

The Evidence Base for “Early” Palliative Care

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Key Takeaways

Currently, “early” palliative care is defined as ≤ 8 weeks from incurable diagnosis

Early palliative care occurs in the *outpatient* setting

Early is going to become more difficult to define given growing prognostic uncertainty

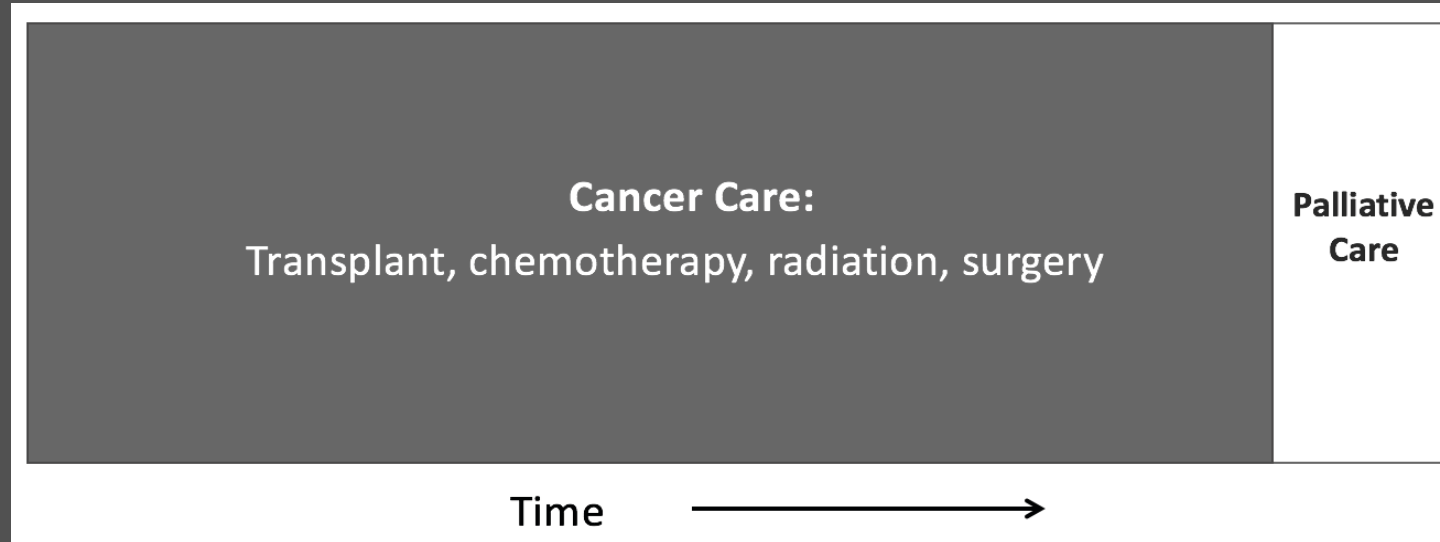
Palliative care utilization should be based on need not prognosis

