END-OF-LIFE CARE RESEARCH GROUP

UNIVERSITEIT GENT VUB

UZ GENT

# Early and systematic integration of palliative care in oncology care

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fwo Opening new horizons

Kom op tegen Kanker

Universitair Ziekenhuis Brussel

# Conflict of Interest Disclosure

Gaëlle Vanbutsele, PhD

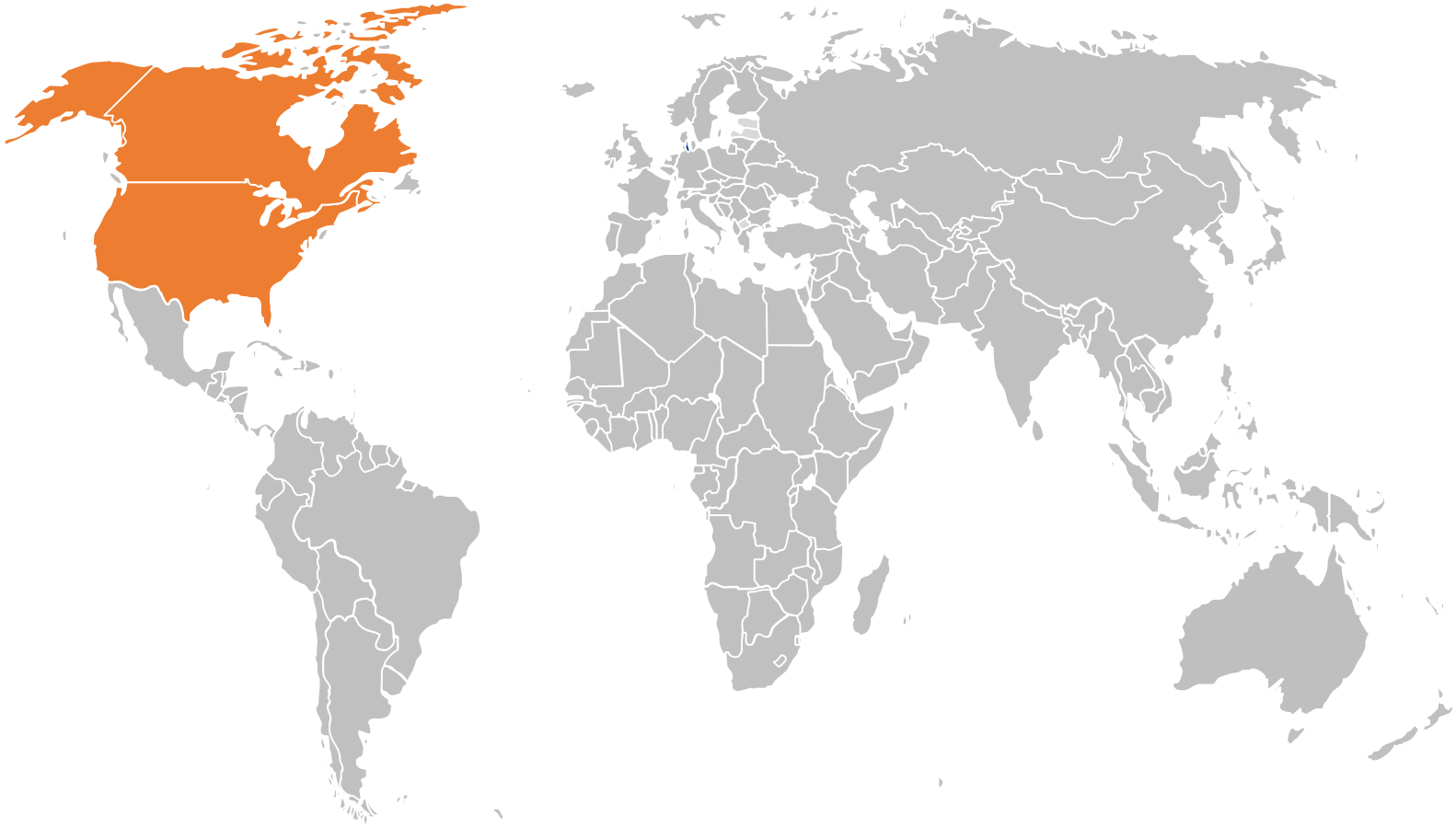
I have no real or apparent conflicts of interest to report.

