Early Palliative Care for Patients with Metastatic Non–Small–Cell Lung Cancer


Abstract
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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.

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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.)

Media in This Article

Figure 1 Mean Change in Quality–of–Life Scores from Baseline to 12 Weeks in the Two Study Groups.
Figure 1. Mean Change in Quality-of-Life Scores from Baseline to 12 Weeks in the Two Study Groups.

Quality of life was assessed with the use of the Functional Assessment of Cancer Therapy–Lung (FACT-L) scale, on which scores range from 0 to 136, with higher scores indicating a better quality of life; the lung-cancer subscale (LCS) of the FACT-L scale, on which scores range from 0 to 28, with higher scores indicating fewer symptoms; and the Trial Outcome Index (TOI), which is the sum of the scores on the LCS and the physical well-being and functional well-being subscales of the FACT-L scale (scores range from 0 to 84, with higher scores indicating a better quality of life). With study group as the independent variable, two-sided independent-samples Student's t-tests showed a trend toward a significant between-group difference in the mean (±SD) change in scores from baseline to week 12 on the FACT-L scale (−0.4±13.8 in the standard care group vs. 4.2±13.8 in the palliative care group; difference between groups, 4.6; 95% confidence interval [CI], −0.8 to 9.9; P=0.09) (Panel A), no significant between-group difference in the mean change in scores on the LCS (0.3±4.0 and 0.8±3.6 in the two groups, respectively; difference between groups, 0.5; 95% CI, −1.0 to 2.0; P=0.50) (Panel B), and a significant between-group difference in the mean change in scores on the TOI (−2.3±11.4 vs. 2.3±11.2; difference between groups, 4.6; 95% CI, 0.2 to 8.9; P=0.04) (Panel C). Data are from the 47 patients in the standard care group and the 60 patients in the palliative care group who completed the 12-week assessments. I bars indicate 95% confidence intervals.