Palliative Care (PC) Compared to Hospice Care



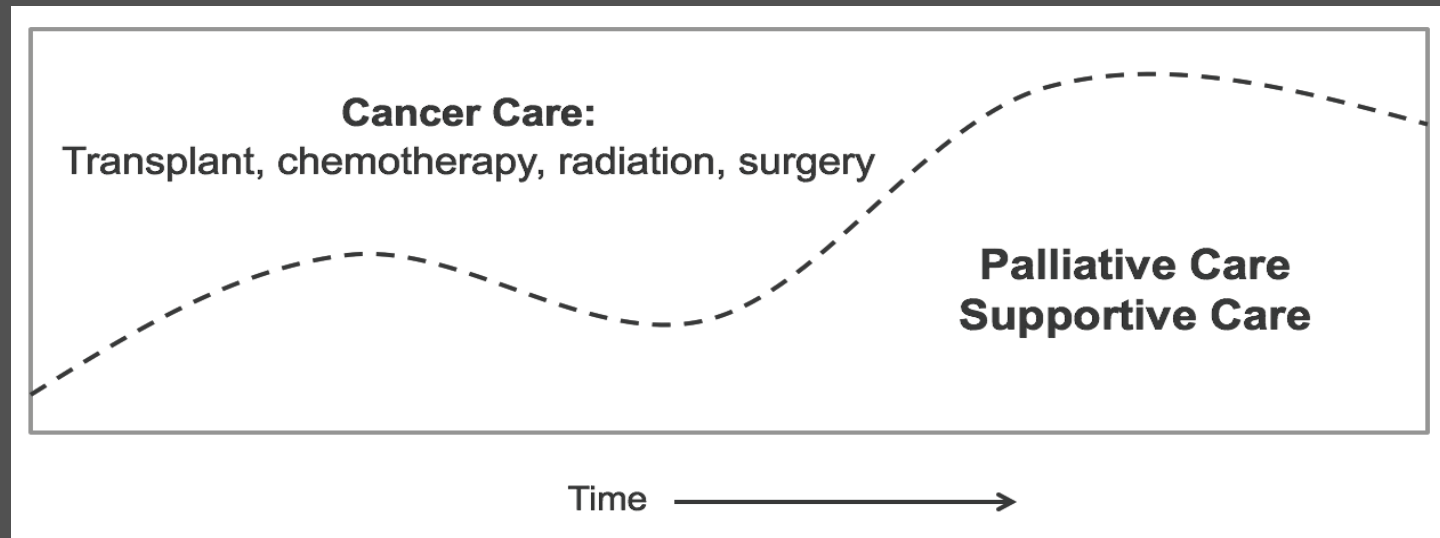
PC Integration

Old
approach

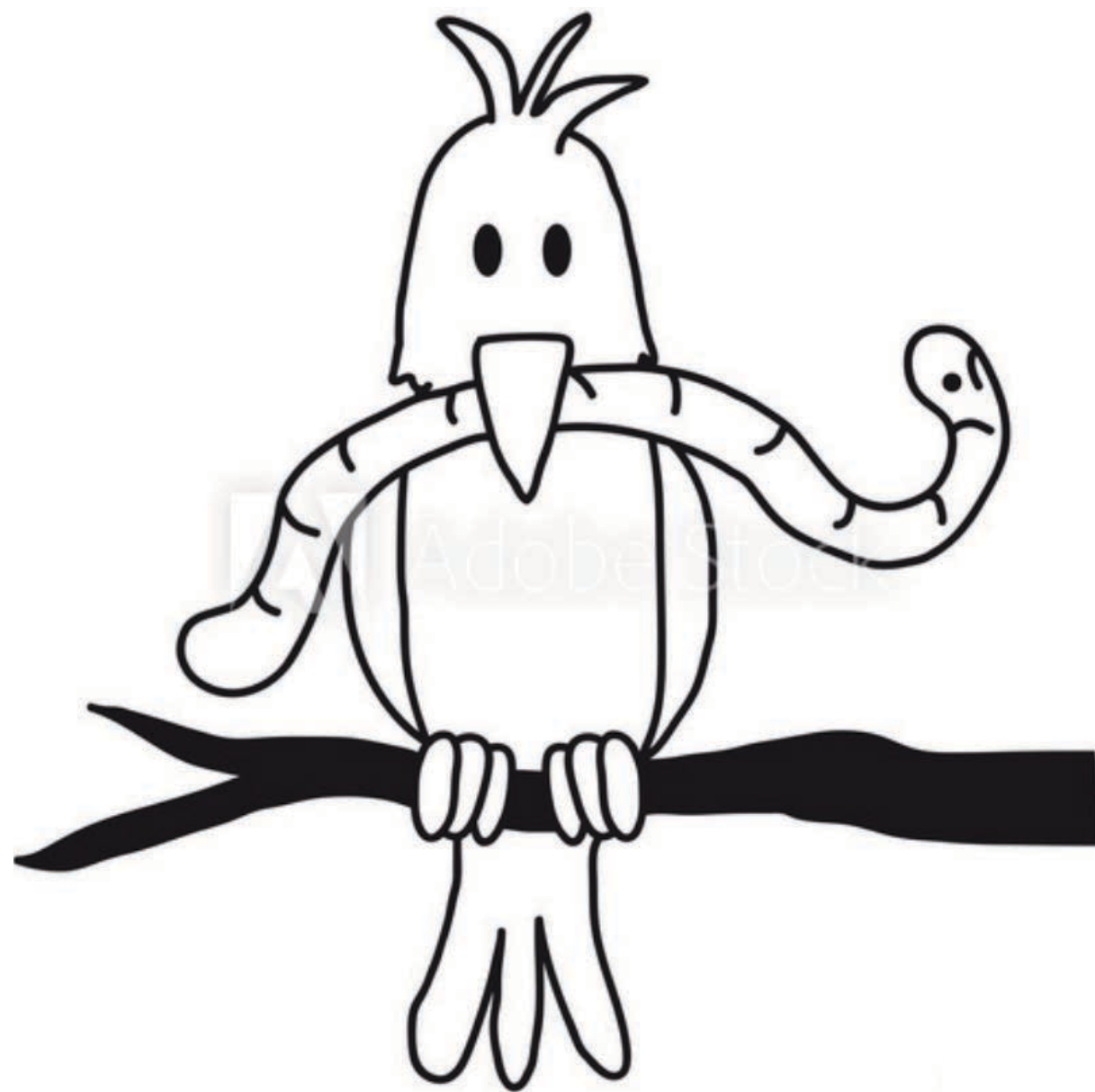


“Over-the-cliff”
model

New,
evidence-
based
approach



Early,
simultaneous
integration



10 Randomized PC Trials in Cancer

Bakitas et al, JAMA 2009

Temel et al, NEJM 2010

Zimmerman et al, Lancet 2014

Bakitas et al, JCO 2015

Grudzen et al, JAMA 2016

El-Jawahri et al, JAMA 2016

Temel et al, JCO 2016

Maltoni et al, European J of Cancer 2016

Vanbutsele et al, Lancet 2018

Scarpi et al, Support Care Cancer 2019

Early PC Studies

Study	Early	Intervention	Control	Outcomes
Bakitas et al, 2009 (USA)	8-12 weeks of advanced solid tumor cancer, prognosis <1 year	n=161 Telephone-based,, nursing-led psychoeducational intervention	n=161 Usual care	Improved QOL
Temel et al, 2010 (USA)	8 weeks of incurable lung cancer	n=77 Early integrated PC with monthly outpatient PC clinic visits	n=74 Usual care	Improved QOL, reduced healthcare utilization, improved survival
Zimmermann et al, 2014 (Canada)	Prognosis 6-24 months, incurable (lung, GI, GU, Gyn) cancer	n=228 PC consultation and at least monthly follow-up in PC clinic	n=233 Usual care	Improved QOL, reduced healthcare utilization
Bakitas et al, 2015 (USA)	<2 months of diagnosis, prognosis of 6-24 months, advanced stage solid tumor or hematologic malignancy	n=104 Outpatient in-person PC consult, 6 weekly telephone session by advanced practice nurse	n=103 Delayed 3 months after diagnosis	Improved 1-year survival

Early PC Studies

Study	Early	Intervention	Control	Outcomes
Grudzen et al, 2016 (USA)	Advanced stage solid tumor, no defined time interval	n=69 PC consultation by inpatient team, refer to outpatient PC clinic	n=67 Usual care	Improved QOL
El-Jawahri et al, 2016 (USA)	At time of stem cell transplant	n=79 Inpatient PC evaluation > 2x/week	n=81 Usual care	Improved QOL
