2019
21 - 23 JUNE
SAN FRANCISCO
SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE
The effects of early and systematic integration of palliative care
in multidisciplinary oncology care
MASCC/ISOO
Annual Meeting on Suppportive Care in Cancer
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MASCC
Multinational Association
of Supportive Care in Cancer
ISOO
INTERNATIONAL SOCIETY
of ORAL ONCOLOGY
#MASCC19

Conflict of Interest Disclosure

Gaëlle Vanbutsele, PhD

I have no real or apparent conflicts of interest to report.

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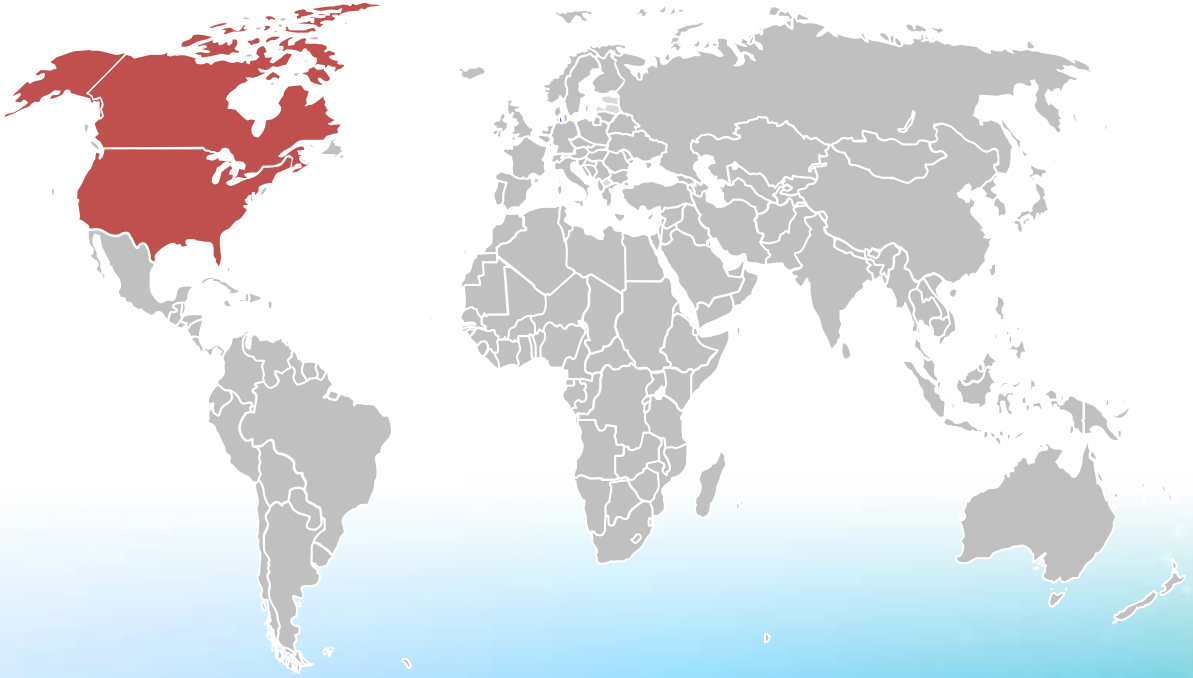
Early palliative care in oncology



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Early palliative care in oncology

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Early palliative care in oncology

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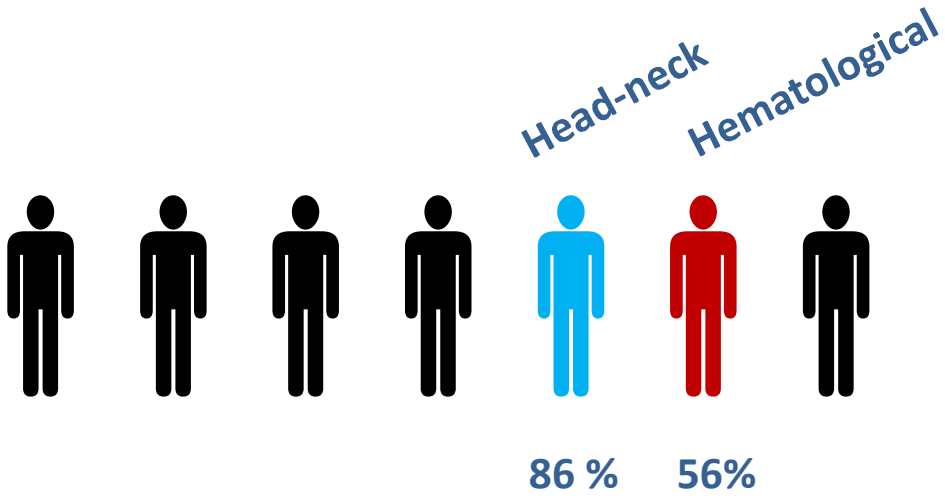
Referral to specialised palliative care



