

Palliative and Supportive Care Provider Utilization for Cancer Symptom and Side Effect Management

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New Research

- Research from the RTI was presented at the American Psychosocial Oncology Society's Annual Conference on March 10th, 2022.
- This research highlights how often cancer patients and survivors use palliative and supportive care for cancer symptom and side effect management. The findings identify personal and clinical factors associated with increased use of palliative and supportive care, which can improve cancer patients' quality of life from diagnosis through survivorship.

Main Takeaways

- In the current study, cancer patients and survivors generally relied on primary care and oncology care teams for symptom and side effect support.
- Even after accounting for physical functioning, sociodemographic and clinical characteristics significantly predict palliative and supportive care utilization.
- Misconceptions of palliative and support care services being hospice/end-of-life care may contribute to low utilization of these services among those impacted by cancer.
- Further research is needed to examine systemic, environmental, and other access barriers to utilizing palliative and supportive care services.

What does this mean for you?

- The American Cancer Society recommends palliative and supportive care as a standard part of care, regardless of age or cancer stage; despite this, these services remain underutilized in the oncology space.
- Those providing support and services to cancer patients and survivors should remind them that palliative and supportive care can be used from diagnosis through survivorship to assist in the management of symptoms and side effects and can improve quality of life.
- Policies requiring universal patient screening for palliative care-related needs may improve patients' access to, and interest in, palliative and supportive care services for cancer symptom and side effect management.

Related Resources

[Cancer Support Helpline | Cancer Support Community](#)
[American Cancer Society: What is Palliative Care?](#)
[Frank Conversation about Palliative Care](#)

Palliative and Supportive Care Provider Utilization for Cancer Symptom and Side Effect Management

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BACKGROUND

- Palliative and supportive care (PSC) can help patients and caregivers manage symptoms and treatment side effects and improve quality of life at any point in the cancer care continuum.
- The American Cancer Society recommends PSC as a standard part of care, regardless of age or cancer stage.¹
- Despite this, PSC services remain underutilized in oncology care.

OBJECTIVE

- To examine PSC utilization among cancer patients and survivors
- To identify sociodemographic and clinical factors associated with use

METHODOLOGY

In this observational, cross-sectional study, **1019 patients and survivors** with different types of cancer completed the Cancer Support Community's online survey Cancer Experience Registry[®] and answered questions about:

- Sociodemographic and clinical history;
- Interest in seeing a PSC provider (0 = *not at all* to 4 = *very much*);
- Frequency accessing 12 types of PSC providers in the past year for symptom and side effect support (0 = *never* to 4 = *always*);
- Physical functioning (Patient-Reported Outcomes Measurement Information System; PROMIS-29v2.0[®]).

We categorized PSC providers as:

- Primary PSC (oncology, palliative, or primary care provider)
- Allied PSC (e.g., dietitian, physical therapist, pharmacist)
- Psychosocial PSC (e.g., social worker, counselor, spiritual care provider)

Three logistic regression models were completed to identify variables associated with use of (1) Primary PSC, (2) Psychosocial PSC, and (3) Allied PSC, including:

- Clinical history (cancer diagnosis, time since diagnosis, active treatment status, history of metastatic disease, type of cancer care facility);
- Sociodemographic characteristics (age, gender identity, income, educational attainment, employment status, race, ethnicity); and
- Physical functioning T-scores (0 = *greater than or equal to 40*; 1 = *less than 40*).

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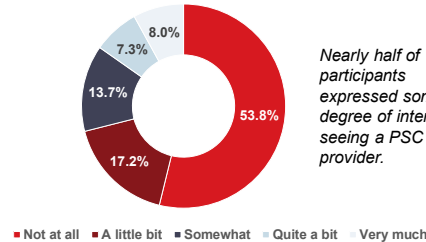
AbbVie	Celgene Corporation	Lilly
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Bayer HealthCare	Janssen	Seagen
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Bristol Myers Squibb	Johnson & Johnson	Takeda Oncology

