



An Early Palliative Care Intervention can be Confronting but Reassuring for Patients Living with Advanced Cancer

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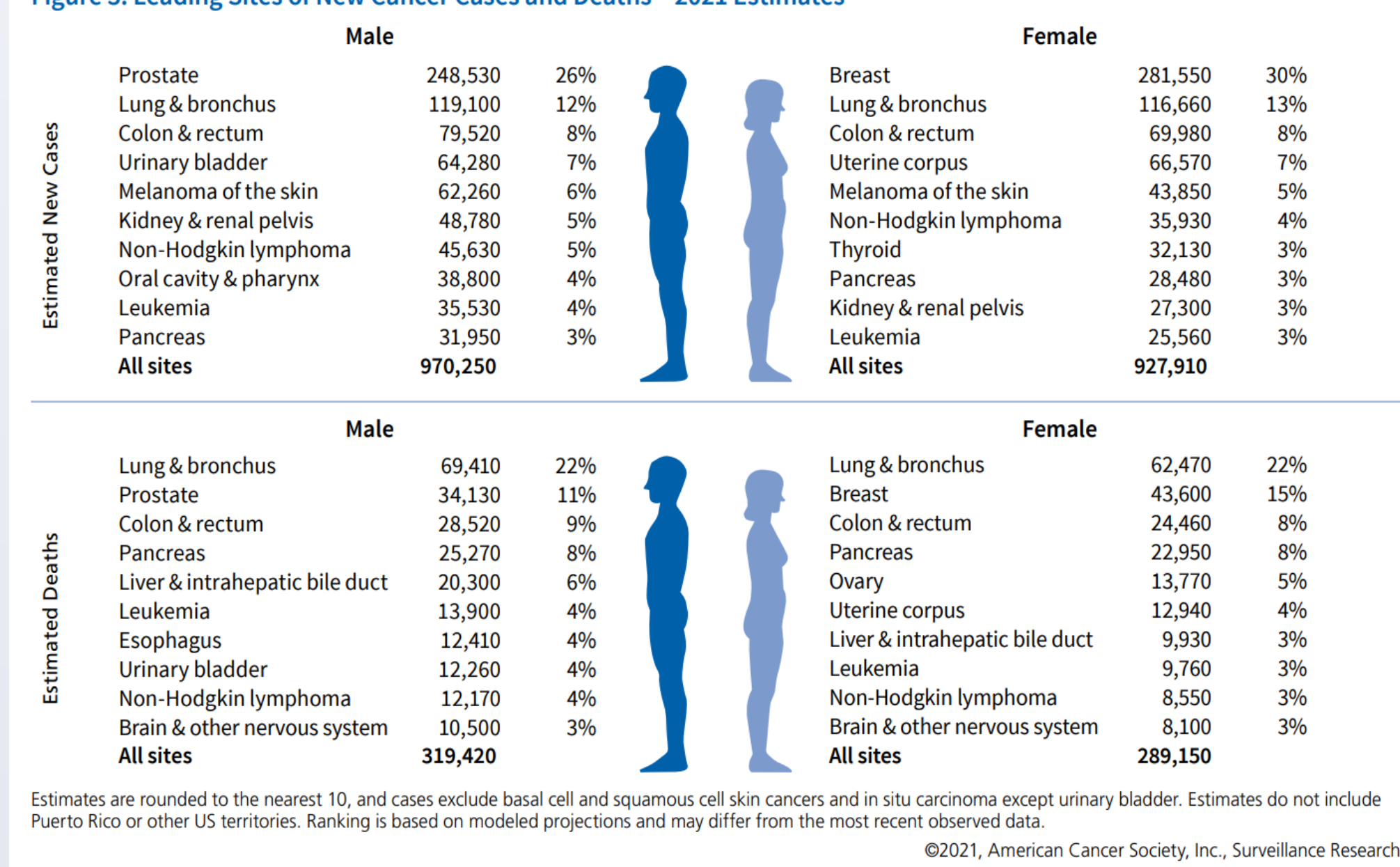
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INTRODUCTION