- Old Model

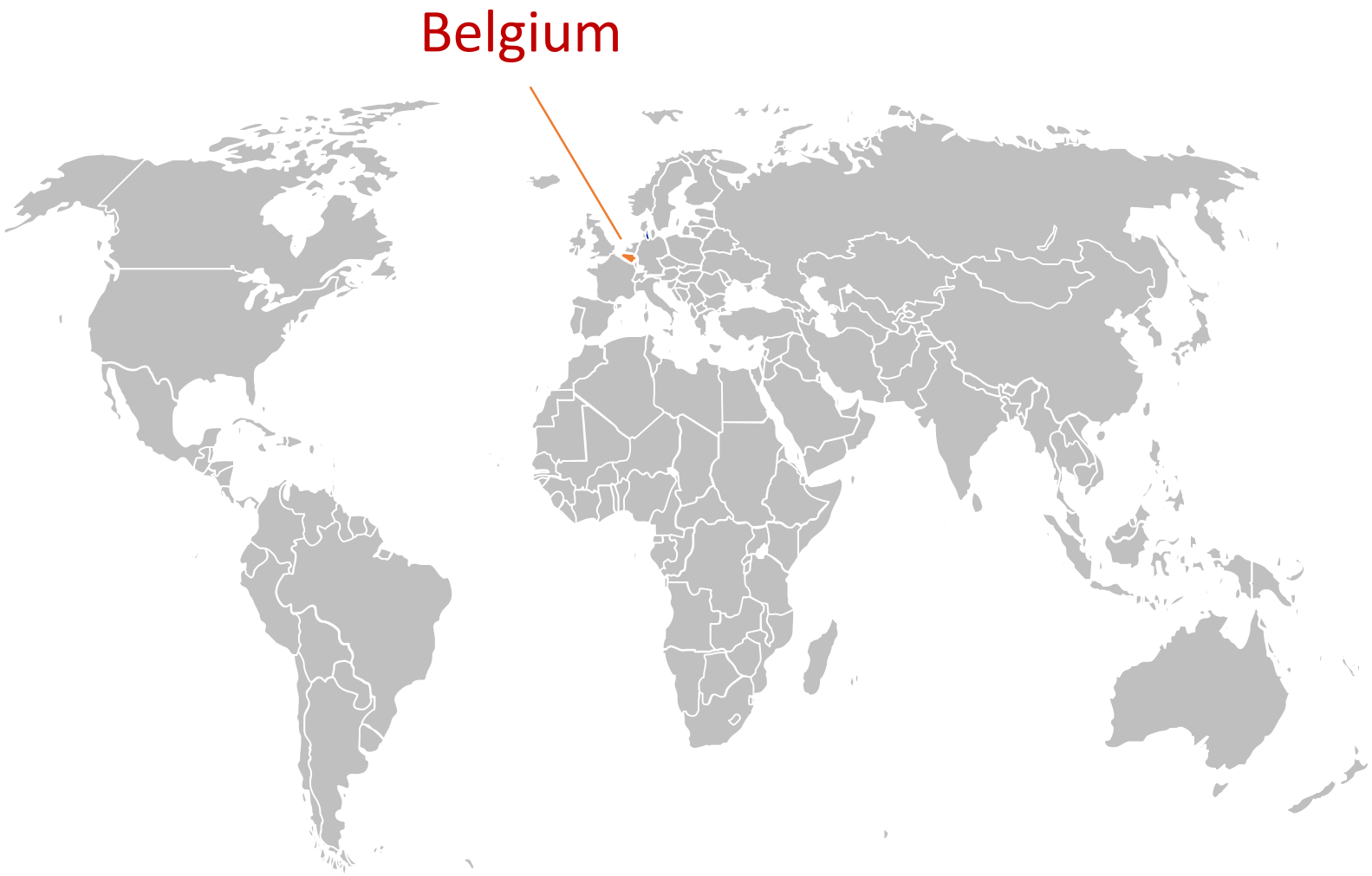

- New Model


Adapted from: Lynn, J. (2005). Living long in fragile health: The new demographics shape end of life care. *Hastings Center Report,* Spec No: S14-18.

# Early palliative care in oncology



# Early palliative care in oncology



# Belgium

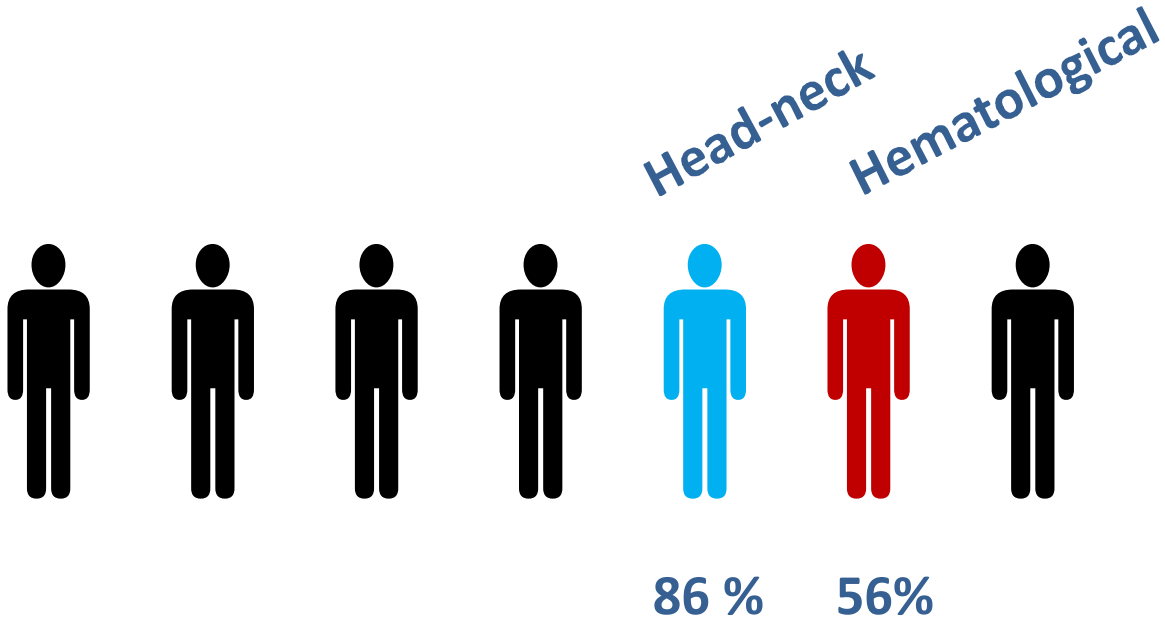
Patients are standardly offered (free of charge) consultations with:

- Nurse specialist
- Dietician
- Psychologist
- Social worker

Palliative care (free of charge) consultations:

