



Palliative Care for Patient with Metastatic Lung Cancer

Barb Supanich, RSM, MD, FAAHPM
Holy Cross IP Palliative Care Team
November 11, 2010

Learning Objectives

- Discuss the August 19, 2010 NEJM Article on simultaneous use of Palliative Care and curative therapies or usual therapies for NSC Lung Cancer.
- Case discussion of a recent patient on the HC IP PC Service with E/S Cancer.

NEJM Article Summary

- Jennifer S. Temel, MD, et al, Early Palliative Care for Patients with Metastatic NSC Lung Cancer, NEJM, August 19, 2010.
- Pts with metastatic cancer may want to blend aggressive treatments for relief of heavy symptom burden with palliative care treatments.
- Randomly assigned patients with newly diagnosed metastatic NSC lung cancer to receive
 - Standard oncologic care alone
 - Early palliative care integrated with standard oncologic care

NEJM Article Summary

- Study was performed at Mass General
- Randomized 151 patients, enrolled 8 wks after dx
- Nonblinded, randomized, controlled trial of early palliative care integrated with standard care and standard care alone of outpatients at Mass general
- Randomly assigned in 1:1 ratio without stratification
- Early PC pts met within 3 weeks after enrollment and at least monthly thereafter in OP PC Clinic.
- Additional visits at discretion of patient, oncologist or PC physician/NP.

NEJM Article Summary

- All participants received oncology treatments per usual protocols
- Quality of Life and Mood were assessed at baseline and at 12 weeks
 - Functional Assessment of Cancer Therapy-Lung FACT-L scale
 - Hospital Anxiety and Depression Scale
 - Patient Health Questionnaire -9
- Primary outcome was the change in QOL at 12 weeks

NEJM Article Summary

- Collected data from EMR –
 - Use of health services and end-of-life care
 - Anticancer therapy
 - Medication prescriptions
 - Hospice referral
 - Hospital admissions
 - ED visits
 - Date and location of death

NEJM Article Summary

- Aggressive Care ---
 - Chemotx within 14 days before death
 - No hospice care
 - Admission to hospice ≤ 3 days before death
- Assessed whether or not there was any documentation regarding the patient's resuscitation preferences in the OP EMR.

NEJM Article Summary

- RESULTS
 - Well matched groups on all characteristics
 - The PC group had significantly higher QOL scores on the FACT-L scale at 12 weeks
- FACT-L Scale Scores
 - Standard Care: 91.5 ± 15.8
 - Early Palliative Care: 98.0 ± 15.1
 - Difference between the 2 groups: 6.5 with p: 0.03
- HAD and PHQ-9 Scores
 - 40% with Standard Care
 - 15% with Palliative Care

NEJM Article Summary

- When PC is provided through the continuum of care for NSC Lung Ca pts, their overall QOL improves and they have clinically meaningful improvements in their mood.
- Survival was improved by over 2 months (with excellent quality)
 - Prior studies showed lower QOL and depressed mood are associated with shorter survival of met NSCLC pts
- PC involvement resulted in greater documentation of:
 - Resuscitation preferences of patient
 - Less aggressive care at the EOL

NEJM Article Summary

- Improvements in QOL and mood in PC group may account for the observed survival benefits
- Earlier referral to hospice program –
 - Receive care that results in better sx management
 - Receive excellent family support
 - Stabilize their condition
 - Prepare them for how they want to die
 - Prolong survival
- The improvement in QOL of PC intervention on the scores at 12 weeks of 5 points is similar to that seen in patients with a good response to cisplatin-based chemotx.



Case Discussion

From the case files of the Holy Cross
IP Palliative Care Team

Questions and Comments