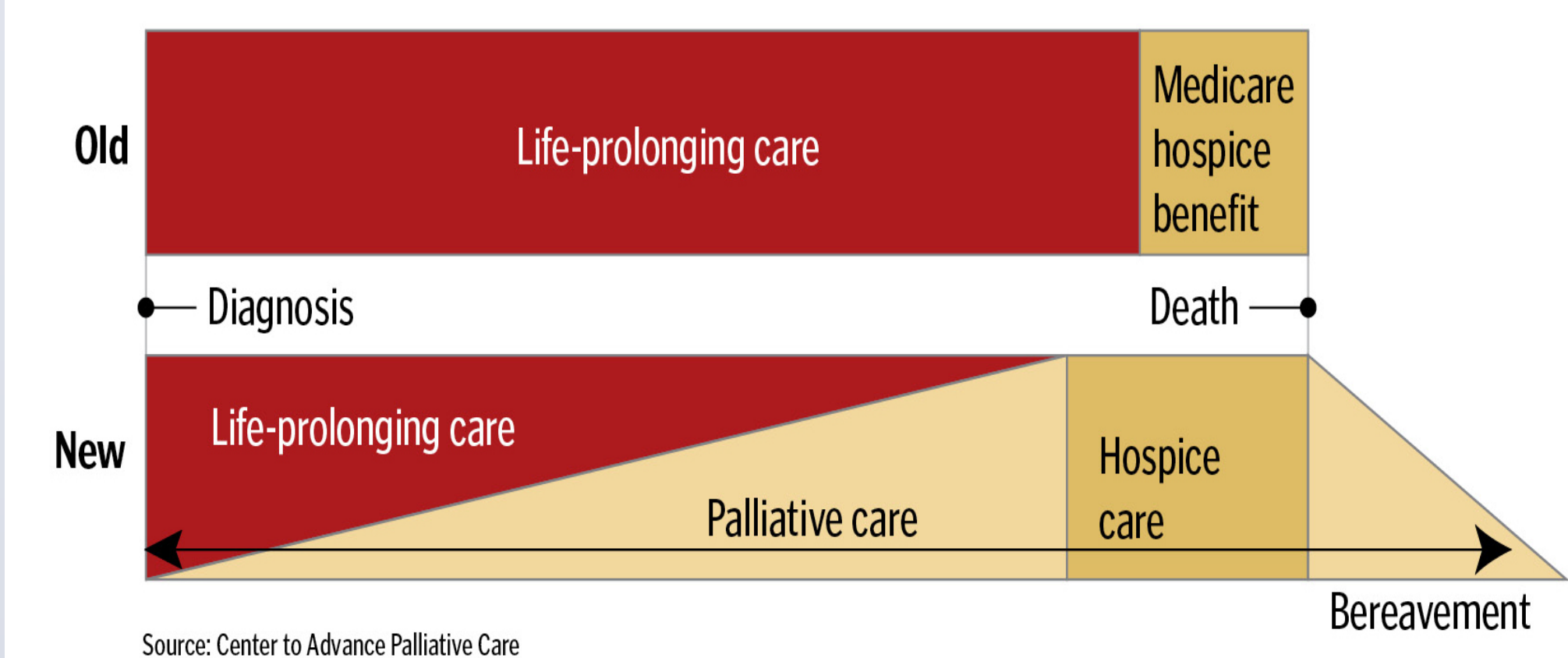
- ❖ Cancer poses a tremendous provocation to global public health and is the second leading cause of death in the United States, 1.89 million people will be diagnosed with cancer and 608,570 people will die from cancer in the United States in 2021 .
- ❖ The majority of these patients are expected to have uncontrolled distressing symptoms, such as pain, fatigue, and anxiety that negatively affect their quality of life

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2021 Estimates



- ❖ Each year, an estimated 40 million people are in need of palliative care
- ❖ Palliative care should be readily available to every patient
- ❖ Palliative care should not be limited to the last days of life, but provided progressively during the course of the disease

PALLIATIVE CARE MODELS



Palliative care in summary



OBJECTIVES

- To determine whether in patients with advanced cancer, is early integration of palliative care on top of standard care versus having standard care/curative treatment only helps improve quality of life, improve symptom control and possibly prolong life over the course of the disease.
- To enhance understanding of current guidelines recommended by experts.
- To show forth the factors hindering the appropriate referral and use of palliative care services.

