

Journal Watch – Early Palliative Care – January 2018

Article:

Effects of Early Integrated Palliative Care on Caregivers of Patients with Lung and Gastrointestinal Cancer: A Randomized Clinical Trial

El-Jawahri A, Greer JA, Pirl WF, Park ER, Jackson VA, Back AL, Kamdar M, Jacobsen J, Chittenden EH, Rinaldi SP, Gallagher ER, Eusebio JR, Fishman S, VanDusen H, Li Z, Muzikansky A, Temel JS

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Review:

Strengths: The study was a well-designed and well-defined, randomized trial which used validated tools for assessment. Sample size was fairly large (n=275), ethics approval was received and the work was not funded by industry.

Weaknesses: The study was conducted at a single center with only lung & GI tumor groups represented, so results may not be generalizable to other populations. Blinding was impossible which may introduce bias. The caregiver outcomes were secondary endpoints in this trial so it may have lacked adequate statistical power to demonstrate these effects, which may also be diminished as it was not mandated that the caregiver be present on each visit. Additionally, the control group may have received PC which may have further diluted the effect response for the treatment group. No effect was seen in the QOL scores and it is possible that the instruments used to detect this were not ideal. Despite these weaknesses, results are encouraging.

Relevance to Palliative care: Early integrated palliative care has been incorporated into the ASCO CPG, recommending concurrent PC with standard oncology care at the time of diagnosis for all patients presenting with metastatic cancer. Previous studies have demonstrated early PC provides a survival benefit for patients but there was little data available to determine the effect of this intervention on the caregivers. The results of this study suggest that the caregivers are also benefitting from early PC which is encouraging and provides evidence that we should continue to care for both patients with advanced cancer as well as their families/caregivers. Payers may also be encouraged to provide funding for palliative programs if tangible benefits, such as these, are demonstrated.