

Palliative care: integrating oncology and palliative care into the cancer pathway



TYPE
STATUS

Recommendations based on literature reviews and international expert's consultation.
Completed

LAST
UPDATE

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EUROPE • HEALTH SYSTEMS
Palliative care

PROBLEM & OBJECTIVE

PROBLEM Specialized palliative care interventions can improve symptom control and quality of life in cancer patients, but clinical models, timing and the integration of these interventions across the cancer care pathway continuum is still far from the standard across Europe.

OBJECTIVE To assess palliative care needs in oncology based on epidemiological data and review literature on integration models between palliative care and oncology, focused on the time of diagnosis and early therapy, particularly for life-threatening and poor prognosis cancers. To disseminate the findings, we also provide an update on the CanCon Joint Action recommendations in coordination with other iPAAC work packages and seek international consensus with oncology and palliative care stakeholder organizations.

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KEY COMPONENTS / STEPS

- Develop estimates of cancer patients palliative care needs in Europe from available literature.
- Systematic literature review on models of early integration of palliative care and oncology care.
- A Cochrane review by Haun, published in 2017, systematically examined the primary literature on this topic to October 2016. We carried out a systematic search for evidence published thereafter (from October 2016 to December 2020) in MEDLINE, EMBASE and Cochrane Central Register of Controlled Trials databases. The search was conducted in the title, abstract, and keyword fields of the databases. Inclusion criteria for relevant study selection were: to have been conducted in human, adult patients with cancer; to be a clinical trial; to reported data on early palliative care intervention.
- Held an international workshop to share iPAAC Work Package 8 recommendations with oncology, palliative care and cancer patient representative organizations (Organization of European Cancer Centres, European Association for Palliative Care, European Cancer Patients Coalition). The workshop had the aim of highlighting the role of systematic PROMs assessment and of identifying in patient centeredness one mainstay of the integration between oncology and palliative care.

KEY CONTEXTUAL FACTORS

- The increasing recognition of the role of palliative care for advanced cancer patients does not match the incomplete accessibility of high quality services for all EU citizens and the lack of common policy for the integration of palliative care in the oncology care continuum.
- Accurate evaluation, screening and epidemiology of palliative care needs for patients with advanced incurable cancer is instrumental for cancer control planning, at the national level, and for the practical implementation of services in cancer centres, networks and institutions, as they were considered in iPAAC and in CanCon EC Joint Actions.
- The impact of specialized palliative care on symptom control and quality of life is evidence-based and the early integration of palliative care interventions, in the clinical pathways of patients with advanced disease, provides quality of life benefits for patients and caregivers, also optimizing the use of health care resources.
- Indicators of palliative care integration with oncology care have been suggested as quality indicators of the cancer clinical pathway.

MAIN IMPACTS / ADDED VALUE

- The use of a patient-centred approach as the conceptual clinical framework to personalized care pathways and the implementation of patient reported outcome measures (PROMs) in clinical records and cancer registries is feasible and can be recommended.
- The available evidence indicates that integrated care pathways with early access to specialized palliative care should be available from the diagnosis of advanced disease until end-of-life, and cannot be accomplished without particular attention to continuity between specialized acute hospital care and hospice/ home care at the community level, in comprehensive cancer networks and centres.
- Early integration should occur at diagnosis of life threatening incurable diseases such as advanced pancreatic cancer.
- The Organization of European Cancer Centres, European Association for Palliative Care Research Network and the European Cancer Patients Coalition actively participated in this process, strengthening consensus on the findings from the systematic review.

LESSONS LEARNED

- Palliative care needs in the population affected by cancer are going to increase.
- Palliative care integration with oncology care has made progress over the last decade, and new evidence is available to guide implementation of effective interventions.
- Professional expertise in palliative care by specialized teams working in close connection with oncology teams should be present in cancer comprehensive centres or networks.
- Patients should have access to specialized palliative care while they are attending oncology clinics.
- The preferred model of early specialized palliative care delivery in oncology is based on palliative care clinics with access to multidisciplinary staff (at minimum doctors, nurses, psychologists).
- PROMs implementation is only one of a number of important tools for promoting patient-centred care and palliative care integration with oncology care.

REFERENCES & DOCUMENTATION

- iPAAC Report: [Link to the iPAAC_WP8_Task 6](#)
- European Palliative Care Research Seminar on Integration of oncology and palliative care, PRC Seminar
- 11th EAPC World Research Congress online 2020

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