

## Study Touts Benefits of Quality-of-Life Cancer Care

Palliative care, which helps the gravely ill make the most of the time they have left, provided a surprising bonus for terminal lung cancer patients: More time left to enjoy. A study found that patients who started soon after their diagnosis on palliative care along with usual cancer care lived nearly three months longer than people given only standard cancer care, even though this second group had more chemotherapy.

That's a big difference. Patients like this typically live less than a year after diagnosis, said study leader Dr. Jennifer Temel, a cancer specialist at Massachusetts General Hospital in Boston, where the study was done. The results, in Thursday's *New England Journal of Medicine*, could affect the care of a lot of people: More than half of lung cancer patients have incurable disease by the time they are diagnosed.

**Palliative care involves doctors, nurses, social workers, nutritionists and even chaplains who specialize in pain control and treating nausea, shortness of breath and other symptoms that affect quality of life. It's not the same as hospice or comfort care, when doctors think a patient has less than six months to live and treating the illness no longer helps. It really means "helping people live as well as they can, as long as they can,"** said Dr. Vicki Jackson, acting chief of palliative care at Massachusetts General.

The study was one of the best tests yet of palliative care, and the results should ease many fears about starting it soon after diagnosis, doctors say. "One of the most common misconceptions about palliative care is that it indicates treatment has failed, that it means giving up," Jackson said.

The study involved 151 people newly diagnosed with cancer that had spread beyond the lung. All received routine cancer care and about half also got palliative care. More than half of those on standard care alone received chemo in their last two weeks of life, versus only a third of the palliative care patients. Yet the palliative care group's median survival was better: more than 11 months versus less than nine months.

**Quality of life and physical functioning improved in the palliative care group and worsened in the others. Depression was less than half as common in the palliative care group. "When people feel better, they're much more likely to go for their treatment, to get up out of bed, to exercise," and that affects survival,** said Dr. R. Sean Morrison, president of the American Academy of Hospice and Palliative Medicine and a doctor at Mount Sinai School of Medicine in New York.

Dr. Gail Austin Cooney knows this from personal and professional experience. Cooney, past president of the academy and assistant medical director of the Hospice of Palm Beach County in Florida, used palliative care to cope with a particularly difficult chemo treatment for advanced ovarian cancer in 2008.

"I knew that in order to tolerate the treatment I needed to have my symptoms controlled and be in the best physical and psychological state. I wanted to get all those treatments they told me I wouldn't be able to finish," said Cooney, whose cancer is now in remission.

The study shows that **palliative care should be a routine part of managing any serious illness rather than "what we do when there is nothing more that we can do,"** doctors Amy Kelley and Diane Meier of Mount Sinai wrote in an editorial in the journal.

The American Society of Clinical Oncology and two cancer charities paid for the study. It did not look at the cost of palliative care, which is mostly doctor visits. However, research Morrison has published suggests it can save money by lowering emergency visits, unwanted hospital stays and futile treatments.