

'Triggers': A new tool to assess cancer patients' palliative needs

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A new tool to identify patients who would benefit from early palliative care will be presented at the ESMO 2017 Congress in Madrid. (1)

The so-called "Triggers" tool, developed by the London Cancer Alliance to help clinicians in the UK recognise patients who need an early referral to specialist [palliative care](#), has been successfully piloted at The Royal Marsden NHS Foundation, one of ESMO's Designated Centres of Integrated Oncology and Palliative Care (2), this year. The preliminary results of the service evaluation to be presented at ESMO 2017 proves the usability of this tool by primary care teams and points to the feasibility of establishing the integrated service between oncology and palliative care teams on a wider scale.

Palliative care has traditionally been associated with optimising the quality of life (QoL) at the very end of life. However, research has shown that giving patients early access to specialist palliative care can have many benefits, including improving their prognosis.

The Triggers tool allows oncologists to assess their patients' needs in this respect at a much earlier stage, and to potentially refer them to specialist palliative care alongside active treatment. In its pilot phase the tool was introduced for new patients at The Royal Marsden's lung oncology outpatient clinic: in the first four months of the service, 84 percent of eligible patients were reviewed within two months of their first clinic attendance.

"We found that 75 percent of the patients reviewed triggered positive on one or more of the tool items. Of the 'Trigger positive' cohort, whose needs were then assessed by a palliative care team, 97 percent were identified as having at least a moderate need for specialist palliative care - even though 81 percent of them were still functioning well, ranking in the top two scores on the scale used to assess how a disease affects a patient's daily living abilities," said Dr Jayne Wood from The Royal Marsden NHS Foundation Trust, who led the evaluation.

"This tells us that we are addressing a real need, and that the tool is picking up a group of [patients](#) who have a real potential to benefit from referral to specialist palliative care. The goal is for the tool to become standard and easy for anyone on a patient's primary care team to use - for us, the next step will be to expand into other tumour groups," said Wood.

A lung cancer woman who was referred to The Royal Marsden after being diagnosed in April 2017, benefited from an early needs assessment via the Triggers [tool](#): "I was referred to the palliative care team around a fortnight after arriving at The Royal Marsden. They have helped me with medication, which has given me more energy, visited me at home, and have been able to advise me about different symptoms. I definitely feel that I can call them if I need them," she said.

"It is a pleasure to read about these observations," said Dr. Matti Aapro, ESMO Faculty member, Chair of the Supportive/Palliative Care Track at the ESMO 2017 Congress, commenting on the pilot at The Royal Marsden. "The concepts of supportive and palliative care are about a continuum in patient care, and need to be given more importance - even in these days of exciting results about new therapies."

"ESMO has emphasised the importance of supportive and palliative care since 2003 (3), and offers a wide array of educational programmes and

tools to oncologists in the domain of patient-centred care. These are summarised in a new ESMO position paper, to appear this autumn," Aapro added.

The Royal Marsden Hospital is one of ESMO's Designated Centres of Integrated Oncology and Palliative Care, whose first accreditation dates back to 2009. The accreditation programme recognises cancer centres that achieve a high standard of integration of medical oncology and palliative care, based on criteria ranging from service provision and integration to doctor credentials, research and education.

This prestigious designation is valid for a period of three years, after which centres must reapply to keep their accreditation. This year, eight new cancer centres received their first accreditation, while 52 further centres have successfully renewed theirs. (4)

More information: References:

1 Abstract LBA54_PR 'Proactive Referral to Palliative Care: Model of a new Integrated Palliative Care and Oncology Service' will be presented by Dr. Jayne Wood during the Poster Discussion Session 'Supportive and palliative care' on Saturday, 9 September 2017, 09:15 to 10:45 (CEST) in Bilbao Auditorium.

2 ESMO Designated Centres of Integrated Oncology and Palliative Care [www.esmo.org/Patients/Designat ... -and-Palliative-Care](http://www.esmo.org/Patients/Designat...-and-Palliative-Care)

3 ESMO takes a stand on supportive and palliative care, 2003. N. Cherny, R. Catane, P. Kosmidis. *Annals of Oncology* 14: 1335-1337, 2003 Editorial [DOI: 10.1093/annonc/mdg379](https://doi.org/10.1093/annonc/mdg379). academic.oup.com/annonc/article...rtive-and-palliative

4 Characteristics and level of integration of ESMO Designated Centres

of integrated oncology and palliative care, 2016. D. Hui, N. Cherny, N. Latino, F. Strasser. Annals of Oncology 27: Issue suppl_6, 1301PD, 2016 Editorial [DOI: 10.1093/annonc/mdw384.02](https://doi.org/10.1093/annonc/mdw384.02)
[academic.oup.com/annonc/article ... irectedFrom=fulltext](https://academic.oup.com/annonc/article/.../directedFrom=fulltext)

5 The 'critical mass' survey of palliative care programme at ESMO designated centres of integrated oncology and palliative care. D. Hui, N. Cherny, N Latino, F. Strasser. Annals of Oncology: mdx280, 2017 Editorial [DOI: 10.1093/annonc/mdx280](https://doi.org/10.1093/annonc/mdx280)
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