

Palliative Care for Patients with Cancer: ASCO Guideline Update

By Sanders, JJ (Sanders, Justin J.) [1] ; Temin, S (Temin, Sarah) [2] ; Ghoshal, A (Ghoshal, Arun) [3] ; Alesi, ER (Alesi, Erin R.) [4] ; Ali, ZV (Ali, Zipporah Vunoro) [5] ; Chauhan, C (Chauhan, Cynthia) [6] ; Cleary, JF (Cleary, James F.) [7] ; Epstein, AS (Epstein, Andrew S.) [8] ; Firn, JI (Firn, Janice I.) [9] ; Jones, JA (Jones, Joshua A.) [10] ; Group Author Amer Soc Clinical Oncology (Amer Soc Clinical Oncology) (provided by Clarivate) Source JOURNAL OF CLINICAL ONCOLOGY Volume 42 Issue 19 DOI 10.1200/JCO.24.00542 Published JUL 1 2024 Indexed 2024-07-18 Document Type Article

Abstract

ASCO Guidelines provide recommendations with comprehensive review and analyses of the relevant literature for each recommendation, following the guideline development process as outlined in the ASCO Guidelines Methodology Manual. ASCO Guidelines follow the ASCO Conflict of Interest Policy for Clinical Practice Guidelines. Clinical Practice Guidelines and other guidance ("Guidance") provided by ASCO is not a comprehensive or definitive guide to treatment options. It is intended for voluntary use by providers and should be used in conjunction with independent professional judgment. Guidance may not be applicable to all patients, interventions, diseases, or stages of diseases. Guidance is based on review and analysis of relevant literature, and is not intended as a statement of the standard of care. ASCO does not endorse third-party drugs, devices, services, or therapies and assumes no responsibility for any harm arising from or related to the use of this information. See complete disclaimer in Appendix 1 and 2 (online only) for more. PURPOSE To provide evidence-based guidance to oncology clinicians, patients, nonprofessional caregivers, and palliative care clinicians to update the 2016 ASCO guideline on the integration of palliative care into standard oncology for all patients diagnosed with cancer. METHODS ASCO convened an Expert Panel of medical, radiation, hematology-oncology, oncology nursing, palliative care, social work, ethics, advocacy, and psycho-oncology experts. The Panel conducted a literature search, including systematic reviews, meta-analyses, and randomized controlled trials published from 2015-2023. Outcomes of interest included quality of life (QOL), patient satisfaction, physical and psychological symptoms, survival, and caregiver burden. Expert Panel members used available evidence and informal consensus to develop evidence-based guideline recommendations. RESULTS The literature search identified 52 relevant studies to inform the evidence base for this guideline. RECOMMENDATION Evidence-based recommendations address the integration of palliative care in oncology. Oncology clinicians should refer patients with advanced solid tumors and hematologic malignancies to specialized interdisciplinary palliative care teams that provide outpatient and inpatient care beginning early in the course of the disease, alongside active treatment of their cancer. For patients with cancer with unaddressed physical, psychosocial, or spiritual distress, cancer care programs should provide dedicated specialist palliative care services complementing existing or emerging supportive care interventions. Oncology clinicians from across the interdisciplinary cancer care team may refer the caregivers (eg, family, chosen family, and friends) of patients with cancer to palliative care teams for additional support. The Expert Panel suggests early palliative care involvement, especially for patients with uncontrolled symptoms and QOL concerns. Clinicians caring for patients with solid tumors on phase I cancer trials may also refer them to specialist palliative care. Additional information is available at



Life Satisfaction

www.asco.org/supportive-care-guidelines. RECOMMENDATION Evidence-based recommendations address the integration of palliative care in oncology. Oncology clinicians should refer patients with advanced solid tumors and hematologic malignancies to specialized interdisciplinary palliative care teams that provide outpatient and inpatient care beginning early in the course of the disease, alongside active treatment of their cancer.

For patients with cancer with unaddressed physical, psychosocial, or spiritual distress, cancer care programs should provide dedicated specialist palliative care services complementing existing or emerging supportive care interventions. Oncology clinicians from across the interdisciplinary cancer care team may refer the caregivers (eg, family, chosen family, and friends) of patients with cancer to palliative care teams for additional support. The Expert Panel suggests early palliative care involvement, especially for patients with uncontrolled symptoms and QOL concerns. Clinicians caring for patients with solid tumors on phase I cancer trials may also refer them to specialist palliative care. Additional information is available at www.asco.org/supportive-care-guidelines.

Keywords

Keywords Plus

[QUALITY-OF-LIFE](#) [CLINICAL-PRACTICE GUIDELINE](#) [RANDOMIZED CONTROLLED-TRIAL](#) [AMERICAN SOCIETY](#) [FAMILY CAREGIVERS](#) [INTERVENTION](#) [INTEGRATION](#) [COMMUNICATION](#) [PAIN](#)