ nutritional status.

Dr. Walsh sees many parallels between the malnutrition work being done today and the research on cancer-related pain decades ago. During his research fellowships in the United Kingdom in the 1980s, Dr. Walsh studied routes of administration of opioids for cancer pain, which helped inform clinical practice. But first, he said, “people needed to get sensitized to the fact that many patients with cancer were suffering from pain and it was unnecessary, there were means to relieve it.”

Growing Supportive Oncology

Dr. Walsh considers the award to be not only recognition of his contributions but “a salute to all of the more than 200 people in the department, and their work and accomplishments.” The department currently has 10 sections, and he expects to add two or three more as they continue to learn more about the needs of patients and their families. He and his colleagues are sharing their lessons in establishing the department with health care systems across the United States and abroad.

Dr. Walsh credits several mentors for his contributions to supportive oncology, including Dame Cicely Saunders, OM, DBE, FRCS, FRCP, FRCN, who founded modern hospice, as well as Mark G. Kris, MD, Richard J. Gralla, MD, and Howard I. Scher, MD, whom he worked with as a research fellow at Memorial Sloan Kettering Cancer Center. Dr. Walsh added that he has been inspired by the work of Eduardo Bruera, MD, FAAHPM, who [received the 2022 Walther Cancer Foundation Endowed Supportive Oncology Award](#), and Kathleen M. Foley, MD, a pioneer in care for cancer-related pain.