

# Cancer study shows earlier palliative care improves quality of life, patient satisfaction

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Results of the first clinical study to assess the impact of providing early outpatient palliative care versus standard oncology care in a wide range of advanced cancers show that earlier care improved quality of life and patient satisfaction.

The four-year study involved 461 patients at 24 medical oncology clinics at Princess Margaret Cancer Centre, University Health Network (UHN) with advanced lung, gastrointestinal, genitourinary, breast and gynecologic cancers.

The findings, published online today in the leading medical journal *The Lancet*, demonstrate the benefits of cancer centres providing early specialized palliative care in outpatient clinics, says principal investigator Dr. Camilla Zimmermann, Head, Palliative Care Program, UHN, and Medical Director, Al Hertz Centre for Supportive and Palliative Care at the Princess Margaret.

To put the findings into practice, palliative care teams should be involved much earlier in the course of illness to provide collaborative care together with oncologists, says Dr. Zimmermann

"The traditional view of palliative care is end-of-life measures but over the past 10 years, specialized palliative care has been evolving into finding ways to improve quality of life earlier on. Our study results can help map the way forward," says Dr. Zimmermann, who is also Associate Professor and holds the Rose Family Chair in Supportive Care

in the Faculty of Medicine, University of Toronto.

"The key outcome validates that quality of life improves with the core intervention of seeing a physician and nurse with specialist palliative care training once a month in the outpatient clinic," says Dr. Zimmermann.

"Another important outcome is that patients reported improved satisfaction of care. We found that patients appreciated having a team of professionals available to provide additional support navigating the cancer system and coping with multiple medical and social issues."

The study – a cluster randomized controlled trial with patients with advanced cancer whose prognosis was greater than six months – assessed impact using five standard clinical measurement tools to determine quality of life, symptom control, satisfaction with care and difficulty with medical interactions.

All participants completed a baseline survey and received the same clinical care over four months. The 228 patients in the early intervention group also received formal monthly consultation with the palliative care team in a specialized outpatient clinic, plus regular phone follow-up. Initial palliative consultation included a comprehensive, multidisciplinary assessment of symptoms, psychological distress, social support and home services. When the study ended, patients were offered continued follow-up in the outpatient palliative care clinics.

"Quality of life was an outcome of interest because it is a central focus of palliative care", says Dr. Zimmermann. "The research team used a cancer-specific measure encompassing physical, function, social and psychological domains, as well as the spiritual domain, which is of particular relevance in patients with advanced cancer," she explains.

Despite the worse status of the intervention group at baseline, the study showed a trend for improvement in quality of life at three months and clinically meaningful improvement at four months.

Similarly, patient satisfaction with care improved substantially at both three and four months in the early palliative care group, while it deteriorated in the control group.

Results in the other domains assessed – symptom management and medical interactions – showed differences favouring the early palliative care group only at four months.

Dr. Zimmermann, whose main research focus is effective delivery of palliative care, now plans to assess the impact on family caregivers of providing early palliative support to advanced cancer patients, as well as the economic cost, or cost savings, of implementing this model of [early palliative care](#).

Provided by University Health Network

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