

Automatic Palliative Care Referrals: Acceptability and Uptake by Patients with Advanced Lung Cancer

Ever wondered why palliative care isn't automatically offered to all patients with advanced (stage IV) cancer?

The [Palliative Care Early and Systematic \(PaCES\)](#) program is undertaking a new study to test **acceptability** of **automatically offering a supportive and palliative care consultation** to all new **stage IV lung cancer** patients.

What is the study doing? We are testing for 6 months, an **automatic supportive and palliative care referral process, co-designed by patients and providers**, that functions independently of oncology clinicians. Eligible patients will be called directly by a palliative care nurse, who is skilled at communicating about palliative care, to offer a supportive and palliative care consultation shortly after their first oncologist appointment at the Calgary cancer centre. After this phone call, a researcher will call patients with a survey about the acceptability of being automatically offered that supportive and palliative care referral.

What are oncology physicians and nurses being asked to do?

1. Provide the handout "*Living Well with Advanced Lung Cancer: Supportive Care*" to patients with newly diagnosed stage IV lung cancer at their first oncologist clinic visit (criteria below)
2. Let patients know someone will call them. Feel free to use or amend this sample script:
"Before you leave today, I wanted to bring up that there is a free supportive and/or palliative care [choose what term(s) you are comfortable with] program that is being offered to all newly diagnosed advanced lung cancer patients. A supportive care nurse may be phoning you soon to offer you a consultation. We're hoping that we will be able to help you manage any symptoms, address questions and concerns you have, and help you access supports for living well with your cancer."
3. In your regular charting/consult note in ARIA, for newly diagnosed stage IV lung cancer patients, mention you have given the handout and/or let the patient know about the supportive care phone call.



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- **If patient is unsure about the call:** *“This is part of an automatic process to offer supportive care to patients. A supportive care nurse from our cancer team may be calling to see if you have any questions, and to offer to meet with you to understand your needs and wishes. You can choose to not talk to the nurse if that’s what you prefer.”*
- **If there is a strong objection to the phone call:** *“My apologies, I’ll try to let the nurse know, however I may not be able to reach them before the call- You can choose to not talk to the nurse if that’s what you prefer.”*

Who is being called by the supportive and palliative care nurse?

Inclusion criteria	Exclusion criteria
Newly diagnosed stage IV lung cancer patients (Stage IV confirmed by oncologist or triage RN on their clinical documentation or verbally to PC provider) AND	Stage IV lung cancer NOT confirmed, or awaiting further results to confirm diagnosis <i>(even if confirmed at future visit, we will not be able to call the patient as they won’t be identified as a ‘new’ patient)</i>
Have had their first oncologist visit (where Stage IV confirmed prior to visit or during visit)	
Can be any of: <ul style="list-style-type: none"> • Cancer therapy plan pending • Cancer therapy plan confirmed • No cancer modifying therapy planned • No further appointments/visits to cancer centre 	Recurrence or progression as stage IV
18 years of age or older	Already referred to/seen by/requested specialist palliative care (TBCC Palliative team, Palliative Home care, Community Palliative Consult Team). EXCEPTION: If prior in-patient palliative consult has been completed but no outpatient palliative follow-up was planned.
Able to communicate by phone in any language (translation line will be used if needed)	

How many patients will be called? We anticipate calling ~125 Calgary patients over 6 months.

What is our timeline? Eligible patients will be called from ~May-October 2021, or until we reach ~125 patients.

How can I give feedback on the study? Please email the Principal Investigator: Jessica.simon@ahs.ca



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