Concurrent Urologic and Palliative Care after Cystectomy for Treatment of Muscle-Invasive Bladder Cancer (FR467-A)

Michael Rabow, MD FAAHPM, University of California, San Francisco, San Francisco, CA
Carly Benner, MD, University of California, San Francisco, San Francisco, CA
Nancy Shepard Lopez, MS RN, University of California, San Francisco, Fairfax, CA
Maxwell Meng, MD, University of California, San Francisco, San Francisco, CA

Objectives

- List the severity of baseline physical and emotional symptoms for patients preoperatively before cystectomy as definitive treatment for muscle-invasive bladder cancer.
- Describe the outcomes associated with the addition of palliative care offered concurrently in addition to usual care for muscle-invasive bladder cancer.
- Describe the impact on family caregivers of palliative care offered concurrently with usual care for patients with muscle-invasive bladder cancer.

Original Research Background: Bladder cancer and its treatment create significant distress, but symptoms often are not adequately assessed, and few interventions have been prospectively evaluated using validated instruments. In particular, palliative care offered concurrently with surgical oncologic care for patients with bladder cancer has not been studied.

Research Objectives: To characterize the impact of palliative care concurrent with usual urologic care for bladder cancer patients undergoing cystectomy.

Methods: Prospective, 6-month, serial cohort study comparing 33 participants receiving usual care with cystectomy for muscle-invasive bladder cancer with 30 participants also receiving concurrent palliative care. Patients and family caregivers completed validated symptom assessment and satisfaction surveys preoperatively and 2, 4, and 6 months postoperatively.

Results: The intervention group saw improvements in most symptom measures over the 6 months following cystectomy compared with the control group. Depression and anxiety decreased over the 6-month period for intervention patients but increased over this time among controls (p=0.01). Fatigue fell to a minimum for intervention group participants at 4 months, while it peaked at this time for control participants (0.002). Quality of life and posttraumatic growth scores followed a similar pattern, with scores peaking at 4 months for the intervention group, while controls reported their lowest scores at this time (p=0.01 and p=0.03, respectively). Changes in pain scores did not reach statistical significance. Neither family caregiver burden nor patient satisfaction showed statistically significant changes over time.

Conclusions: Patients who received concurrent palliative care in addition to usual urologic care following radical cystectomy for muscle-invasive bladder had better outcomes compared with usual care alone, including improved fatigue, depression, quality of life, and posttraumatic growth.

Implications for Research, Policy, or Practice: While further research on this topic is needed, our results suggest that providing palliative care services in addition to usual urologic care for bladder cancer patients may significantly reduce postoperative symptoms and should become routine practice.