METHODS

- A systematic review of six research studies was done:
- importance of early integration of palliative care as a way to better manage distressing symptoms and improve quality of life for patients with advanced cancer (Hallman & Newton, 2019).
 - effect of early palliative care integrated with standard oncologic care on patient reported outcomes, the use of health services, and the quality of end-of-life care (Temel et al., 2010).
 - Ambroggi et al. (2018) did a systemic review of studies evaluating the effect on objective and on patient-reported outcomes of the introduction of early palliative care for patients with advanced lung cancer
 - Koesel et al. (2019) utilized a within-subject pre-/post-test design to measure the self-reported patient symptom scores related to pain, fatigue, and anxiety before and after a standardized oncology palliative care consultation
 - Importance of early integrated palliative care in oncology in increasing quality of life even near end of life and not only soon after initiation of PC (Vanbutsele et al., 2020).
 - A cluster-randomized control study by Zimmermann et al. (2014) assess the effects of early palliative care in patients with advanced cancer on several aspects of quality of life.

Overall, this literature review demonstrates strong evidence that early integration of palliative care for patients with advanced cancer is beneficial for both patients and family members in helping reduce distressing symptoms, improve quality of life and improve functionality for patients, and help family members better cope with the prognosis of their loved ones, gives data on factors hindering the use of palliative care and provided recommendations for future practice. Findings on practice outcome and recommendations are summarized.

RESULTS

- Hallman & Newton, 2019.
- The study found that incorporation of palliative care into outpatient oncology clinics presented reduction in symptom burden, financial burden, and emergency department visits for symptom management.
 - PC also facilitates increased communication between patients and providers.

