

Early Palliative Care for Patients with Metastatic non-small-cell Lung Cancer.

Presented by: Dr. Joseph Cheung, Feb 2, 2011

Reference: Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, Dahlin CM, Blinderman CD, Jacobsen J, Pirl WF, Billings JA, Lynch TJ. N Engl J Med. 2010 Aug 19;363(8):733-42.

Abstract

Background

Patients with metastatic non–small-cell lung cancer have a substantial symptom burden and may receive aggressive care at the end of life. We examined the effect of introducing palliative care early after diagnosis on patient-reported outcomes and end-of-life care among ambulatory patients with newly diagnosed disease.

Methods

We randomly assigned patients with newly diagnosed metastatic non–small-cell lung cancer to receive either early palliative care integrated with standard oncologic care or standard oncologic care alone. Quality of life and mood were assessed at baseline and at 12 weeks with the use of the Functional Assessment of Cancer Therapy–Lung (FACT-L) scale and the Hospital Anxiety and Depression Scale, respectively. The primary outcome was the change in the quality of life at 12 weeks. Data on end-of-life care were collected from electronic medical records.

Results

Of the 151 patients who underwent randomization, 27 died by 12 weeks and 107 (86% of the remaining patients) completed assessments. Patients assigned to early palliative care had a better quality of life than did patients assigned to standard care (mean score on the FACT-L scale [in which scores range from 0 to 136, with higher scores indicating better quality of life], 98.0 vs. 91.5; $P = 0.03$). In addition, fewer patients in the palliative care group than in the standard care group had depressive symptoms (16% vs. 38%, $P = 0.01$). Despite the fact that fewer patients in the early palliative care group than in the standard care group received aggressive end-of-life care (33% vs. 54%, $P = 0.05$), median survival was longer among patients receiving early palliative care (11.6 months vs. 8.9 months, $P = 0.02$).

Conclusions

Among patients with metastatic non–small-cell lung cancer, early palliative care led to significant improvements in both quality of life and mood. As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care at the end of life but longer survival. (Funded by an American Society of Clinical Oncology Career Development Award and philanthropic gifts; ClinicalTrials.gov number, NCT01038271.)

Study Strengths

- RCT
- Adequately powered to determine significant differences in QOL scores
- Intention to treat analysis
- Adequate follow-up

Study Weaknesses

- Acknowledged by study authors
- Not blinded
- Single centre – Massachusetts General Hospital – makes it difficult to generalize to other locations and centers

Relevance to Palliative Care

This study provides interesting evidence that early palliative care involvement in the care of patients with metastatic NSCLC not only benefits quality of life, but also results in less aggressive treatment but may also prolong survival. Early referral of these patients may be beneficial.