What's in the Syringe? Why Does Early Integration of Palliative Care Work in Oncology? (FR464)

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Objectives
- Describe methods of palliative care involvement in published concurrent palliative care-oncology studies.
- Describe common methods of randomization, control arms, and clinical endpoint measures in published concurrent palliative care-oncology studies.
- Describe methods of communication used, with a focus on decision making and enhancing patient understanding of prognostic awareness, in published concurrent palliative care-oncology studies.

Recent clinical trial data show that introducing palliative care along with standard oncologic care in patients with advanced cancer is both feasible and acceptable among outpatients. This early pairing of palliative care and active cancer therapy has led to improved quality of life, better control of depressive symptoms, and improved survival compared with standard oncologic care alone. One important question is what in the palliative care intervention is responsible for the effects observed so far. Current published simultaneous-care studies involve differences in (a) cancer type, (b) method of randomization, (c) nature of intervention, and (d) postintervention care. Understanding components of the palliative care intervention leading to maximal benefit has important implications for future clinical trial design as well as the day-to-day interactions between oncology and palliative care teams. In this session, a panel of palliative care-oncology specialists will dissect and present an analysis of key simultaneous palliative care-oncology care studies, with a focus on the mechanics of the palliative care intervention. Key studies will be analyzed for (a) timing and setting of palliative care involvement; (b) intensity of symptom control; (c) communication practices, with a focus on decision making and enhancing patient understanding and prognostic awareness; (d) chemotherapy consumption and chemotherapy allowance at the end of life; (e) outcome measures; and (f) control arm. Interventions leading to important clinical impact will be identified and correlated to hypothetical models of palliative care-oncology intervention. Attendees will have the opportunity to discuss their own interactions with oncology and share with the panel and other attendees their experiences as to what seems to be the key ingredient in successful oncology-palliative simultaneous care. Hypotheses generated from the discussions will support or challenge current models attempting to clarify why the early palliative care-oncology interaction works.