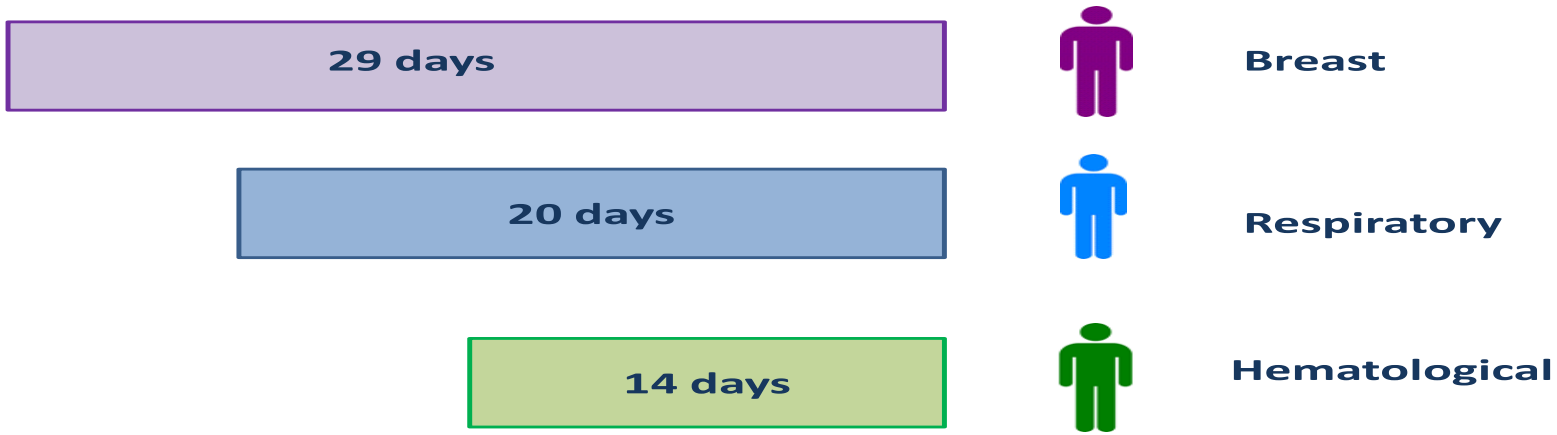
- On demand

# Referral to specialised palliative care



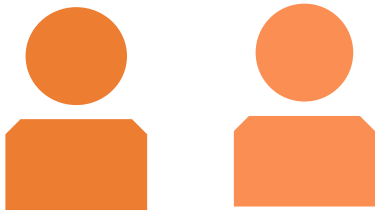

Vanbutsele G., Deliens L., Cocquyt V., Cohen J., Pardon, K., Chambaere K. Use and timing of referral to specialized palliative care services for people with cancer: A mortality follow-back study among treating physicians in Belgium. Plos One, 2019.

# Timing



# Aim

**What is the effect of early and systematic integration of palliative care in multidisciplinary oncology care in patients with advanced cancer?**



## Advanced cancer disease (solid) with a life-expectancy of one year

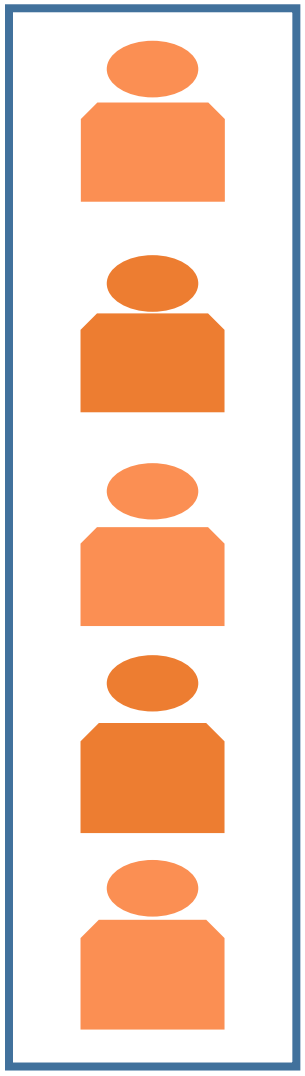
## Primary objective

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
Frequency of consultations by paramedical professionals

