

Integration of Palliative Care Into Standard Oncology Care: ASCO Clinical Practice Guideline Update Summary

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Editor's Note: The Expert Panel and ASCO Staff dedicate this guideline to the memory of Panel member, Ellen Lewis Stovall, 1946–2016, former Chief Executive Officer of National Coalition Cancer for Secondary Survivorship and long-time ASCO volunteer.

The purpose of the ASCO guideline is to update the 2012 ASCO Provisional Clinical Opinion (PCO)¹ on the integration of palliative care into standard oncology care and transition the content into a guideline. The 2012 PCO was based on a review of the study by Temel et al² by the National Cancer Institute's Physicians Data Query and on additional randomized controlled trials (RCTs) chosen by ASCO showing the benefits of early palliative care when added to usual oncology care. As in the 2012 PCO, this document uses the definition of palliative care from the National Consensus Project³ (see Bottom Line Box).

Patients with advanced cancer are defined as those with distant metastases, late-stage disease, cancer that is life-limiting, and/or prognosis of 6 to 24 months. This update includes nine RCTs, as well as one quasi-experimental study, and five secondary publications from previously reviewed RCTs. It reviews and analyzes new and updated evidence on early palliative care, including for patients in both inpatient and outpatient settings, the components and triggers for offering patients palliative care, palliative care services for family caregivers, and how oncology professionals and other clinicians can provide palliative care, in addition to palliative care specialists. In this guideline, a family caregiver is defined as either a friend or relative who the patient describes as the primary caregiver; it may

be someone who is not biologically related.⁴ The guideline also presents discussions on health disparities and on the business case for palliative care. This update complements discussions on palliative care in recent ASCO guidelines on the treatment of patients with stage IV non-small-cell lung cancer⁵ and the treatment of patients with pancreatic cancer.^{6–8} We also suggest readers refer to ASCO's suite of supportive care guidelines (at <http://www.asco.org/practice-guidelines/quality-guidelines/guidelines/supportive-care-and-treatment-related-issues>) as well as the recently published ASCO chronic pain guideline.⁹

Additional information is available at www.asco.org/palliative-care-guideline. Patient information is available at www.cancer.net. **JOP**

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THE BOTTOM LINE

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Guideline Question

Should palliative care concurrent with oncology care be standard practice?

Target Population

Patients with advanced cancer and their caregivers

Target Audience

Oncology clinicians, patients, caregivers, palliative care specialists

Methods

An Expert Panel was convened to update clinical practice guideline recommendations based on a systematic review of the medical literature.

Key Recommendation

- Patients with advanced cancer, inpatients and outpatients, should receive dedicated palliative care services early in the disease course and concurrent with active treatment. Referring patients to interdisciplinary palliative care teams is optimal, and services may complement existing programs. Providers may refer caregivers of patients with early or advanced cancer to palliative care services.

Specific Recommendations

- Patients with advanced cancer should be referred to interdisciplinary palliative care teams (consultation) that provide inpatient and outpatient care early in the course of disease, alongside active treatment of their cancer (*Type: evidence based; benefits outweigh harms; Evidence quality: intermediate; Strength of recommendation: strong*).
- Palliative care for patients with advanced cancer should be delivered through interdisciplinary palliative care teams with consultation available in both outpatient and inpatient settings (*Type: evidence based; benefits outweigh harms; Evidence quality: intermediate; Strength of recommendation: moderate*).
- Patients with advanced cancer should receive palliative care services, which may include a referral to a palliative care provider. Essential components of palliative care may include the following:
 - Rapport and relationship building with patient and family caregivers
 - Symptom, distress, and functional status management (eg, pain, dyspnea, fatigue, sleep disturbance, mood, nausea, or constipation)
 - Exploration of understanding and education about illness and prognosis
 - Clarification of treatment goals
 - Assessment and support of coping needs (eg, provision of dignity therapy)
 - Assistance with medical decision making
 - Coordination with other care providers
 - Provision of referrals to other care providers as indicated.

THE BOTTOM LINE

For newly diagnosed patients with advanced cancer, the Expert Panel suggests early palliative care involvement within 8 weeks of diagnosis (*Type: informal consensus; benefits outweigh harms; Evidence quality: intermediate; Strength of recommendation: moderate*).

- Among patients with cancer with high symptom burden and/or unmet physical or psychosocial needs, outpatient programs of cancer care should provide and use dedicated resources (palliative care clinicians) to deliver palliative care services to complement existing program tools (*Type: evidence based; benefits outweigh harms; Evidence quality: intermediate; Strength of recommendation: moderate*).
- For patients with early or advanced cancer for whom family caregivers will provide care in the outpatient, home, or community setting, nurses, social workers, or other providers may initiate caregiver-tailored palliative care support, which could include telephone coaching, education, referrals, and face-to-face meetings. For family caregivers who may live in rural areas and/or are unable to travel to clinic and/or longer distances, telephone support may be offered (*Type: evidence based; Evidence quality: low; Strength of recommendation: weak*).

Qualifying Statement

This guideline uses the National Consensus Project's definition of palliative care: "Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice."^{3(p9)}

Additional Resources

More information, including a Data Supplement with additional evidence tables, a Methodology Supplement with information about evidence quality and strength of recommendations, slide sets, and clinical tools and resources, is available at www.asco.org/palliative-care-guideline and www.asco.org/guidelineswiki. Patient information is available at www.cancer.net.

ASCO believes that cancer clinical trials are vital to inform medical decisions and improve cancer care and that all patients should have the opportunity to participate. Patients in clinical trials may benefit from the support of palliative care.

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AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

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