



Association for
Palliative Medicine

Article of the Month

November 2017

Randomised clinical trial of early specialist palliative care plus standard care versus standard care alone in patients with advanced cancer: The Danish Palliative Care Trial

Mogens Groenvold, Morten Aagaard Petersen, Anette Damkier, Mette Asbjørn Neergaard, Jan Bjoern Nielsen, Lise Pedersen, Per Sjøgren, Annette Sand Strømgren, Tove Bahn Vejlgård, Christian Gluud, Jane Lindschou, Peter Fayers, Irene J Higginson and Anna Thit Johnsen

Palliative Medicine 2017, Vol 31(9), 814-824

Previous studies have shown improved outcomes and improved survival in cancer patients referred early to specialist palliative care. This Danish multicentred randomised clinical trial compared early referral to specialist palliative care vs standard care alone. Patients with advanced cancer were screened for palliative care needs and those exceeding a predefined threshold were eligible. 145 patients were randomised to specialist palliative care and 152 to standard care. There was no effect on the primary outcome of change in primary need (the most severe of seven EORTC QLQ-C30 scales) nor any difference in the secondary outcomes including survival with the possible exception of nausea and vomiting where there was a larger but non-significant benefit in the palliative care group. Some explanations for the negative results such as the teams involved not having the resources to cope with the new model or prioritising other patients are suggested by the authors.

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Initial perceptions of palliative care: An exploratory qualitative study of patients with advanced cancer and their family caregivers

Anna Collins, Sue-Anne McLachlan and Jennifer Philip

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This cross-sectional, prospective, qualitative study from Australia interviewed patients with advanced cancer and their carers around their initial perceptions of palliative care. They interviewed 30 patients and 25 carers and identified 3 main themes; (1) diminished care, seen as a lesser treatment (2) diminished possibilities for hopes and treatments focused on cure and (3) diminished choices for the circumstances of their care. Although a number of studies have demonstrated the benefits of early palliative care involvement for patients with advanced cancer, there remains an issue with late referrals and the authors suggest there is a significant opportunity to help patients and carers understand palliative care and reduce the stigma associated with a referral.

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Prepared by Dr Helen McGee, on behalf of the APM Science Committee