PARTICIPANTS

N = 1,019	M / n	SD / %
Age (years)	58.3	12.2
Female	786	77%
Hispanic, Latino, or Spanish origin	81	8%
Race		
Non-Hispanic Black	46	5%
Non-Hispanic White	829	88%
Non-Hispanic other race	56	6%
Primary Diagnosis		
Breast Cancer	375	37%
Hematologic Cancers	104	10%
Colorectal Cancer	84	8%
Ovarian Cancer	78	8%
Other	378	37%
Time Since Diagnosis (years)	3.8	5.4
History of Metastatic Disease	259	25%
Educational Attainment		
High school or less	148	15%
Some college	342	34%
College degree	264	26%
Graduate degree or higher	259	25%
Employment Status		
Full-time	329	32%
Part-time	100	10%
Retired	321	32%
Not employed, disability	163	16%
Not employed, other	84	8%
Physical Functioning T-score	44.5	9.3

RESULTS

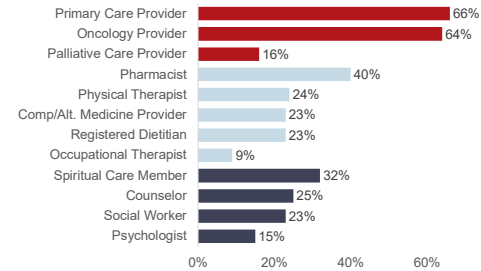
Interest in Seeing a PSC Provider



Nearly half of participants expressed some degree of interest in seeing a PSC provider.

RESULTS

PSC Utilization for Symptom and Side Effect Support in the Prior Year



More than half of participants utilized at least one provider from each PSC category for cancer symptom and side effect support in the prior year.

- 66% utilized **Primary PSC**
- 60% utilized **Allied PSC**
- 53% utilized **Psychosocial PSC**

Factors Predicting Likelihood of PSC Utilization for Symptom and Side Effect Management in the Prior Year

Primary PSC Utilization	Odds ratio	95% CI
Age, year	0.97	0.95 - 0.99
Hispanic, Latino, or Spanish origin	2.56	1.08 - 6.09
History of metastatic disease	2.94	1.59 - 5.46
Time since diagnosis, year	0.92	0.89 - 0.95
Low physical function (<40)	3.91	2.27 - 6.76
Allied PSC Utilization	Odds ratio	95% CI
Hispanic, Latino, or Spanish origin	1.75	1.03 - 2.96
High school diploma or less	0.65	0.45 - 0.95
History of metastatic disease	1.56	1.06 - 2.35
Time since diagnosis, year	0.97	0.94 - 0.99
Care received at Academic/Comprehensive Cancer Center	1.61	1.18 - 2.21
Low physical function (<40)	1.84	1.30 - 2.59
Psychosocial PSC Utilization	Odds ratio	95% CI
Age, year	0.98	0.96 - 0.99
Non-Hispanic White	0.92	0.86 - 0.99
Hispanic, Latino, or Spanish origin	2.21	1.31 - 3.72
Not employed due to disability	1.77	1.19 - 2.62
Time since diagnosis, year	0.97	0.94 - 0.99
Care received at Academic/Comprehensive Cancer Center	1.49	1.09 - 2.03
Low physical function (<40)	1.55	1.10 - 2.17

Note: Only significant predictors are shown. All models adjusted for cancer diagnosis, current treatment status, time since diagnosis, history of metastatic disease, type of cancer care facility, age, gender identity, income, educational attainment, employment status, race, ethnicity.

Categorical variables (income, educational attainment, employment status, and race) were entered using weighted effect coding (WEC) to account for unbalanced distribution of the sample among categories. In WEC, the reference group is the overall sample average.^{2,3}

For all types of PSC, low physical functioning, Hispanic ethnicity, and shorter time since diagnosis increased likelihood (odds ratio > 1) of utilizing PSC for the management of symptoms and side effects in the prior year.

CONCLUSIONS

- Half of our sample expressed some interest in accessing PSC providers. Participants in our sample most frequently relied on primary and oncology care teams for symptom and side effect support.
- While PSC services can improve the management of cancer symptoms and side effects from diagnosis through survivorship, these services are often mistaken for hospice, or end-of-life care, and remain underutilized in oncology.^{1,4}
- Increased referrals from care providers and policies requiring universal patient screening for palliative care-related needs may improve patients' access to, and interest in, allied and psychosocial PSC services for symptom and side effect management.^{5,6}
- Further research is needed to examine systemic, environmental, and other access barriers to utilizing PSC.