

Early palliative interventions for improving outcomes in people with a primary malignant brain tumour and their carers: a Cochrane review

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Summary

In the UK approximately 11,700 people are diagnosed with a primary malignant brain tumour each year [The Brain Tumour Charity, 2020]. Specialist care services are well placed to support the complex needs of this population including high symptom burden and an unpredictable disease trajectory. However, there is still a residual need to collate evidence of the benefits for referring brain tumour patients to palliative interventions early after diagnosis compared to towards end of life.

Understanding of the role early referral has for brain tumour outcomes is limited [Khan 2015; Collins 2014] but acknowledged as a priority area within the James Lind Alliance [MacDonald 2015] and recognized by the National Institute for Health and Clinical Excellence (NICE) as an area of importance. As anticipated by NICE, earlier access to palliative interventions may improve care service provisions by becoming more responsive to patients' needs in a timely manner with more efficient transition from services and treatments thus improving continuity of care. Therefore, this review will evaluate the evidence base for the effects of earlier palliative interventions on brain tumour patient and carer outcomes. This will potentially impact on current UK palliative care service provision by identifying an evidence-based model of key intervention domains for the supportive and palliative care of this patient population.

Aims & Methods:

The main objective is to assess the evidence base for early palliative care interventions, including referral to specialist palliative care services for improving outcomes in people diagnosed with a primary brain tumour and their carers.

Relevant studies will be identified through searching of electronic databases (i.e Medline, Embase, CINAHL), the grey literature and also relevant journals and reference lists. We will include randomised controlled trials, non-randomised intervention studies, qualitative studies and mixed-methods studies. Included studies will contain explicit intent to provide 'early palliative care' or provide a clear study definition of 'early' in relation to time since diagnosis or ongoing active anticancer intervention.

Patient and Carer outcomes to be assessed include:

- Survival
- Quality of Life
- Care coordination & information giving
- Qualitative analysis of carer experience
- Resource use i.e. costs, length of stay
- Symptom control
- Bereavement outcomes
- Psychological outcomes