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ASCO Recommends Palliative Care as a Part of Cancer Treatment [1]

The American Society of Clinical Oncology (ASCO) has issued a [provisional clinical opinion](#) [2] recommending that palliative care be offered along with treatment to slow, stop, or eliminate the cancer for patients with metastatic cancer (cancer that has spread) when diagnosed and those who have many or severe symptoms. A provisional clinical opinion offers direction to doctors and others who treat people with cancer after the publication or presentation of information that could change testing or treatment decisions.

Understanding Palliative Care

Cancer and its treatment often cause various symptoms and [side effects](#) [3]. An important part of cancer care, no matter the diagnosis, is relieving these symptoms and side effects. This is called palliative care, symptom management, or supportive care. However, palliative care is more than receiving a drug to ease physical symptoms. The goal of palliative care is to support your physical, emotional, spiritual, and social needs from diagnosis through treatment and beyond. This includes carefully considering your prognosis (chance of recovery), any symptoms or side effects, your emotional well-being, your specific wishes and goals of treatment, and other factors that affect your ability to participate in your usual activities and receive care. Learn more about [what palliative care involves and how it is different from standard cancer treatment](#) [4].

It's important to remember that palliative care is not used instead of treatment to slow, stop, or eliminate the cancer (often called standard cancer treatment). Palliative care is used to ease symptoms and side effects and manage any challenges you experience before, during, and after your cancer treatment. Although treatment to ease symptoms from cancer and/or cancer treatment is also part of end-of-life care, palliative care and end-of-life care are not the same. [End-of-life care](#) [5] only begins if all cancer treatment options have stopped working and a cure or long-term remission (absence of cancer symptoms) or control of the cancer is no longer possible.

Palliative Care Recommendations

Patients with metastatic [non-small cell lung cancer](#) [6] who have participated in research studies live longer when they receive palliative care along with their standard cancer treatment. This is why ASCO recommends that palliative care be combined with cancer treatment for all patients

with non-small cell lung cancer.

In addition, researchers have seen that when palliative care is combined with treatment for the cancer, it improves the quality of life for both patients and caregivers. For patients who have cancers other than non-small cell lung cancer, palliative care has not been shown to lengthen their lives. However, no research studies have shown that palliative care causes any harm or increases costs. **For these reasons, ASCO recommends that doctors, patients, and caregivers talk about palliative care soon after diagnosis for any patient with metastatic cancer and for patients with many or severe symptoms.**

What this Means for Patients

Patients who receive palliative care at the same time as cancer treatment often have less severe symptoms, better quality of life, and report that they are more satisfied with treatment.

“Preserving quality of life is of utmost importance for all patients,” said PCO co-author Tom Smith, MD, Director of Palliative Care for Johns Hopkins Medicine and Hopkins' Sidney Kimmel Comprehensive Cancer Center in Baltimore, Maryland. “We now have strong evidence that combining palliative care with standard cancer treatment for metastatic cancer improves our patients' lives in many ways and, in some cases, can help lengthen their lives.”

Jamie Von Roenn, MD, Professor of Medicine in the Hematology/Oncology Division at Northwestern University Feinberg School of Medicine in Chicago, Illinois and the co-author of the PCO, adds, “Palliative care is about maintaining quality of life throughout the cancer journey.”

It's important to talk with your health care team soon after diagnosis so you understand your prognosis, goals of treatment, and your options if the cancer worsens. Planning for all possibilities helps you and your family and caregivers better cope with the disease, no matter the outcome.

Questions to Ask Your Doctor

- What type of cancer do I have?
- What is the stage? What does this mean?
- What is my prognosis?
- What are the possible side effects of treatment?
- What can be done to help manage the symptoms and side effects of the cancer and its treatment?
- Should I see someone who specializes in palliative care?
- Where can I receive palliative care services?
- If I'm concerned with managing the costs of my cancer care, who can help me?
- What support services are available to me? To my family?

For More Information

[Cancer.Net Video: What is Palliative Care, with Robert Miller, MD \[7\]](#)

[Cancer.Net Podcast: Explaining Palliative Care \[8\]](#)

Advanced Cancer Care Planning [9]

Caregiving [10]

Caring for the Whole Patient [11]

Managing the Cost of Care [12]

The information in this guide is not intended as medical or legal advice, or as a substitute for consultation with a physician or other licensed health care provider. Patients with health care-related questions should call or see their physician or other health care provider promptly and should not disregard professional medical advice, or delay seeking it, because of information encountered in this guide. The mention of any product, service, or treatment in this guide should not be construed as an ASCO endorsement. ASCO is not responsible for any injury or damage to persons or property arising out of or related to any use of this patient guide, or to any errors or omissions.

ASCO's provisional clinical opinions (PCOs) reflect expert consensus based on clinical evidence and literature available at the time they are written, and are intended to assist physicians in clinical decision-making and identify questions and settings for further research. Due to the rapid flow of scientific information in oncology, new evidence may have emerged since the time a PCO was submitted for publication. PCOs are not continually updated and may not reflect the most recent evidence. PCOs cannot account for individual variation among patients, and cannot be considered inclusive of all proper methods of care or exclusive of other treatments. It is the responsibility of the treating physician or other health care provider, relying on independent experience and knowledge of the patient, to determine the best course of treatment for the patient. Accordingly, adherence to any PCO is voluntary, with the ultimate determination regarding its application to be made by the physician in light of each patient's individual circumstances. ASCO PCOs describe the use of procedures and therapies in clinical practice and cannot be assumed to apply to the use of these interventions in the context of clinical trials. ASCO assumes no responsibility for any injury or damage to persons or property arising out of or related to any use of ASCO's PCOs, or for any errors or omissions.

Links:

[1] <http://www.cancer.net/research-and-advocacy/asco-care-and-treatment-recommendations-patients/asco-recommends-palliative-care-part-cancer-treatment>

[2] <http://www.asco.org/pco/palliativecare>

[3] <http://www.cancer.net/node/25238>

[4] <http://www.cancer.net/patient/All+About+Cancer/Treating+Cancer/Palliative+Care>

[5] <http://www.cancer.net/node/25110>

[6] <http://www.cancer.net/node/19148>

[7] <http://www.cancer.net/patient/Multimedia/Cancer.Net+Videos/Side+Effects/What+is+Palliative+Care%2C+with+Robert+Miller%2>

[8] http://www.cancer.net/sites/cancer.net/files/Explaining_Palliative_Care.mp3

[9] <http://www.cancer.net/node/25113>

[10] <http://www.cancer.net/node/25009>

[11] <http://www.cancer.net/node/25010>

[12] <http://www.cancer.net/node/24865>