Maltoni et al, 2016 (Italy)	8 weeks, incurable pancreatic cancer	n=107 Early, systematic PC	n=100 Usual Care	Improved QOL
Temel et al, 2016 (USA)	8 weeks, incurable lung or non-colorectal GI cancer	n=175 Monthly outpatient PC clinic visits	n=175 Usual care	Improved QOL (lung)
Vanbutsele et al, 2018 (Belgium)	<12 weeks of incurable solid tumor, prognosis <1 year	n=92 Early, systematic PC	n=94 Usual care	Improved QOL
Scarpi et al, 2019 (Italy)	<8 weeks of incurable gastric cancer, life expectancy >2 months	n=91 Early, systematic PC	n=95 Usual care	Improved QOL

PC Integration Outcomes

All show improvement in QOL

Some show decreased caregiver burden, improved coping, improved prognostic awareness, less depression, and reduced care

One study showed improved overall survival (Temel et al, NEJM 2010)

To date, *no* palliative care study in oncology has shown harm

Early PC is ≤ 8 weeks of
incurable diagnosis

Early PC occurs in the
outpatient setting, before a
crisis

↑ Prognostic uncertainty in cancer

*How do we know what
“incurable” means today and in
the future?*

Integrating PC



The diagram consists of two large, white, stylized arrows pointing in opposite directions, one to the left and one to the right, set against a dark gray background. The left arrow contains the word 'Prognosis' in its center and 'Past' at its base. The right arrow contains the word 'Need' in its center and 'Future' at its base. A thin white horizontal line is positioned above the arrows.

Prognosis

Past

Need

Future

Novel Models of PC Integration



Telemedicine - clinician to patient



E-consult – clinician to clinician



Home PC services

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Early is going to become more difficult to define given growing prognostic uncertainty in cancer care

Palliative care utilization should be based on need not prognosis

Thank you

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References

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