Innovative Collaboration Among Radiation Oncologists and Palliative Care Specialists Improves Care for Patients With Advanced Cancer

Summary includes updated data not in the abstract
For immediate release
October 5, 2015
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ASCO Perspective
“This study reinforces the importance of integrating palliative care throughout treatment,” said Don S. Dizon, MD, ASCO Expert and moderator of today’s presscast. “The results serve as welcome evidence that we can achieve better care for patients through cooperation across disciplines.”

ALEXANDRIA, Va. – An innovative service model that partners radiation oncology with palliative care leads to better results for patients, according to a new analysis. The model of care, established at Mount Sinai Medical Center in New York, is one of only a handful in the country. The study will be presented at the upcoming 2015 Palliative Care in Oncology Symposium in Boston.

Since its implementation in 2013, the service has led to shorter durations of radiation treatment, fewer unfinished radiation treatments, shorter hospital stays, and increased use of palliative care services.

Based on these preliminary findings, the authors suggest that better integration of palliative medicine into the care of patients with advanced cancer undergoing radiation therapy improves outcomes for patients, their families, and hospital systems.

Whole-patient assessments and family meetings are critical parts of the new multidisciplinary service model. During these encounters, a careful evaluation of patients’ physical symptoms as well as psychosocial, spiritual, lifestyle, and logistical concerns is performed. Overall goals of care
are discussed in an open and compassionate way.

In addition to radiation oncologists, medical oncologists, and palliative care specialists, family meetings may include representatives from social work, nursing, chaplaincy, and family members, all of whom play vital roles in a patient’s decision-making.

“Our study validates the importance of cohesive collaboration in cancer care. As a palliative radiation oncologist, tackling pain is only a small part of what I do. My role extends to engage patients and families in conversations that help distill their priorities and set realistic expectations of treatment. Partnering with palliative care helps us incorporate goals and preferences into our care plans,” said the study’s senior author Kavita Dharmarajan, MD, an assistant professor of radiation oncology and palliative medicine at Mount Sinai Medical Center. “When we work together, patients receive a higher quality of care that focuses on the whole person, not just a tumor.”

The service model is available to all patients with any type of cancer receiving radiation for palliative purposes, whether it is for metastases in the bone, brain, lung, pelvis, or any other organ system in the body. The current study focused on patients with painful bone metastases.

Researchers examined charts of patients with advanced cancer who received palliative radiation therapy for painful bone metastases. The study included 175 patients treated before the new service started and 161 treated after the new service was established.

This study showed that judicious use of shorter and more efficient radiation treatments within the new service model led to patients spending fewer days hospitalized. The new service decreased the median length of hospital stay from 18 to 12 days and halved the proportion of radiation treatments that went unfinished (15% vs. 8%). Under the new service model, more patients received palliative care services within a month of finishing their treatment (49% vs. 34%).

According to the authors, these findings are important because the great majority of patients appreciate being able to spend more time outside of the hospital, particularly as they near the end of life. The support from palliative care services allowed patients and families to manage symptoms at home.

The new service more than doubled the use of single-fraction radiotherapy (treatment given in a single session) and short-course radiotherapy (treatment given over one week or less) from 26% to 61%. Patients were also more likely to complete their radiation treatment.

Before the new model was established, many patients received radiation treatments lasting two weeks or longer. At times, patients who are very sick do not survive long enough after completion of therapy to see its benefits. This occurred more frequently when patients underwent longer
radiation treatments before the new service model was established.

Importantly, increasing the use of shorter palliative radiation treatments did not compromise the pain relief provided by the treatment. In fact, there was a slight increase in the percentage of patients who reported pain improvement (80% vs. 74%) within the new service model (although the difference was not statistically significant).

View the full abstract.

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2015 Palliative Care in Oncology Symposium News Planning Team
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View the disclosures for the News Planning Team.

ATTRIBUTION TO THE 2015 PALLIATIVE CARE IN ONCOLOGY SYMPOSIUM IS REQUESTED IN ALL NEWS COVERAGE.

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