The effects of early and systematic integration of palliative care in multidisciplinary oncology care
I have no real or apparent conflicts of interest to report.
Early palliative care in oncology
Early palliative care in oncology
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Belgium
Referral to specialised palliative care

Timing

- Breast: 29 days
- Respiratory: 20 days
- Hematological: 14 days
RANDOMISATION

Baseline

Design

Early and systematic palliative care integrated in oncology care

Usual oncology care
Palliative care on demand

12 weeks 18 weeks
Advanced cancer disease (solid) with a life-expectancy of one year

Primary objective
Quality of life (EORTC QLQ C30 – global health/quality of life scale)

Secondary objectives
Quality of life (EORTC QLQ C30 – McGill Quality of Life)
Survival
Mood, illness understanding
Intervention

• Training

• Semi-structured monthly consultations primarily **by PC nurses**

• Symptom assessment (Edmonton Symptom Assessment Scale)

• Integration in oncology care
Flowchart

358 eligible

82 study not offered
  32 oncologists reported study as not appropriate
  50 not offered due to other reasons (e.g., forgotten, time constraint, etc)
90 patient refused participation

186 enrolled and randomly assigned
## Patient characteristics

<table>
<thead>
<tr>
<th>Cancer n (%)</th>
<th>Control (n= 94)</th>
<th>Intervention (n=92)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal</td>
<td>36 (38)</td>
<td>35 (39)</td>
</tr>
<tr>
<td>Lung</td>
<td>26 (28)</td>
<td>25 (28)</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>6 (6)</td>
<td>9 (10)</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>12 (13)</td>
<td>7 (8)</td>
</tr>
<tr>
<td>Breast</td>
<td>7 (7)</td>
<td>7 (8)</td>
</tr>
<tr>
<td>Melanoma</td>
<td>7 (7)</td>
<td>8 (9)</td>
</tr>
<tr>
<td>Age mean (SD)</td>
<td>63.8 ±9.36</td>
<td>64.3 ±9.39</td>
</tr>
<tr>
<td>Women n (%)</td>
<td>25 (27)</td>
<td>33 (36)</td>
</tr>
</tbody>
</table>
Number of consultations by PC team

- Usual Care: 56% (0 consultations), 39% (1 to 5 consultations), 5% (5 to 10 consultations), 28% (11 or more consultations)
- Early and systematic integration: 8% (0 consultations), 39% (1 to 5 consultations), 5% (5 to 10 consultations), 25% (11 or more consultations)

Consultations: 0 to 5, 5 to 10, 11 or more
## QOL EORTC QLQ C30
### Global Health Status/QOL Scale

<table>
<thead>
<tr>
<th></th>
<th>Control Mean score; Baseline adjusted (95% CI)</th>
<th>Intervention Mean score; Baseline adjusted (95% CI)</th>
<th>Change score baseline adjusted (95% CI)</th>
<th>P-value</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12 weeks</strong></td>
<td>54.39 (49.23-59.56)</td>
<td>61.98 (57.02-66-95)</td>
<td>7.60 (0.59-14.60)</td>
<td>0.03</td>
<td>0.4</td>
</tr>
<tr>
<td>(Primary outcome)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18 weeks</strong></td>
<td>54.70 (49.09-60.32)</td>
<td>64.18 (58.78-69.59)</td>
<td>9.48 (2.13-16.82)</td>
<td>0.01</td>
<td>0.5</td>
</tr>
</tbody>
</table>
## McGill QOL Single Item Scale

<table>
<thead>
<tr>
<th></th>
<th>Control Mean score; Baseline adjusted (95% CI)</th>
<th>Intervention Mean score; Baseline adjusted (95% CI)</th>
<th>Change score baseline adjusted (95% CI)</th>
<th>P-value</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12 weeks</strong></td>
<td>5.94 (5.50-6.39)</td>
<td>7.05 (6.59-7.50)</td>
<td>1.11 (0.49-1.73)</td>
<td>&lt; 0.001</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>18 weeks</strong></td>
<td>5.51 (4.96-6.07)</td>
<td>7.00 (6.45-7.55)</td>
<td>1.48 (0.75-2.22)</td>
<td>&lt; 0.001</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Number of consultations by the psychologist of the oncology team

Usual care
- 78% received 0 consultations
- 63% received 1 or 2 consultations
- 16% received 3 or more consultations

Systematic early integration
- 23% received 0 consultations
- 14% received 1 or 2 consultations
- 6% received 3 or more consultations
Patient: QOL at the end-of-life
(EORTC QLQ C30 global health status/QOL-Scale)
When early integrated PC vs on-demand PC:

Positive effect on QOL soon after diagnosis and near the end of life

Patients and palliative care professionals have more time
- to build a relationship
- to focus on coping with the progressive and worsening illness
- to address decision making in relation to cancer treatment and end-of-life care
- to enhance symptom assessment and management.
Future work

Sustainability
  Less than monthly consultations
Integration
  Effect on oncology care
Raising awareness for palliative care
  Palliative care perceived as threatening
Early palliative care in hematologic malignancies
  Median referral of 14 days