Vanbutsele G., Deliens L., Cocquyt V., Cohen J., Pardon, K., Chambaere K. Use and timing of referral to specialized palliative care services for people with cancer: A mortality follow-back study among treating physicians in Belgium. Plos One, 2019.

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Timing

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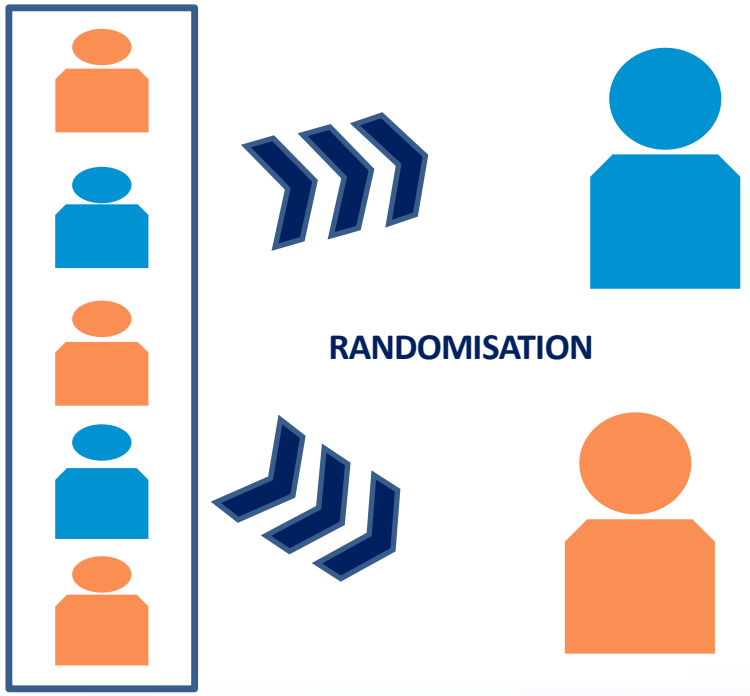
Design



RANDOMISATION

Early and systematic palliative care

integrated in oncology care

Usual oncology care

Palliative care on demand

Baseline

12 weeks

18 weeks

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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 assesment (Edmonton Symptom Assessment Scale)
- Integration in oncology care

