Randomized Controlled Trial of ED-Triggered Palliative Care in Patients with Metastatic Solid Tumors (TH347-C)
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Objectives
- Describe the methods of this randomized controlled trial of palliative care in the ED.
- Understand the difference between the significant and nonsignificant results from the trial.

Original Research Background: The delivery of palliative care is not standard of care in most EDs. Preliminary data suggest that early palliative care consultation can decrease hospital length of stay and costs for select patients with advanced illness and may extend life.

Research Objectives: To compare quality of life, depression, healthcare utilization, and survival for ED patients with advanced cancer randomized to ED-initiated palliative care consultation versus care as usual.

Methods: Randomized controlled trial of ED-initiated palliative care consultation for patients with solid metastatic tumors versus usual care. Adult patients with solid metastatic tumors who were able to pass a cognitive screen, had never been seen by palliative care, spoke English or Spanish, and presented to the ED from June 2011-March 2014 met eligibility criteria; eligible patients were approached and enrolled in the ED and randomized via balanced block randomization. Intervention patients received a comprehensive palliative care consultation by the inpatient team.

Results: 134 patients were enrolled and randomized. The intervention group received palliative care consultation 92% of the time, compared with 17% in the control group. Quality of life, as measured by a change in FACT-G score from enrollment to 6 weeks, was significantly higher in patients randomized to the intervention group, who demonstrated an increase of 9.2 points, compared with only 2.7 in controls (p<0.05). Median survival was longer in the intervention group—280 days versus 114 days in controls—but this did not reach statistical significance in the Kaplan-Meier analysis. The number of ICU stays at 180 days was 0.10 in the intervention group, compared with 0.08 in control; discharge to hospice within 180 days occurred in 24% of intervention patients and 20% of controls.

Conclusions: ED-initiated palliative care consultation in advanced cancer improves quality of life in patients with advanced cancer. More research needs to be done to evaluate the impact on healthcare utilization and survival.