Prospective, Interdisciplinary Randomized Clinical Trials for Patients With Cancer in the Emergency Department: A Step Forward for Palliative Oncology Care

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It is clear that the emergency department (ED) is a source of care for a considerable portion of the population, including patients experiencing acute and subacute effects of the underlying malignant disease or perhaps adverse effects of treatment.1 For those with advanced disease and/or symptoms requiring prompt palliation, it would seem intuitive to begin formal palliative care in the ED. In fact, ED practitioners offer end-of-life care management.2

Grudzen and colleagues3 from Mt Sinai and New York University are to be congratulated on their attempt to address this question in a prospective, randomized clinical trial.4 The investigators did show an improvement in quality of life as measured by the Functional Assessment of Cancer Therapy–General Measures (FACT-G) score at 3 months, in those patients randomized for immediate palliative care team consultation while they were in the ED. There was a trend in survival. It would be important to know whether ED initiation of the palliative care chain will result in a decrease in readmission rates and the ethnic/racial and socioeconomic disparity of these services rendered. Future prospective interdisciplinary studies involving the intersection of emergency and/or urgent care, oncology, and palliative care practitioners are necessary to further refine optimal and cost-effective, patient-centered care for patients with cancer and caregivers.

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