# Design



RANDOMISATION

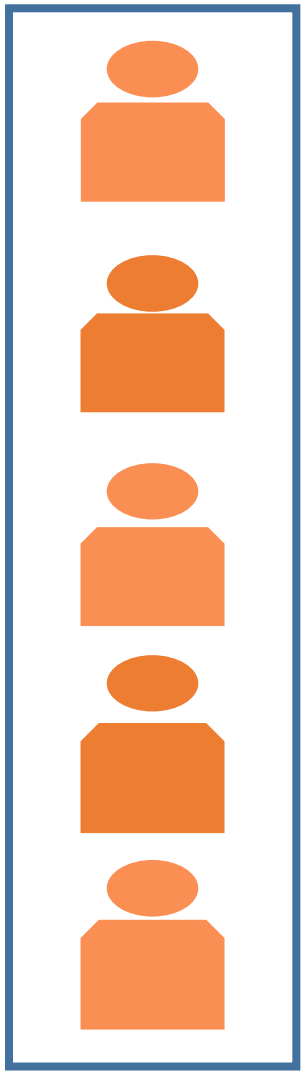
Early and systematic palliative care

integrated in oncology care

Usual oncology care

Palliative care on demand

# Design



RANDOMISATION

Early and systematic palliative care

integrated in oncology care

Usual oncology care

Palliative care on demand

**Baseline**

**12 weeks**

**6 weekly untill death**

Training

Semi-structured monthly consultations primarily by PC nurses

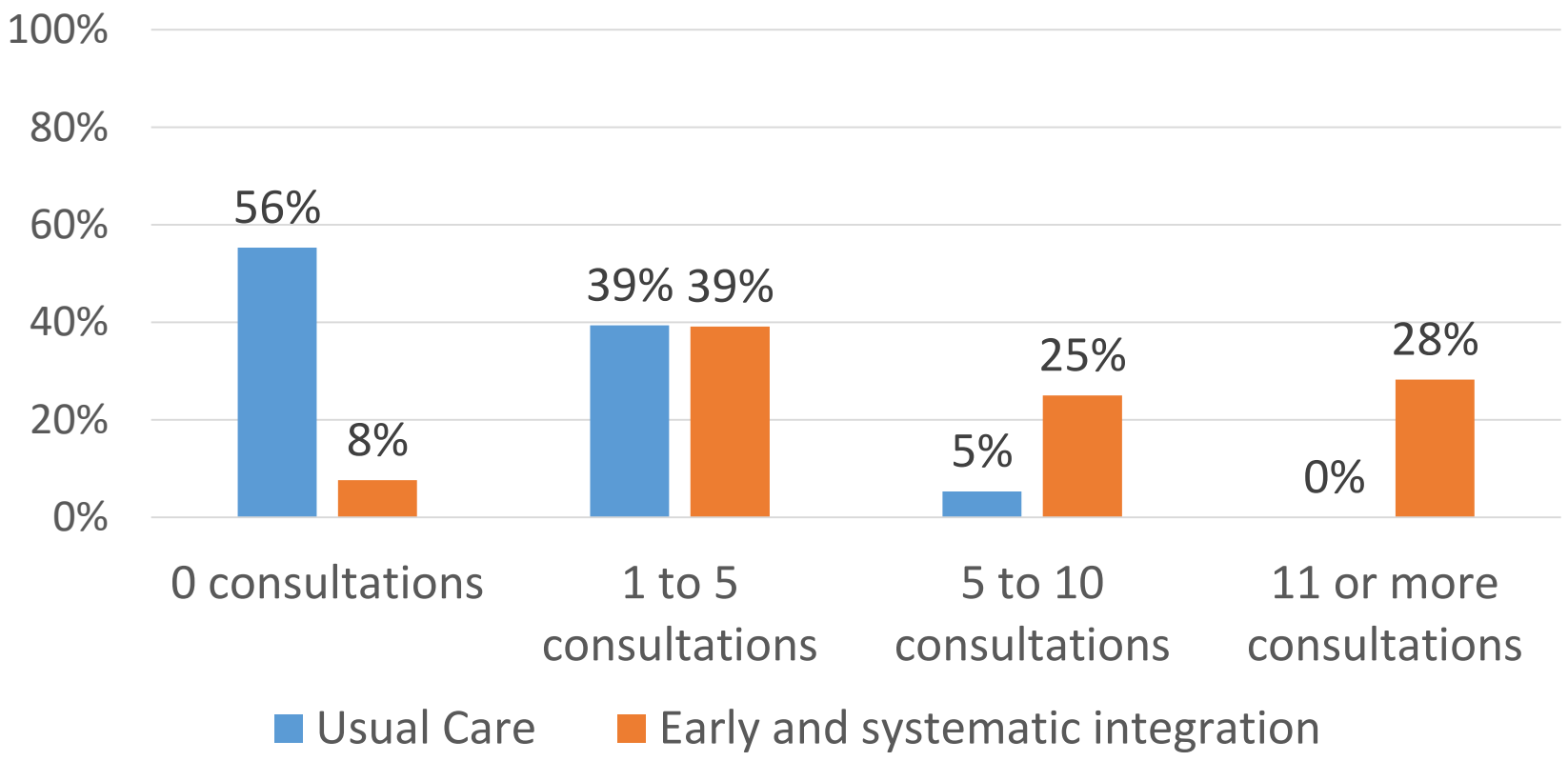
Symptom assesment (Edmonton Symptom Assessment Scale)

