

Early palliative care provides no quality of life benefits for recently diagnosed MPM patients

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Early specialist palliative care for patients that were recently diagnosed with malignant pleural mesothelioma (MPM) does not impact quality of life (QOL) measures, according to research presented by Prof. Fraser Brims of Curtin University in Australia, at the International Association for the Study of Lung Cancer (IASLC) 18th World Conference on Lung Cancer (WCLC) in Yokohama, Japan.

Because of the high symptom burden often associated with MPM, Prof. Brims sought to determine whether starting [palliative care](#) early would impact [quality](#) of life. Additionally, a study by Temel et al., 2010, published in the *New England Journal of Medicine* called "Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer" demonstrated a significant difference in reported quality of life in advanced [lung cancer patients](#) who had regular palliative care as compared to control therapy alone. This led Prof. Brims to consider whether this intervention could lead to similar findings in patients with MPM.

The team randomized patients diagnosed with MPM within the last six weeks into two groups - the intervention group received both early specialist palliative care and standard care, while the other group received standard care alone. Those receiving the early specialist palliative care had a visit every four weeks throughout the study. To determine the impact of the intervention, the researchers used the

EORTC QLQ-C30 questionnaire for quality of life measurements and the General Health Questionnaire (GHQ-12) for anxiety/depression measurements. The primary outcome they studied was the change in EORTC C30 Global Health Status QOL 12 weeks after randomization.

The results of the international multicenter study indicate that there is no role for routine early referral to palliative care, regardless of symptoms, as there was no impact on quality of life (or mood) in the recently diagnosed MPM patients in the [intervention group](#). Because the study doesn't provide clear results on what the optimal timing for referral is, that decision should continue to be based on clinicians' judgement. Future research into this question may be useful to review this practice to ensure optimal use of healthcare resources.

"The different finding of this study as compared to the Temel paper may be explained by the different settings and healthcare systems the studies were performed in, or perhaps can be explained by the different disease," said Prof. Brims. "While the results were surprising, as intuitively many of us felt that the intervention was likely to help, they highlight why we need high quality studies like this."

Provided by International Association for the Study of Lung Cancer

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