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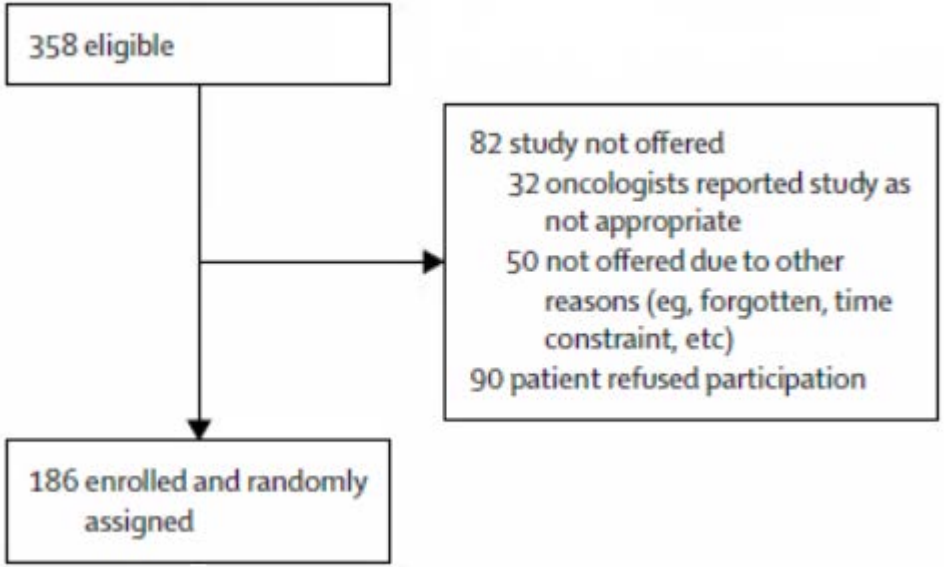
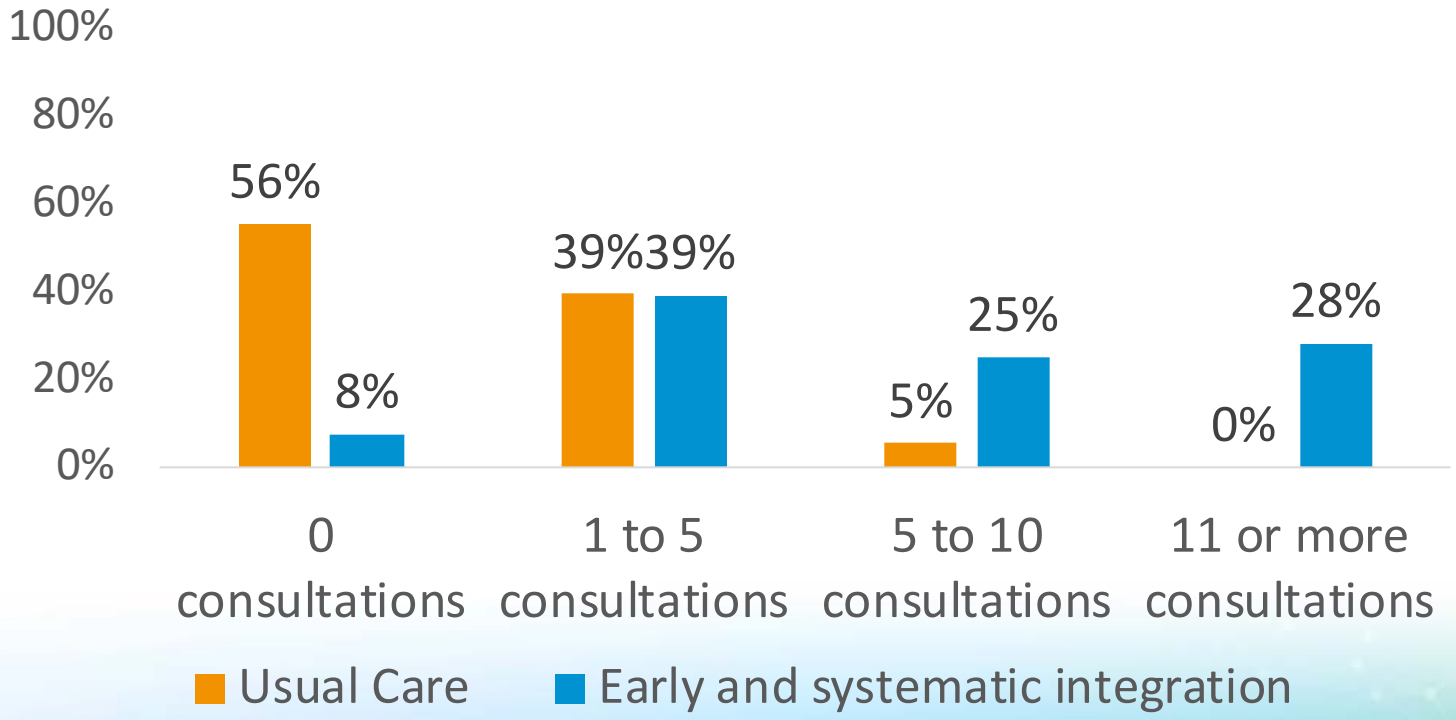
Flowchart


358 eligible
82 study not offered
32 oncologists reported study as not appropriate
50 not offered due to other reasons (eg, forgotten, time constraint, etc)
90 patient refused participation
186 enrolled and randomly assigned

Patient characteristics

		Control (n= 94)	Intervention (n=92)
Cancer n (%)	Gastrointestinal	36 (38)	35 (39)
	Lung	26 (28)	25 (28)
	Genitourinary	6 (6)	9 (10)
	Head & Neck	12 (13)	7 (8)
	Breast	7 (7)	7 (8)
	Melanoma	7 (7)	8 (9)
Age mean (SD)		63.8 ±9.36	64.3 ±9.39
Women n (%)		25 (27)	33 (36)

