

Palliative Care in Oncology: Continuing to Build the Evidence Base and Disseminate Effective Care Models

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Over the past decade, substantial progress has been made in building the evidence base for integrating palliative care with cancer care and increasing the availability of palliative care services for patients with cancer.¹ Multiple clinical trials have evaluated proactive care models in which patients begin to receive palliative care services on the basis of an initial diagnosis of advanced cancer or disease progression.²⁻¹¹ The goal of these delivery models is to improve patients' experiences and outcomes throughout their illness course rather than to wait to involve palliative care until they are struggling with uncontrolled symptoms. These studies have demonstrated that earlier and longitudinal involvement of palliative care improves patients' quality of life, mood, and satisfaction with care.²⁻⁹ Several studies also have shown that earlier involvement of palliative care enhances the experience of patients' caregivers and leads to improved communication and delivery of end-of-life care.^{3,5,9,12-15} As these data emerged, ASCO and several other national organizations endorsed the early involvement of palliative care for patients with advanced cancer, which has substantially transformed the practice of palliative care in oncology.¹⁶⁻¹⁸

The study and clinical delivery of palliative care in oncology is now flourishing, with researchers evaluating various palliative care models across different patient populations and with many institutions growing and expanding their palliative care programs. However, palliative care in oncology is still a new and emerging field in both science and practice. Key questions remain with regard to the optimal delivery models and targets of palliative cancer care, how to best integrate palliative care in different patient populations, and how to implement cost-effective and high-quality palliative care programs. The goal of this special series is to provide a comprehensive overview of the current evidence base and identify future directions for palliative care. It is intended to serve as a resource for investigators, clinicians, health care leaders, and policymakers to ensure that we continue to advance both the science and the practice of palliative care in oncology.

Because a major goal of oncology is to deliver comprehensive cancer care, this series begins with a set of

articles focused on delivery models and key targets of palliative care. Hui and Bruera¹⁹ review the various models of palliative care in the clinic, hospital, community, and home. Given that the role of palliative care for patients in the ambulatory care setting has expanded substantially over the past decade, the authors compare several delivery modalities, including palliative care clinics embedded in cancer centers, telehealth palliative care, and primary palliative care. Although the interactions between patients and their palliative care and oncology clinicians vary in these different models, all clinicians who care for patients with cancer should have expertise in communication, providing psychological support, and managing physical symptoms. Back²⁰ highlights the importance of excellent communication by all members of the cancer care team and provides an overview of the common deficiencies in communication and the essential skills needed to avoid these pitfalls. One of the most challenging communication tasks in oncology is discussing prognosis, especially with patients diagnosed with advanced cancer. Butow et al²¹ review the importance of clinicians' disclosure of prognostic information to patients with cancer and provide a roadmap for communicating this information in a compassionate manner. Patients with advanced cancer often experience considerable emotional distress related to their prognosis. Rodin et al²² highlight the importance of providing psychosocial care to patients with advanced cancer and include a comprehensive overview of evidence-based psychological interventions that can be offered at various points on the illness trajectory. In the last article of this set, Henson et al²³ identify the essential role that all clinicians who care for patients with advanced cancer must play in assessing and treating symptoms and review the state of science for managing pain, breathlessness, nausea and vomiting, and fatigue.

The second set of articles focuses on aspects of cancer care that are principally addressed by palliative care clinicians. Because of their intensive training in communication and providing support for patients who face serious illness, palliative care clinicians are highly qualified to help patients with cancer and their

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caregivers to cope with their diagnosis and the accompanying changes in their lives and relationships. Greer et al²⁴ discuss the complexities of coping with a serious cancer diagnosis and review the evidence that demonstrates the role of palliative care in promoting effective coping. Alam et al²⁵ address the challenges of caregiving and review the evidence that demonstrates a role for palliative care in supporting caregivers of patients with advanced cancer. The authors also provide a framework for assessing and supporting caregivers throughout the patient's illness and during bereavement. In addition to supporting both patients and their caregivers, palliative care has been shown to facilitate greater communication about end-of-life care and earlier referrals for hospice services. Currow et al²⁶ review the aspects of care that are most important to patients and their caregivers at the end of life and the key role that team-based hospice care plays in addressing patients' physical and psychological symptoms and in supporting caregivers.

The third set of articles focuses on integrating palliative care for patients with cancer diagnoses and clinical characteristics that have not been adequately represented in clinical trials to date. El-Jawahri et al²⁷ review the emerging evidence that demonstrates that involvement of palliative care is beneficial for patients with hematologic malignancies and discuss strategies for further integrating palliative care services into the treatment of these malignancies. Another patient population that has been relatively understudied with respect to palliative care is pediatric oncology patients. Snaman et al²⁸ highlight the importance of family-centered communication when dealing with ill children and underscore the role of patient-reported outcomes in ensuring that children's symptoms are recognized and reported to palliative care clinicians. Bakitas et al²⁹ highlight considerations that investigators and clinicians must address when adapting palliative care interventions for patients with cancer in low-resource settings, including rural and remote areas. The authors offer detailed solutions and research priorities designed to expand the evidence base and promote best practices for this diverse patient population. In the last article in this set, Griggs³⁰ describes alarming disparities in palliative care for racial and ethnic

minorities and people of lower socioeconomic status. The article also identifies several key steps to overcome these disparities, including increasing research into culturally tailored forms of palliative care.

The final set of articles provides essential information for clinicians and administrators who are developing or growing palliative care programs and advocating for institutional resources. May et al³¹ review the evidence that suggests that there are cost savings with palliative care services and identify future research priorities, including additional studies on the cost implications of palliative care in the ambulatory care setting. Kamal et al³² address the importance of standards, guidelines, and quality measures to ensure the delivery of high-quality palliative care in oncology. The authors provide a framework for assessing the fidelity of palliative care delivery with both structure and process measures. In the final article, Ferrell et al³³ address how to best implement palliative care models for patients with cancer and how to disseminate this model to ensure that all patients with cancer receive high-quality care. While building upon the article by Kamal et al, the authors stress the importance of having structures and processes in place to successfully implement palliative care and underscore the importance of changing the culture of oncology with regard to palliative care and the key role of nurses in supporting patients with cancer.

We greatly appreciate the opportunity that this *Journal of Clinical Oncology* special series provides to highlight the advances that have occurred in recent years in the science and practice of palliative care. Although the evidence base for and clinical experience with early palliative care integrated with oncology care continues to grow, we still face a national shortage of trained palliative care clinicians and the need to modify existing health care policies to ensure the delivery of palliative care services to all patients in need. It is exciting to think about what the next decade will bring for achieving the goal of delivering high-quality palliative and oncology care in a patient-centered fashion, regardless of a patient's cancer diagnosis, age, race, ethnicity, or geographic location.

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AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

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