Background: Recently many authors have hypothesized that early palliative care (EPC) in patients with cancer could improve survival, quality of life or symptoms control. To confirm this datum, we have recently completed a systematic review of literature with meta-analysis of randomized clinical trials.

Methods: A systematic review of literature with meta-analysis of randomized clinical trials has recently completed by our group. All the trials comparing EPC with standard approach (SA) were considered eligible and included into the pooled analysis. The quality of life improve was the primary end point of our work. The pooled analysis was performed using a random effect model, assuming an alpha error of 5% as index of statistical significance. Heterogeneity between the trials was assessed using the I² test. The quality of the trials included into the analysis was assessed using the Jadad score.

Results: Six trials were considered eligible and included into the analysis. The outcome of 1579 patients was analysed in the pooled analysis. 832 and 765 patients were respectively included in the EPC and SA arm. Heterogeneity between the trials was low, with I² = 19.3. The Odds Ratio of the pooled analysis was 1.52 (CI95% = 1.21-1.91, p < 0.001) in favour of EPC, and the mean difference in quality of life (assessed with the FACIT score) was 2.1 (Standard Error = 0.88, p = 0.015). The comprehensive quality of the selected trials was moderate to low using the Jadad score.

Conclusions: Our data confirm that EPC could improve quality of life of patients with advanced cancer. The datum, that is significant by a statistical point of view, is modest by a clinical point of view, with a negligible impact in the comprehensive assessment of the patient. Nevertheless, many methodological and clinical limits reduce the definitive meaning of our results, and make our conclusion controversial. Further trials, are probably needed to better define the role of EPC in the comprehensive care of cancer patients with advanced disease.

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