

## What is the evidence base for early palliative care integrated with acute oncology services in terms of oncology patient reported experience and outcomes, quality of life, and cost effectiveness?

### References to studies included in this review:

- Adelson, K. et al. 2017. Standardized Criteria for Palliative Care Consultation on a Solid Tumor Oncology Service Reduces Downstream Health Care Use. *Journal of Oncology Practice/American Society of Clinical Oncology* 13(5), pp. e431-e440. doi: 10.1200/JOP.2016.016808.
- Brinkman-Stoppelenburg, A. et al. 2020. The association between palliative care team consultation and hospital costs for patients with advanced cancer: An observational study in 12 Dutch hospitals. *European Journal of Cancer Care* 29(3), pp. 1-11. doi: 10.1111/ecc.13198.
- Brinkman-Stoppelenburg, A. et al. 2020. The Impact of Palliative Care Team Consultation on Quality of Life of Patients with Advanced Cancer in Dutch Hospitals: An Observational Study. *Oncology Research and Treatment* 43(9), pp. 405-413. doi: 10.1159/000508312.
- May, P. et al. 2016. Palliative Care Teams' Cost-Saving Effect Is Larger For Cancer Patients With Higher Numbers Of Comorbidities. *Health Affairs* 35(1), pp. 44-53. doi: 10.1377/hlthaff.2015.0752.
- Ray, E. M. et al. 2019. Assessing the Impact of a Novel Integrated Palliative Care and Medical Oncology Inpatient Service on Health Care Utilization before Hospice Enrollment. *Journal of Palliative Medicine* 22(4), pp. 420-423. doi: 10.1089/jpm.2018.0235.
- Riedel, R. F. et al. 2017. Improvements in Patient and Health System Outcomes Using an Integrated Oncology and Palliative Medicine Approach on a Solid Tumor Inpatient Service. *Journal of Oncology Practice/American Society of Clinical Oncology* 13(9), pp. e738-e748. doi: 10.1200/JOP.2017.022749.
- Rocque, G. B. et al. 2015. A Quantitative Study of Triggered Palliative Care Consultation for Hospitalized Patients with Advanced Cancer. *Journal of Pain and Symptom Management* 50(4), pp. 462-469. <https://doi.org/10.1016/j.jpainsymman.2015.04.022>.

### Additional references:

- Brinkman-Stoppelenburg, A. et al. 2015. Palliative care consultation services in hospitals in the Netherlands: the design of the COMPASS study. *BMC Palliative Care* 14, p. 68. doi: 10.1186/s12904-015-0069-0
- Greer, J. A. et al. 2013. Early integration of palliative care services with standard oncology care for patients with advanced cancer. *CA: A Cancer Journal for Clinician* 63(5), pp. 349-363. doi: 10.3322/caac.21192
- Temel, J. S. et al. 2010. Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer. *New England Journal of Medicine* 363(8), pp. 733-742. doi: 10.1056/NEJMoa100067
- National Chemotherapy Advisory Group (NCAG). (2009). *Chemotherapy Services in England: Ensuring Quality and Safety*. London, Department of Health. [https://webarchive.nationalarchives.gov.uk/ukgwa/20130104173757/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_104500](https://webarchive.nationalarchives.gov.uk/ukgwa/20130104173757/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_104500) [Accessed 27 September 2021]
- Zimmermann, C. et al. 2014. Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial. *Lancet*. 2014 May 17;383(9930):1721-30. doi: 10.1016/S0140-6736(13)62416-2.

### Excluded Studies:

A number of studies have been excluded due to various reasons including the following:

- Wrong population: generally, outpatients.
- Wrong study designs, where studies were designed to test the specific intervention rather than general palliative care input.
- Studies not designed to evaluate impact of early palliative care intervention. Studies based in oncology clinics and not acute hospitals.

Additional materials available upon request:

- Critical appraisal / data extraction forms
- Search strategies
- List of excluded studies

### This report should be cited as follows:

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**Disclaimer:** Palliative Care Evidence Review Service (PaCERS) is an information service for those involved in planning and providing palliative care in Wales. Rapid reviews are based on a limited literature search and are not comprehensive, systematic reviews. This review is current as of the date of the literature search specified in the Review Methods section. PaCERS makes no representation that the literature search captured every publication that was or could be applicable to the subject matter of the report. The aim is to provide an overview of the best available evidence on a specified topic using our documented methodological framework within the agreed timeframe.