Number of consultations by PC team



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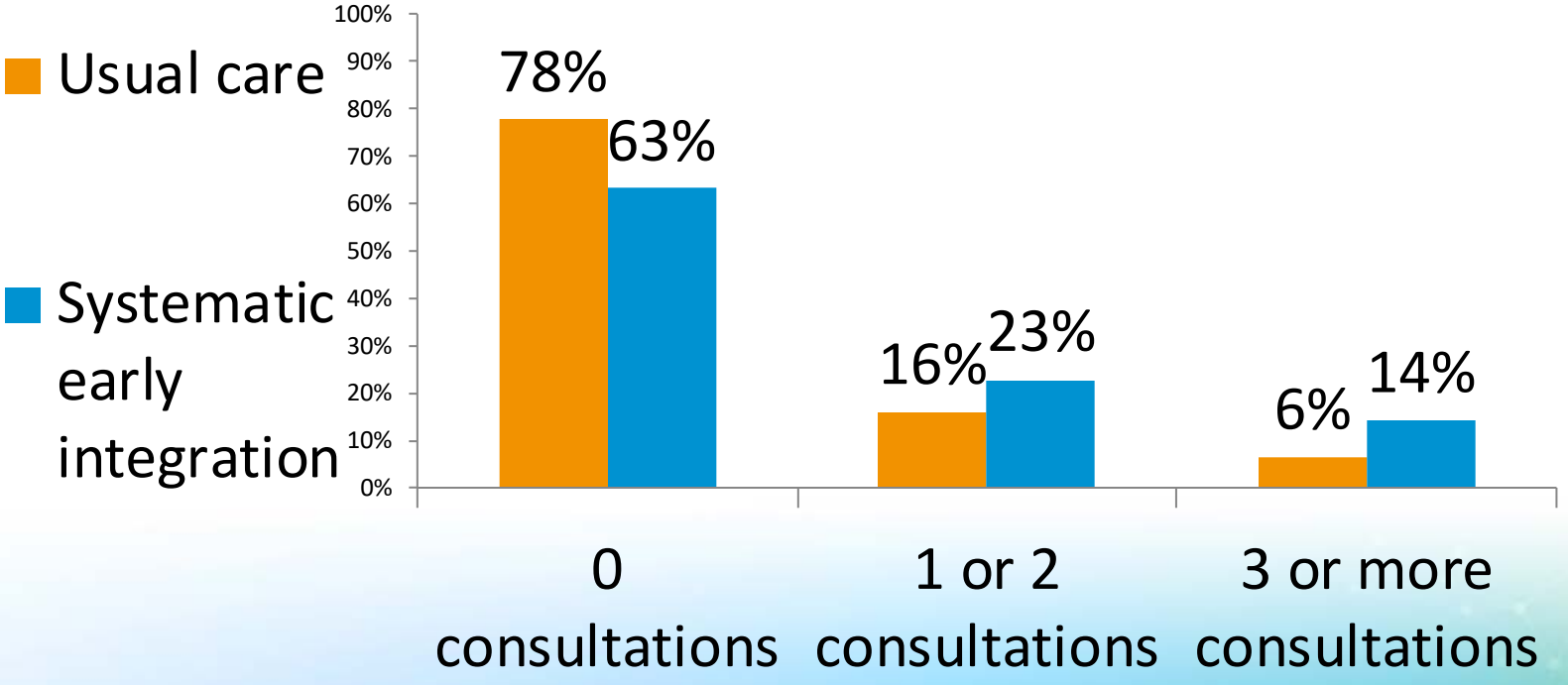
QOL EORTC QLQ C30 global health status/QOL scale

	Control Mean score; Baseline adjusted (95% CI)	Intervention Mean score; Baseline adjusted (95% CI)	Change score baseline adjusted (95% CI)	P-value	Effect size
12 weeks (Primary outcome)	**54.39 (49.23-59.56)**	**61.98 (57.02-66-95)**	**7.60 (0.59-14.60)**	**0.03**	**0.4**
18 weeks	54.70 (49.09-60.32)	64.18 (58.78-69.59)	9.48 (2.13-16.82)	0.01	0.5