Palliative Care Components

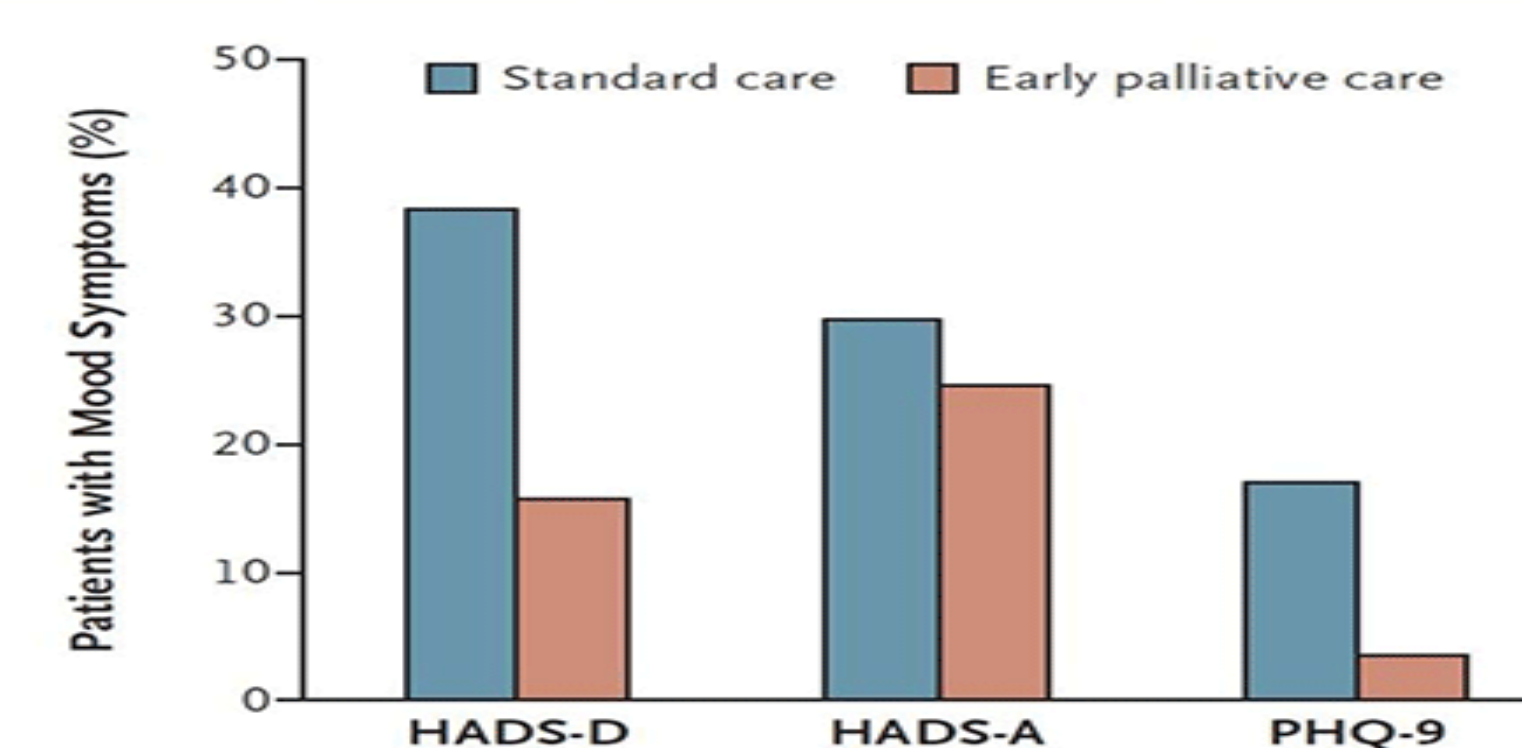


RESULTS

- Temel et al., 2010.
- patients assigned to early palliative care had a better quality of life than those patients assigned to just standard care
 - Patient survival was prolonged by 2 months and needed less aggressive end-of-life care as compared to the control group.
- Ambroggi et al. 2018.
- Depression rates were significantly lower in patients enrolled in early palliative care and their quality of life improved.

Table 2. Bivariate Analyses of Quality-of-Life Outcomes at 12 Weeks.*

Variable	Standard Care (N=47)	Early Palliative Care (N=60)	Difference between Early Care and Standard Care (95% CI)	P Value†	Effect Size‡
FACT-L score	91.5±15.8	98.0±15.1	6.5 (0.5–12.4)	0.03	0.42
LES score	19.3±4.2	21.0±3.9	1.7 (0.1–3.2)	0.04	0.41
TOI score	53.0±11.5	59.0±11.6	6.0 (1.5–10.4)	0.009	0.52



- Koesel et al. 2019.
- Patient's physical distress improved by knowing that their loved ones were supported
 - pain, fatigue, and anxiety ESAS scores were statistically lower in the patients that had palliative care.
- Vanbutsele et al., 2020.
- patients in the intervention group scored significantly higher on global health status/QOL
 - Early integrated PC in oncology, as opposed to PC on demand, results in improved QOL at the EOL

- Zimmermann et al. 2014.
- Although the difference in quality of life was non-significant at the primary endpoint, this trial shows promising findings that support early palliative care for patients with advanced cancer

LIMITATIONS

- ❖ Late referrals to palliative care
- ❖ lack of training and awareness amongst healthcare providers
- ❖ Oncologists are afraid of disappointing or giving up on their patients
- ❖ Patients have a misunderstanding of what palliative care is and often confuse it with hospice care.

RECOMMENDATIONS

- According to the National Comprehensive Cancer Network (NCCN), the following recommendations are suggested:
- ❖ Oncology clinics should set up tools to help structure early palliative care conversations with patients
 - ❖ Oncology offices should have a palliative care team as part of the oncology team and once the oncologist diagnoses a patient with advanced cancer, then the palliative care team should be introduced to the patient and their caregivers.
 - ❖ educational programs should be provided to all health care professionals and trainees to help them better understand and develop effective palliative care knowledge, skills, and attitudes
 - ❖ All cancer patients should be screened for palliative care needs at their initial visit, at appropriate intervals, and as clinically indicated

CONCLUSIONS

- ❑ when palliative care is introduced early on in the disease process for patients with advanced cancer, patient's symptoms are better managed and their quality of life is improved
- ❑ Patient's physical distress improves by knowing that their loved ones were supported
- ❑ more should be done to remove the barriers that come between the patient and them getting introduced to palliative care
- ❑ The palliative care team is able to have difficult discussions about quality of life and end of life with the patient.
- ❑ Health care professionals should be better educated and equipped to discuss palliative care with their patients.
- ❑ Patients and their families have a misconception of what palliative care is all about.

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