Integration in oncology care

# 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) |

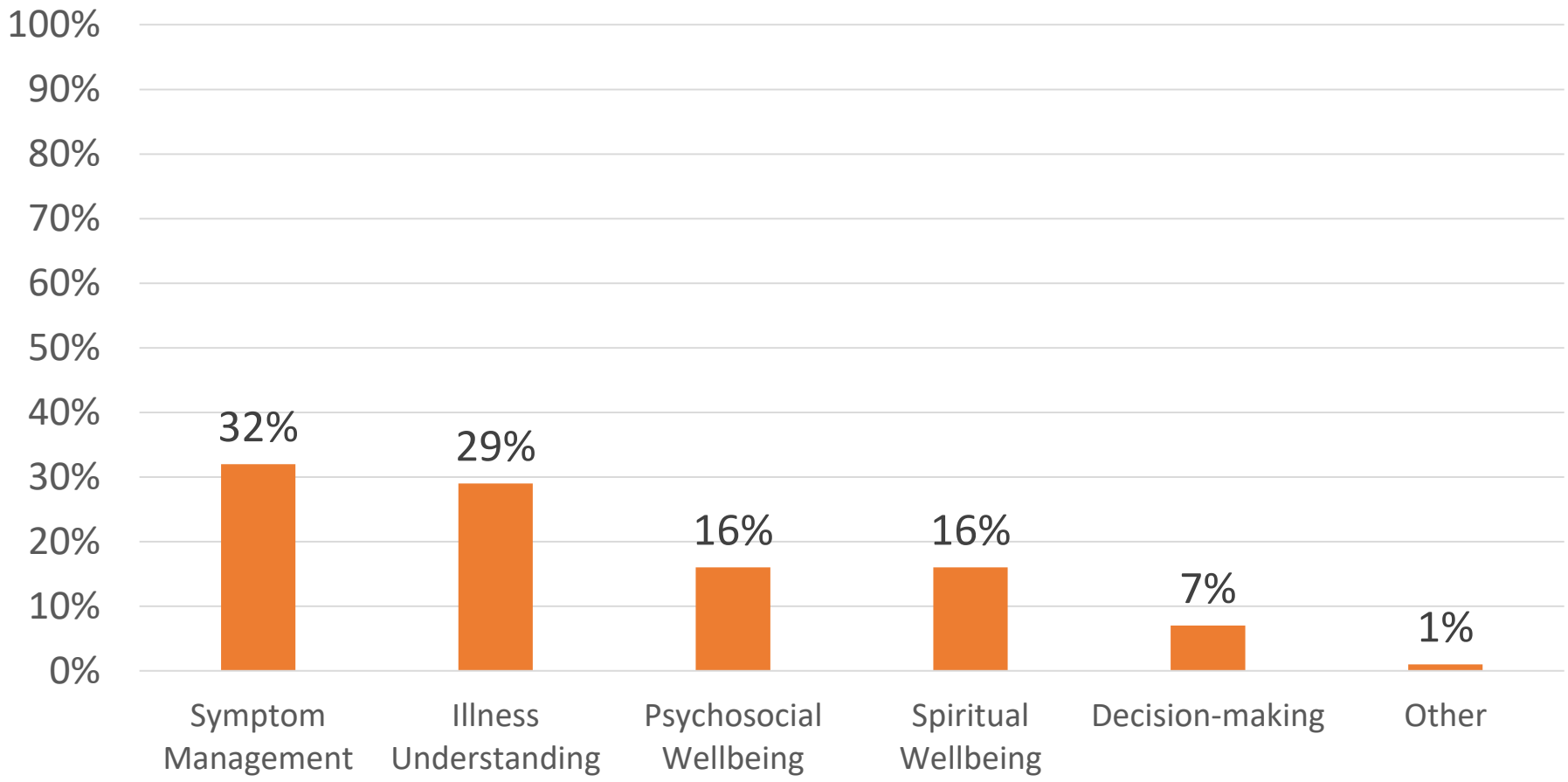
# Number of consultations by PC team



# Aim

**What is the effect of early and systematic integration of palliative care in multidisciplinary oncology care in patients with advanced cancer within 3 months after baseline?**

# Different components discussed



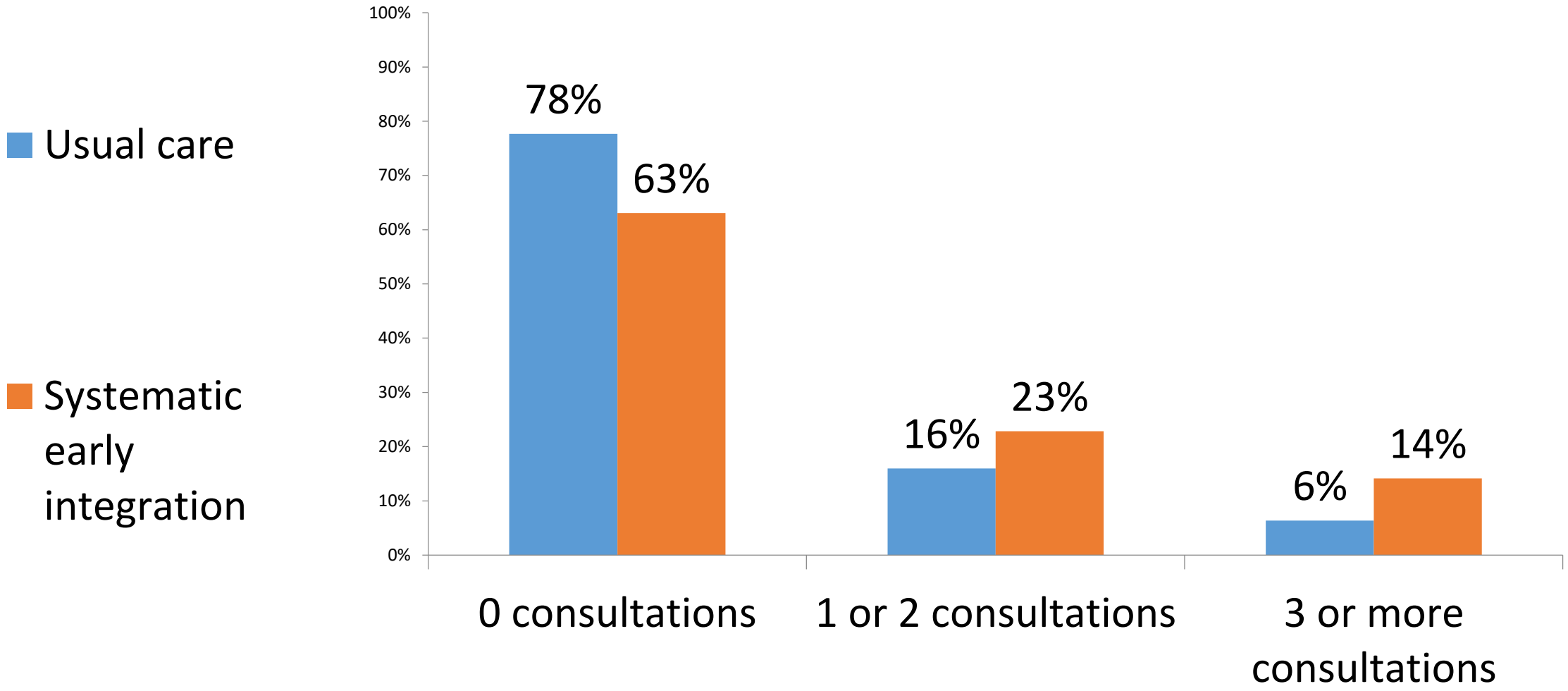
# QOL EORTC QLQ C30
# global health status/QOL scale