McGill QOL Single Item Scale

	Control Mean score; Baseline adjusted (95% CI)	Intervention Mean score; Baseline adjusted (95% CI)	Change score baseline adjusted (95% CI)	P-value	Effect size
12 weeks	5.94 (5.50-6.39)	7.05 (6.59-7.50)	1.11 (0.49-1.73)	< 0.001	0.6
18 weeks	5.51 (4.96-6.07)	7.00 (6.45-7.55)	1.48 (0.75-2.22)	< 0.001	0.8

Number of consultations by the psychologist of the oncology team



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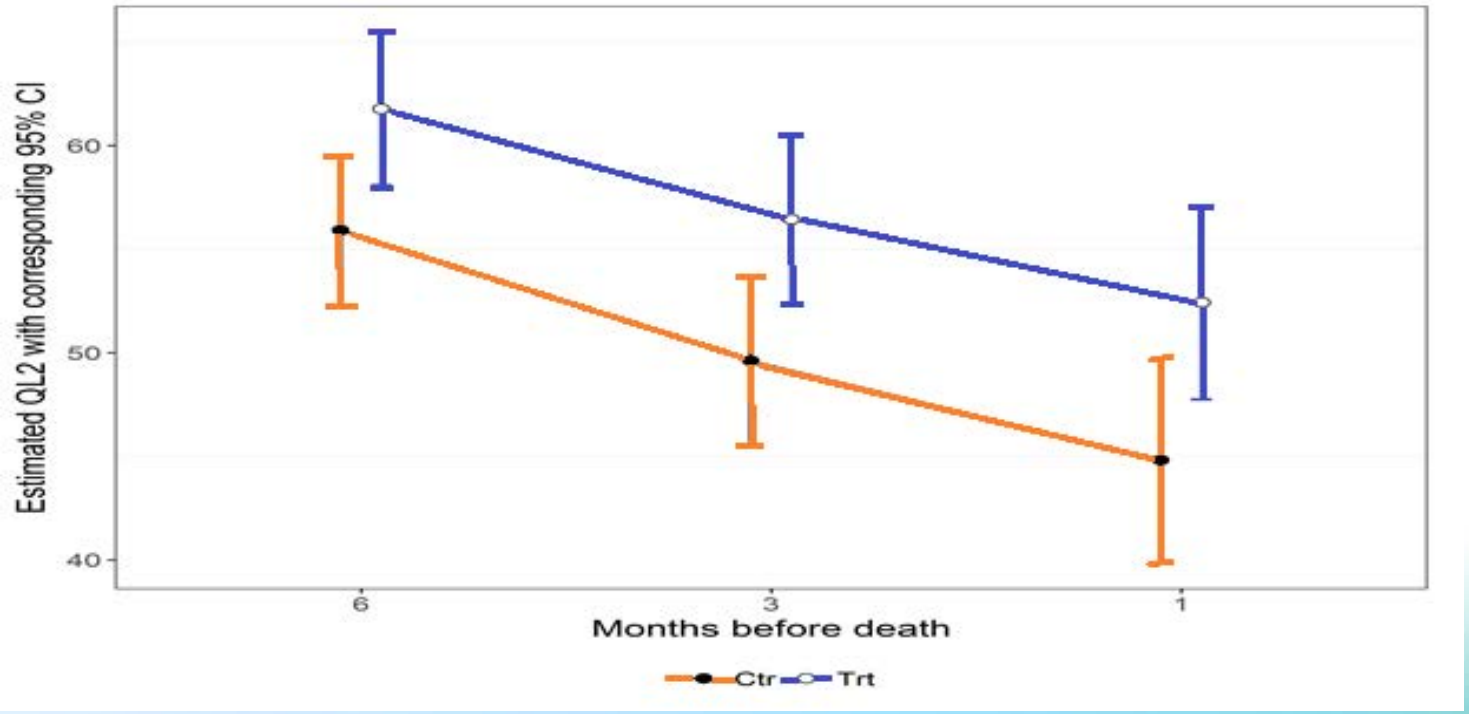
Patient: QOL at the end-of-life
(EORTC QLQ C30 global health status/QOL-Scale)



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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.

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Future work

Sustainabilty

Less than monthly consultations

Integration

Effect on oncology care

Raising awareness for palliative care

Palliative care percieved as threatening

Early palliative care in hematologic malignancies

Median referral of 14 days

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