Palliative Care Referrals Occurring Too Late

Survey shows that median time from referral to palliation to death was 7 days for inpatient teams.

BY ALICIA AULT

WASHINGTON — Due partly to a lack of outpatient access to palliative care, cancer patients are being referred too late in their disease process to benefit from the quality of life–enhancing therapies and supportive care available to them through such programs, according to a new study.

Palliative care referrals "are a little too limited and a little too late," Dr. David Hui said at a press briefing sponsored by the Journal of the American Medical Association.

He and his colleagues from the University of Texas M.D. Anderson Cancer Center, Houston, and the National Cancer Institute (NCI) in Bethesda, Md., surveyed cancer center executives and palliative care program leaders at 142 cancer centers to determine the state of palliative care in the United States. They compared availability and integration of palliative care at 71 NCI-designated cancer centers with 71 non-NCI centers (JAMA 2010;303:1054-61).

To show just how few patients are referred to palliative care—outpatient services, in particular—Dr. Hui said that there are a median 833 outpatient visits per year at NCI-designated centers, but only a median 14 referrals.

The survey showed how little palliative care has changed in the last 10 years, he said. There is little standardization of care, and less than half of palliative care programs had an outpatient clinic, a specialized palliative care unit, or a hospice.

"The relative lack of outpatient clinics can be a barrier," said Dr. Hui. Oncology is primarily provided in the outpatient setting. Outpatient palliative care clinics could help integrate palliation earlier in the disease process, he and his colleagues wrote. Delayed referral has been shown to limit the effectiveness of palliation, according to the authors.

And yet, in their survey, the researchers found that the median time from referral to palliation to death was 7 days for inpatient teams and 90 days for outpatient teams.

"Seven days doesn't allow us to do a lot for the patient," said Dr. Hui at the briefing. While 90 days was better, it was still likely not early enough to provide services that patients needed, he said.

Dr. Hui acknowledged that lack of referrals and delays might be because the term "palliative care" often had a negative connotation for physicians and patients. He said there had been some move to find terminology that indicated supportive, rather than end-of-life care.

Many professional societies have been calling for earlier introduction to palliation, and the American Society of Clinical Oncology (ASCO) is urging full integration of palliative care into comprehensive cancer care by 2020.

The NCI-designated centers were statistically more likely to have a palliative care program, and also to have dedicated outpatient programs. Fifty of the 51 NCI-designated centers had an active palliative care program, while 39 of the 50 non-NCI centers had an active program. NCI centers were also significantly more likely to have a dedicated palliative care physician and a multidisciplinary inpatient consultation team.

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National Cancer Institute–designated centers were more likely to have a palliative care program.

According to the palliative care program leaders who were surveyed, palliative care has existed for longer at NCI centers. But the leaders themselves are not necessarily rooted in palliative care. Only a third said they had a professional background in palliative care. Board certification in palliative care was not a requirement for physicians or nurses at most programs, but was more commonly required at NCI centers.

Executives were asked about perceived and real barriers to establishing palliative care programs and to more fully integrating them into the comprehensive cancer care continuum. The most commonly cited reasons were poor reimbursement and limited institutional resources. But the executives also gave their programs high ratings and said that palliative care services were much improved from 5 years ago.

The cancer center executives were also supportive of full integration, more so at NCI-designated centers. Although executives supported the concept, they were less willing to hire more physicians and nurses, or fund more palliative care beds, Dr. Hui said.

For palliative care to grow, more training and educational opportunities are essential, he said. Dr. Hui and his fellow authors noted the "troublesome finding" in their study that less than half of the cancer centers offer palliative care fellowships or mandatory palliative care rotations for medical oncology fellows. ■

Disclosures: *Dr. Hui reported no conflicts of interest.*

After 40 Years, Some Victories Noted in the 'War on Cancer'

BY ALICIA AULT

WASHINGTON — There have been some significant victories in the almost 40 years since President Richard M. Nixon signed the National Cancer Act in 1971, declaring the "war on cancer," according to commentary offered by American Cancer Society epidemiologists at a briefing sponsored by the Journal of the American Medical Association.

Even so, despite more than $100 billion spent by the United States government alone over those years, cancer is still the second-leading cause of death in the United States and, by the end of this year, is projected to be the leading cause of death worldwide.

Susan M. Gapstur, Ph.D., vice president at the ACS, presented an overview of the progress in the war so far at the briefing. Her commentary was co-authored with Dr. Michael J. Thun, who is also with the cancer society (JAMA 2010;303:1084-5).

Claims of defeat or stasis in the war are inaccurate, given surveillance reports that show an almost 16% decrease in the death rate from all cancers combined between 1991 and 2006, said Dr. Gapstur. There has been a 1% annual drop in the incidence rate between 1999 and 2006, she noted in her paper.

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Mortality rates for men have dropped 21% since their peak in 1990, and mortality rates for women have dropped 12% since their peak in 1991, she said. The overall drop in death rates since 1970 has been about 6%.

The ACS estimates that some 765,000 cancer deaths have been avoided since 1990.

But the decline in mortality is more impressive when taken into context, she said. Since 1970, the U.S. population has grown 30%, and there has been a twofold increase in adults aged 55 years or older. That segment of the population accounts for three-quarters of the cancer incidence.

Incidence rates and the sheer number of people dying from cancer are expected to rise with the aging of the U.S. population. During their lifetime, one in two men and one in three women will be diagnosed with cancer.

The ACS estimates that there were 1.5 million new diagnoses in 2009 and 560,000 deaths.

The billions of dollars spent on public and private research have helped determine that cancer is incredibly variable and individualized. There are more than 100 different anatomical and histological subtypes of the disease. Many of these illnesses have "multiple molecular variants with different [prognoses], clinical features, and susceptibility to treatment," wrote Dr. Gapstur and Dr. Thun.

There have been successes, chief among them the decline in cigarette smoking that has led to a 40% reduction in cancer mortality for men from the peak rates, largely due to a huge decline in lung cancer deaths.

Early detection through Papanicolaou testing has also reduced the death rate from cervical cancer. Screening technologies hold the same promise for breast and colon cancer, and to a more debatable extent, prostate cancer, according to the authors.

Treatment advances have led to more success stories in pediatric cancers. Dr. Gapstur noted that some 80% of pediatric cancer patients survive 5 years or more. Therapeutic advances have also led to better prognoses for Hodgkin's disease, testicular cancer, and chronic myelogenous leukemia, they said.

Localized cancers also are being treated with greater success, leading to better prognoses. But metastatic cancers and certain, more lethal diseases, such as cancers of the brain, liver, lung, ovary, and pancreas, are still a "critical problem," the authors wrote.

Death rates are rising for esophageal and liver cancer and melanoma in men, and for pancreatic and liver cancer in women.

These cancers may be obesity related, said Dr. Gapstur, who noted that the obesity epidemic could fuel rising cancer death rates in the future. ■

Disclosures: *Dr. Gapstur and Dr. Thun reported having no conflicts of interest.*