| | 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 oncology team



# Discussion

**Improved overall quality of life after few visits**

**Nurse led intervention**

**Psychosocial care is offered in usual care**

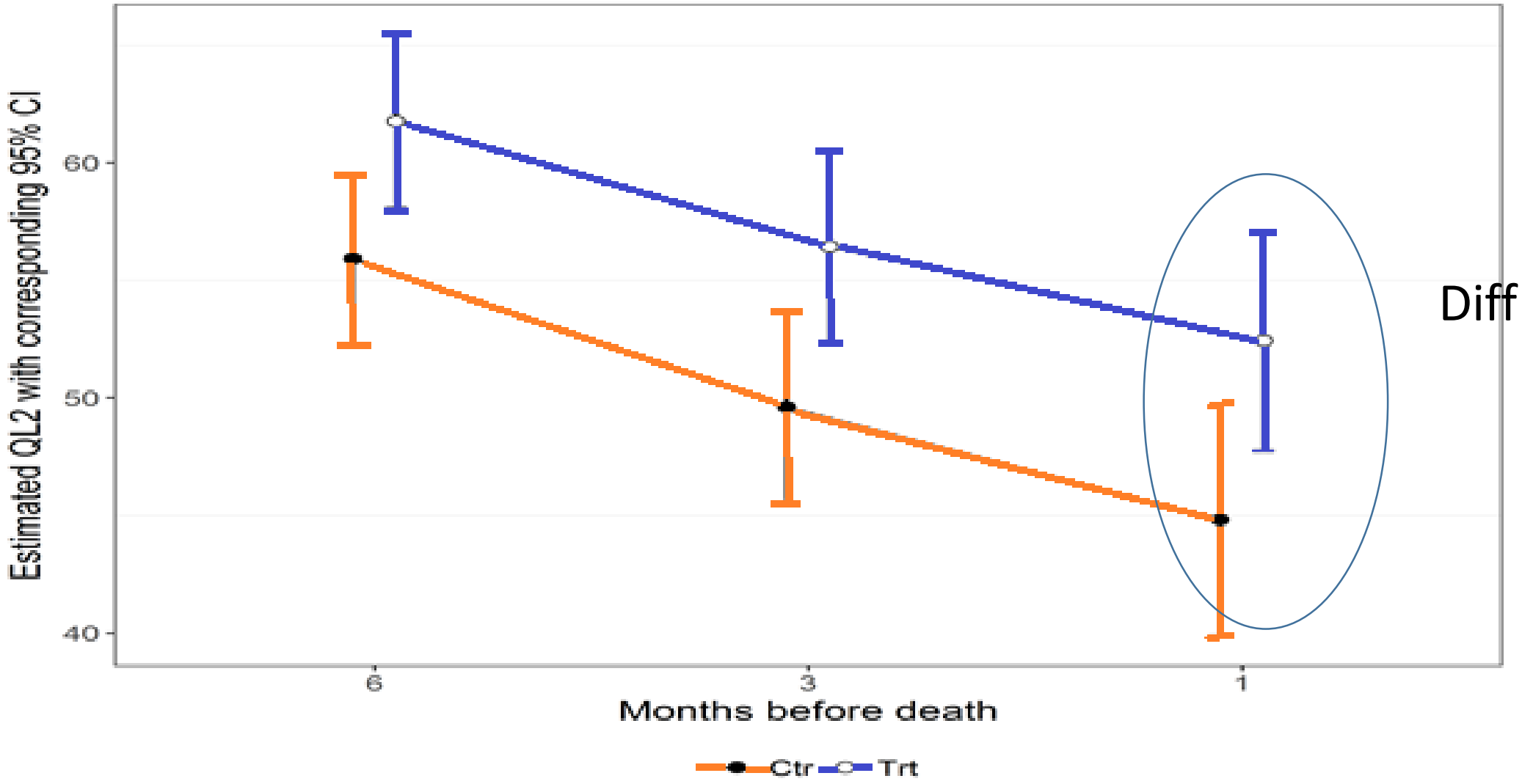
**Systematic versus on demand**

*Vanbutsele G., Pardon K., Van Belle S, et al. Effect of early and systematic integration of palliative care in patients with advanced cancer: a randomised controlled trial. Lancet Oncol. 2018, 19 (3), 394-404.*

# Aim

**What is the effect of early and systematic integration of palliative care in multidisciplinary oncology care in patients with advanced cancer within at the end-of-life?**

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




Diff: 7.6

# Positive effect on QOL near the end of life when early integrated PC vs on-demand PC

Patients and PC professionals 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.

Vanbutsele G, Van Belle S, Surmont et al. The effect of early and systematic integration of palliative care in oncology on quality of life and health care use near the end-of-life: a randomized controlled trial. Eur. J. Cancer (In Press).

# Conclusions

Early and systematic integration of palliative care concurrent with oncology care results in

