Standard or PalliativE Care In Advanced Lung cancer

Does early referral of patients with metastatic non-small cell lung cancer to UK specialist palliative care services make a difference in their quality of life or survival?

Lay Summary

Lung cancer and specifically the non-small cell variety (called NSCLC) are the commonest cancers occurring in the UK. Generally, patients with advanced disease have a very poor outlook in spite of having access to the best modern anti-cancer treatment. Cancer treatment planning for patients with NSCLC needs to take into account many environmental and social factors which should not cause further burden to the patient. This includes scheduling and addressing appropriate anti-cancer treatments, such as chemotherapy or radiotherapy.

One way of ensuring that these needs are met is to refer patients to specialist palliative care services which can identify and deal with these issues. Specialist palliative care allows patients to focus on their important priorities earlier, such as advance care planning, knowing when to pursue or withdraw from anti-cancer treatments and deciding what level of medical interventions they would like at the end of their life.

SPECIAL is a two stage study, the first stage being a feasibility study which will be followed by the second, a large randomised controlled trial. SPECIAL will compare patient experiences, in terms of quality of life, between standard of care and an upfront early referral to specialist palliative care.

The feasibility study is planned to run in 3 major cancer centres. This observational study will record details of healthcare services received by 60 patients from different parts of the UK. The main carer of patients will also be asked to take part. Participants' (i.e. patients and carers) views on health and palliative care services and the SPECIAL trial will be collected by completion of questionnaires and participation in research interviews. Patients will also be asked to take part in an optional sub-study looking at memory and cognitive function. The results from the feasibility study will inform the design of the randomised controlled trial, including what information is collected and how frequently.

The randomised controlled trial will open at 20-30 centres around the country and will recruit a minimum of 525 patients. Patients' carers will also be approached to take part. Patients will be randomly allocated to either:

- Early referral to a local specialist palliative care team with standard care; or
- Standard care alone, where referral to the specialist palliative care team will be at a time to suit the patient's needs.

Patients allocated to early referral will undergo a second randomisation to the use of a holistic needs assessment tool called SPARC. The information collected will be the same as for the feasibility study.

The study endpoints could be adapted to encompass all advanced cancers and the supporting role played by palliative care within the NHS.

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Flow chart showing both Feasibility and Randomised stages of the SPECIAL trial