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EARLY INTERDISCIPLINARY SUPPORTIVE CARE IN PATIENTS WITH NON-SMALL-CELL LUNG CANCER: A RANDOMISED CONTROLLED TRIAL

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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. 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 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 supportive care (based on WARM model) for patients with NSCLC on the quality of life, psychological state, cancer pain and nutritional status

METHOD

- Newly diagnosed NSCLC patients were randomly assigned to combined early palliative care (CEPC) (n=30) or standard oncological care (SC) group(n=30).
- 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 24 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 24 weeks.

RESULTS

Compliance at 6 months was 76.66% (23 patients) in the CEPC group versus 73.33% (22) in the SC group. Patients assigned to CEPC group had a better quality of life than did patients assigned to SC group (mean score on the FACT-L scale, 122.30 vs. 111.80; P ＜0.001). In addition, fewer patients in the EPC group than in the SC group had anxiety (mean score on the HADS Anxiety subscale, 1.13 vs 2.86, P＜0.001) and depressive (mean score on the HADS Depression subscale, 0.65 vs 3.56, P ＜0.001) symptoms. The PHQ-9 results showed that 100% patients were free of depression in the EPC group versus 45.45% patients were free of depression, 55.55% had mild level (score 5-9) in SC group (P ＜0.001). Furthermore, patients in the EPC group (severe malnutrition was 0 %, moderate malnutrition was 60.87% and mild malnutrition was 39.13% according to PG-SGA) than in the SC group (severe malnutrition was 40.91%, moderate malnutrition was 50.00% and mild malnutrition was 9.09% according to PG-SGA) had a better nutritional status (P ＜0.001).

Figure1: Trial profile

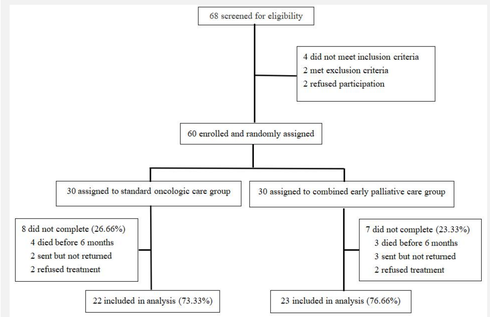

Figure2: Early interdisciplinary palliative care team workflow

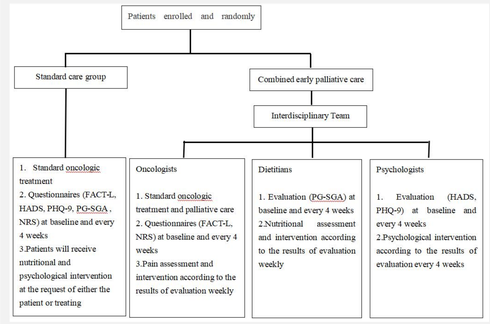

Table1 : Analyses of Patients'Characteristics at 24 Weeks

Characteristic	Standard Care (n=22)	Combined Early Palliative Care (n=23)	$t/\chi^2/Z$	P值
Height,cm	160.30 ± 1.90	160.70 ± 1.55	0.15	0.878
Weight, kg	59.41 ± 2.34	59.24 ± 1.68	0.06	0.953
BMI, kg/m 2	22.99 ± 0.63	22.93 ± 0.52	0.07	0.942
Waist, cm	83.76 ± 1.78	84.05 ± 1.43	0.12	0.901
PG-SGA score—no.(%)			14.55	**＜0.001**
No malnutrition (0–1)	2（9.09%）	9（39.13%）		
Mild or moderate malnutrition (2–8)	11（50.00%）	14（60.87%）		
Severe malnutrition (≥9)	9（40.91%）	0（0%）		
NRS score—no.(%)			3.37	0.140
No pain (0)	16(72.73%)	21(91.30%)		
Mild pain (1-3)	5(22.73%)	1(4.35%)		
Moderate pain (4–6)	1(4.54%)	1(4.35%)		
Severe pain (7-10)	0	0		
Assessment of mood symptoms				
HADS				
Anxiety subscale (HADS-A)	2.86 ± 0.39	1.13 ± 0.25	-3.32	**<0.001**
Depression subscale (HADS-D)	3.55 ± 0.44	0.65 ± 0.25	-3.32	**< 0.001**
PHQ-9 Depression severity			14.43	**< 0.001**
No (0-4)	10(45.45%)	23(100%)		
Mild (5-9)	12(54.55%)	0(0%)		
Scores on quality-of-life measures				
FACT-L scale	111.80 ± 2.05	122.30 ± 1.57	4.10	**< 0.001**
Lung-cancer subscale	27.36 ± 0.71	31.70 ± 0.41	5.19	**< 0.001**
Trial Outcome Index	71.73 ± 1.48	79.52 ± 1.04	4.34	**< 0.001**

CONCLUSIONS

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

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