elcc European Lung Cancer Congress 2023

**PRESENTATION NUMBER**

**61P**

# EARLY PALLIATIVE CARE IN PATIENTS WITH NON-SMALL-CELL LUNG CANCER: A 36-WEEKS RANDOMISED CONTROLLED TRIAL IN CHINA

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## INTRODUCTION

There is an urgent need for high effective and low medical burden interventions to improve the quality of life, nutrition and psychological state of NSCLC patients. Palliative care is still in its infancy in China. E-warm model intervention is an early interdisciplinary palliative care technology based on the culture and situation of our country.

Our study was to examine effect of the early integration of interdisciplinary palliative care (based on E-warm model) for patients with NSCLC on the quality of life, psychological state, cancer pain and nutritional status.

## AIM

Effective interventions to improve prognosis in non-small-cell lung cancer (NSCLC) are urgently needed. We assessed the effect of the early integration of interdisciplinary palliative care (based on Ewarm model) for patients with NSCLC on the quality of life (QoL), psychological state, cancer pain and nutritional status.

## METHOD

- Newly diagnosed NSCLC patients were randomly assigned to combined early palliative care (CEPC) (n=140) or standard oncological care (SC) group(n=140).
- CEPC was provided by a team of medical oncologists, psychologists, oncology nurse specialists and dietitians; CEPC group carried out intervention and evaluation each month.
- Quality of life and psychological state were assessed by FACT-L scale, HADS and PHQ-9 at baseline and 36 weeks, respectively. Cancer nutritional and pain status were assessed with the use of the Patient-Generated Subjective Global Assessment (PG-SGA) and Numerical Rating Scale (NRS), respectively. The primary outcome was the change in the quality of life, psychological state and nutritional status at 36 weeks.

## RESULTS

280 patients were enrolled: 140 in CEPC group (102 completed) and 140 in the SC group(82 completed). CEPC group had a better QoL than SC group (all $P < 0.05$). In addition, fewer patients in the CEPC group than in the SC group had depressive ($P < 0.05$) symptoms. Furthermore, patients in CEPC group had a better nutritional status and pain than SC group (P =0.007 and P =0.003). Patients in the CEPC group had significantly longer survival than those in the SC group (median OS, 24.6 vs. 20.4 months; P=0.042)(HR, 0.19; 95% CI, 0.04 to 0.85; P=0.029).

Figure1: Trial profile

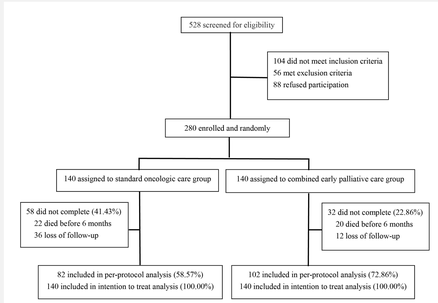


Figure2: Early interdisciplinary palliative care team workflow

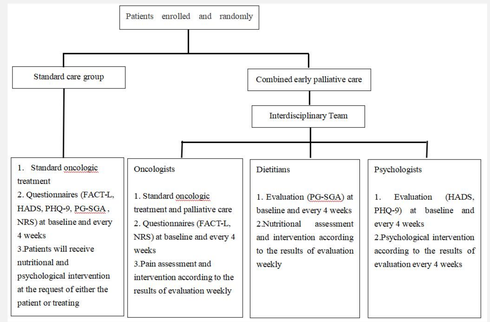


Table1 : Analyses of Patients'Characteristics at 36 Weeks

| Characteristic | Standard Care (n=140) | CombinedEarly Palliative Care (n=140) | $t/\chi^2/Z$ | $P$值 |
|---|---|---|---|---|
| **Height,cm** | 161.99±7.31 | 161.89±7.91 | 0.11 | 0.915 |
| **Weight, kg** | 60.02±9.27 | 60.38±10.79 | -0.27 | 0.788 |
| **BMI, kg/m 2** | 22.83±2.95 | 22.96±3.55 | -0.31 | 0.759 |
| **Waist, cm** | 82.01±8.78 | 84.08±7.23 | -2.82 | 0.090 |
| **PG-SGA score—no.(%)** | | | 9.98 | **0.007** |
| Nomalnutrition(0–1) | 30 (21.43%) | 53 (37.86%) | | |
| Mild or moderate malnutrition (2–8) | 78 (55.71%) | 67 (47.86%) | | |
| Severe malnutrition(≥9) | 32 (22.86%) | 20 (14.29%) | | |
| **NRS score—no.(%)** | | | 11.40 | **0.003** |
| No pain(0) | 76 (54.29%) | 103 (73.57%) | | |
| Mild pain(1-3) | 52 (37.14%) | 29 (20.71%) | | |
| Moderate pain (4–6) | 12 (8.57%) | 8 (5.71%) | | |
| Severe pain(7-10) | 0 | 0 | | |
| **Assessment of mood symptoms** | | | | |
| **HADS** | | | | |
| Anxiety subscale(HADS-A) | 2.66±2.86 | 1.45±2.86 | 4.13 | **< 0.001** |
| Depression subscale(HADS-D) | 3.54±4.61 | 1.5±2.05 | 4.77 | **< 0.001** |
| **PHQ-9** Depression severity | | | 9.88 | **0.020** |
| No(0-4) | 111 (79.29%) | 127 (90.71%) | | |
| Mild (5-9) | 20 (14.29%) | 12 (8.57%) | | |
| Moderate(10-14) | 4 (2.86%) | 1 (0.71%) | | |
| Moderately severe(15-19) | 5 (3.57%) | 0 | | |
| **Scores on quality-of-life measures** | | | | |
| FACT-L scale | 111.66±14.90 | 117.81±11.15 | -3.907 | **< 0.001** |

## CONCLUSIONS

Among patients with non-small-cell lung cancer, early palliative care led to significant improvements in longer survival, quality of life, psychological state, pain and nutritional status.

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## ACKNOWLEDGEMENTS

This research was supported by Chongqing Talents Innovation Leading Talents Program (cstc2021ycjh-bgzxm0256) , and Natural Science Foundation of Chongqing of China (cstc2021jcyj-msxmX0400) , Chongqing medicinal biotech association of scientific research projects(cmba2022kyym-zkxmQ0011), and Chongqing Scientific Research Institutions Performance Incentive and guidance Project (cstc2022jxjl0221).

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All authors declare no conflict of interest.