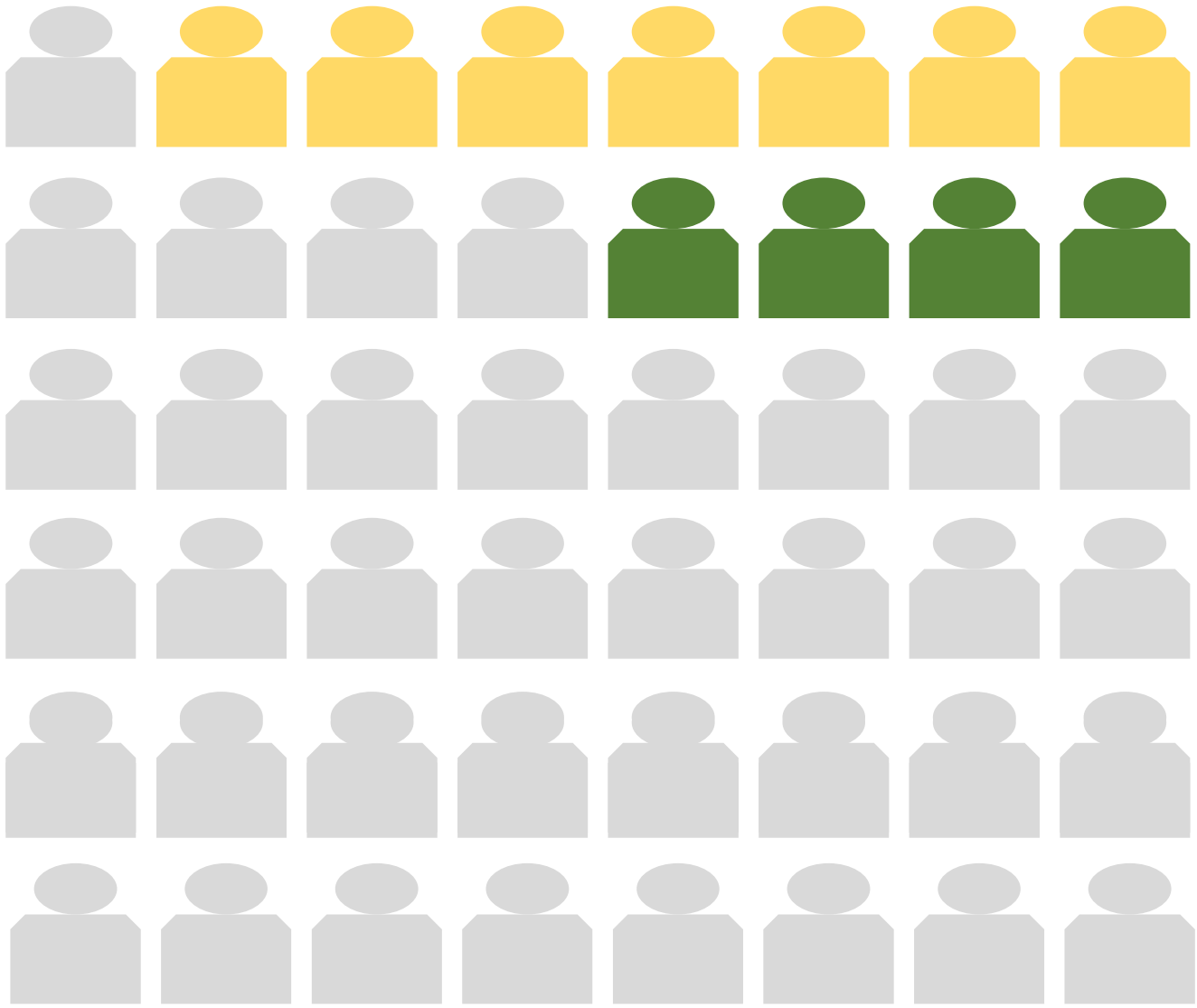
- a higher quality of life for both for patients AND informal caregivers
- soon after diagnosis or progression of disease and closer to the patient's death

Tumor-directed approach AND patient-centered approach

# Implications

- Public awareness of palliative care
- How does it work? What is the optimal level of care?
- Sustainability: monthly consultations?
- Is early integration of specialised palliative care beneficial for patients with hematologic cancer?

