

# ASCO | GUIDELINES

THE INTEGRATION OF PALLIATIVE CARE INTO STANDARD ONCOLOGY CARE: AMERICAN SOCIETY OF CLINICAL ONCOLOGY CLINICAL PRACTICE GUIDELINE UPDATE		
Clinical Question	Recommendation	Evidence Rating
What is the most effective way to care for patients with advanced cancers' symptoms (palliative care services in addition to usual care, compared with usual care alone)?	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 outweighs harms Evidence quality: intermediate Strength of recommendation: strong
What are the most practical models of palliative care? Who should deliver palliative care (external consultation, internal consultations with palliative care practitioners in the oncology practice, or performed by the oncologist him- or herself)?	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
How is palliative care in oncology defined or conceptualized?	Patients with advanced cancer should receive palliative care services, which may include a referral to a palliative care provider. Essential components of palliative care include:	Type: informal consensus Evidence quality: intermediate Strength of recommendation: moderate
	Rapport and relationship building with patient and family caregivers	
	Symptom, distress, and functional status management (e.g., pain, dyspnea, fatigue, sleep disturbance, mood, nausea, or constipation)	
	Exploration of understanding and education about illness and prognosis	

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Clinical Question	Recommendation	Evidence Rating
	<p>Clarification of treatment goals</p> <p>Assessment and support of coping needs (e.g., provision of dignity therapy)</p> <p>Assistance with medical decision making</p> <p>Coordination with other care providers</p> <p>Provision of referrals to other care providers as indicated</p> <p>For newly diagnosed patients with advanced cancer, the Expert Panel suggests early palliative care involvement, starting early in the diagnosis process and ideally within 8 weeks of diagnosis.</p>	
<p>How can palliative care services relate in practice to other existing or emerging supportive care services (including nurse navigation, lay navigation, community and home health care, geriatric oncology, psycho-oncology, and pain services)?</p>	<p>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.</p>	<p>Type: informal consensus, benefits outweigh harms Evidence quality: intermediate Strength of recommendation: moderate</p>
<p>Which interventions are helpful for family caregivers?</p>	<p>For patients with early or advanced cancer for whom family caregivers will provide care in outpatient, home, or community settings, 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.</p>	<p>Type: evidence based Evidence quality: low Strength of recommendation: weak</p>