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Study examines quality of life factors at end of life for patients with cancer

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Better quality of life at the end of life for patients with advanced cancer was associated with avoiding hospitalizations and the intensive care unit, worrying less, praying or meditating, being visited by a pastor in a hospital or clinic, and having a therapeutic alliance with their physician, according to a report published Online First by *Archives of Internal Medicine*.

When treatments to cure a patient's cancer are no longer an option, the focus of care often shifts from prolonging life to promoting the quality of life (QOL) at the end of life (EOL). But researchers note in their study background that there has been a gap in data on the strongest predictors of higher QOL at the EOL.

"The aim of this study was to identify the best set of predictors of QOL of patients in their final week of life. By doing so, we identify promising targets for health care interventions to improve QOL of dying patients," the authors note.

The study by Baohui Zhang, M.S., formerly of the Dana-Farber Cancer Institute, Boston, and colleagues included 396 patients with advanced cancer and their caregivers as part of the Coping with Cancer study. The average age of patients was almost 59 years.

A set of nine factors explained the most variance in patients' QOL at the EOL: intensive care stays in the final week, hospital deaths, patient worry at baseline, religious prayer or meditation at baseline, site of

cancer care, feeding tube use in the final week, pastoral care within the hospital or clinic, chemotherapy in the final week, and a patient-physician therapeutic alliance where the patient felt they were treated as a "whole person," according to the study.

"Two of the most important determinants of poor patient quality QOL at the EOL were dying in a hospital and ICU stays in the last week of life. Therefore, attempts to avoid costly hospitalizations and to encourage transfer of hospitalized patients to home or hospice might improve patient QOL at the EOL," the authors comment.

Patient worry at baseline also was "one of the most influential predictors of worse QOL at the EOL," the authors note.

"By reducing patient worry, encouraging contemplation, integrating pastoral care within medical care, fostering a therapeutic alliance between patient and physician that enables patients to feel dignified, and preventing unnecessary hospitalizations and receipt of life-prolonging care, physicians can enable their patients to live their last days with the highest possible level of comfort and care," the authors conclude.

In an invited commentary, Alan B. Zonderman, Ph.D., and Michele K. Evans, M.D., of the Intramural Research Program, National Institute on Aging, National Institutes of Health, Baltimore, Md., write: "The concept of quality of the EOL [end of life] in cancer patients has been under examined in cancer medicine in the quest to develop newer, more advanced, and effective modalities of interventional cytotoxic therapies. This study highlights the scarcity of research in an area that can give us important tools in further refining coherent treatment strategies for patients throughout the timeline of cancer treatment and disease trajectory."

"It is surprising at this stage in the development and implementation of

complex multimodal cancer treatment strategies that the factors most critical in influencing the quality of the EOL are not clearly defined and considered along the entire timeline beginning with cancer diagnosis," they continue.

"This work, as well as the American Society of Clinical Oncology statement, support early introduction of palliative care for advanced cancer patients," the authors conclude.

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