# Physician



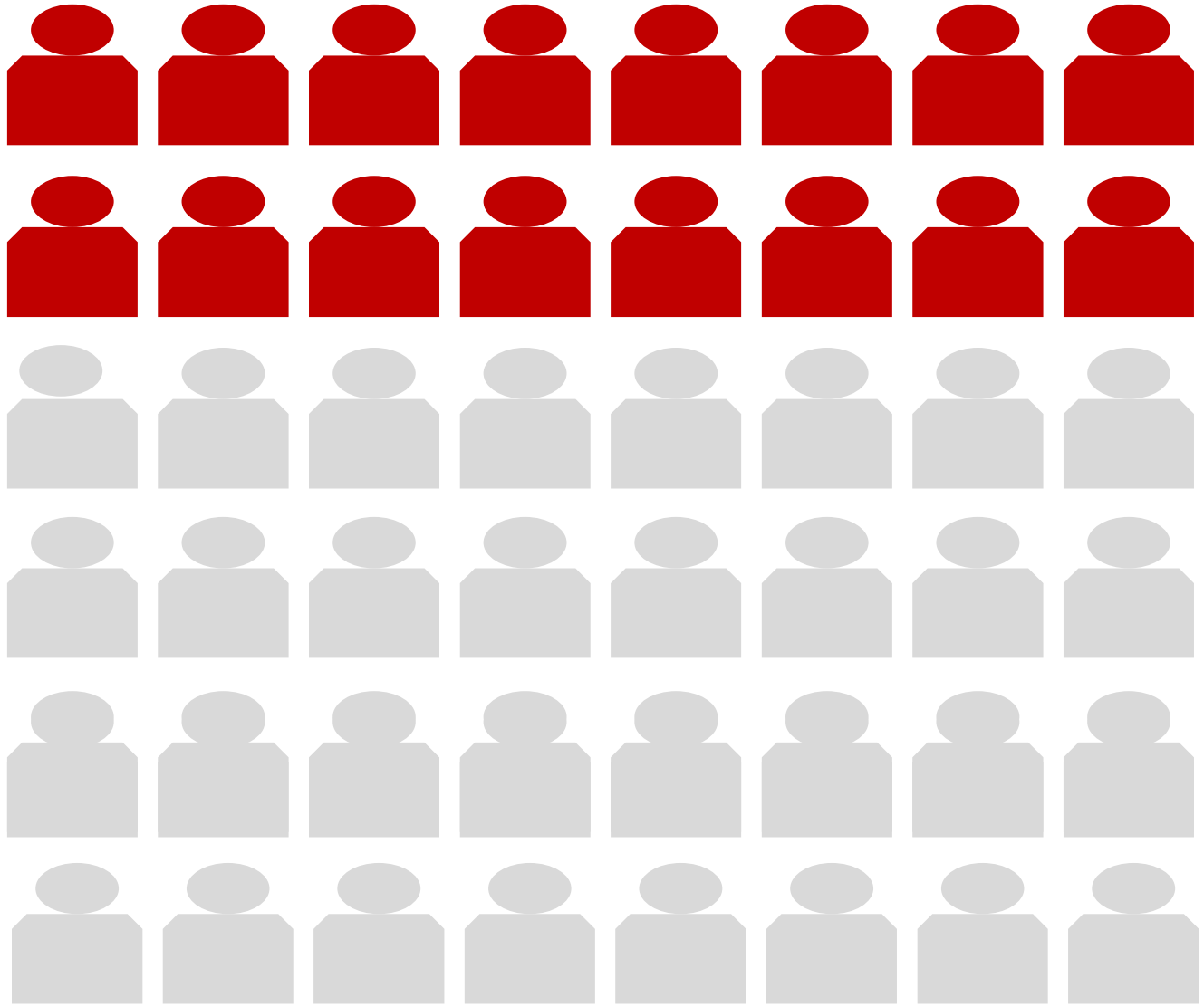
14%

No specific reason

9%

Palliative care is threathening

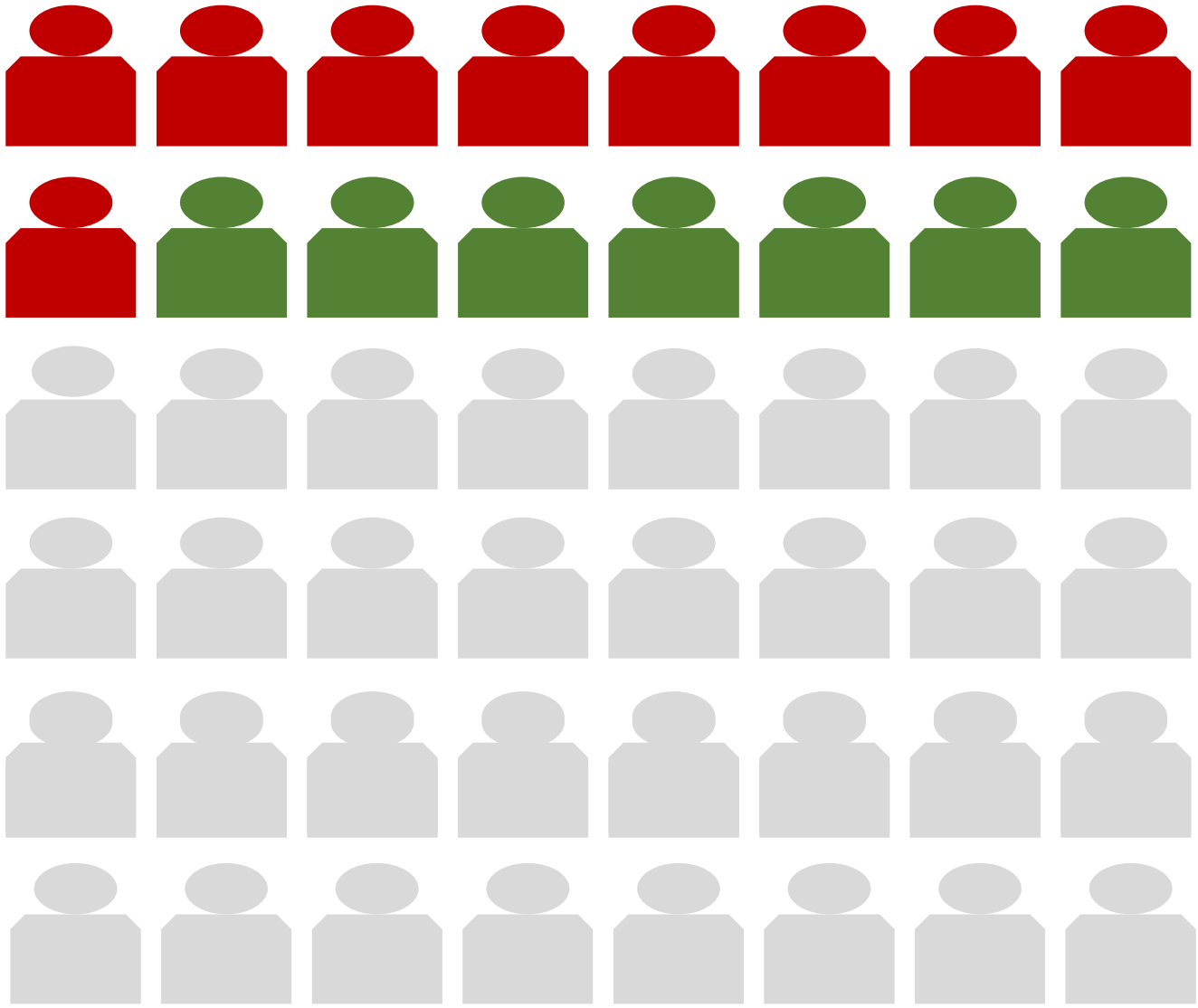
# Patient



33%

Refusal

# Patient



16%

PC threatening