

**Longitudinal perceptions of prognosis and goals of therapy in patients with metastatic non-small-cell lung cancer: results of a randomized study of early palliative care.**

Reference: J Clin Oncology 2011 Jun 10;29(17):2319-26. Epub 2011 May 9  
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**Abstract:**

**Purpose:** Understanding of prognosis among terminally ill patients impacts medical decision making. The aims of this study were to explore perceptions of prognosis and goals of therapy in patients with metastatic non–small-cell lung cancer (NSCLC) and to examine the effect of early palliative care on these views over time.

**Patients and Methods:** Patients with newly diagnosed metastatic NSCLC were randomly assigned to receive either early palliative care integrated with standard oncology care or standard oncology care alone. Participants completed baseline and longitudinal assessments of their perceptions of prognosis and the goals of cancer therapy over a 6-month period.

**Results:** We enrolled 151 participants on the study. Despite having terminal cancer, one third of patients (46 of 145 patients) reported that their cancer was curable at baseline, and a majority (86 of 124 patients) endorsed getting rid of all of the cancer as a goal of therapy. Baseline perceptions of prognosis (ie, curability) and goals of therapy did not differ significantly between study arms. A greater percentage of patients assigned to early palliative care retained or developed an accurate assessment of their prognosis over time (82.5% v 59.6%;  $P = .02$ ) compared with those receiving standard care. Patients receiving early palliative care who reported an accurate perception of their prognosis were less likely to receive intravenous chemotherapy near the end of life (9.4% v 50%;  $P = .02$ ).

**Conclusion:** Many patients with newly diagnosed metastatic NSCLC hold inaccurate perceptions of their prognoses. Early palliative care significantly improves patient understanding of prognosis over time, which may impact decision making about care near the end of life.

**Strengths:**

-Randomised, all patients in the study were accounted for and were analysed in the groups to which they were randomised.

-Baseline characteristics between both groups were well matched

**Weaknesses:**

- Nonblinded study
- 132 patients who met the eligibility criteria were not enrolled in the trial hence their demographic data is not available.
- Some patients on standard oncology care also had consultations with palliative care physicians
- Lack of validated assessment scale to assess the concept of illness understanding in patients with metastatic cancer.
- Some questions about disease perceptions were left unanswered or blank by patients; there were withdrawals and non completions by patients.
- Limited to one site at the Massachusetts general hospital-making it hard to generalise to other centres

**Relevance to palliative care:** This study highlights an interesting concept about integration of palliative care services early in the disease course of metastatic cancers. The patients who correctly identify their prognosis are significantly less likely to receive chemotherapy near the end of life.