

Palliative Care Journal Watch

A partnership between Pallium Canada and the Divisions of Palliative Care at Queen's University in Kingston, Canada, and McMaster University in Hamilton, Canada



Queen's University
SCHOOL OF MEDICINE | DEPARTMENT OF
Medicine



Family Medicine

Hosts: Dr. José Pereira & Dr. Leonie Herx

Date: March 27th, 2023

Welcome to the Palliative Care Journal Watch!

- Keeps you up to date on the latest peer-reviewed palliative care literature.
- Led by palliative care experts from the divisions of palliative care at 2 Canadian Universities:
 - McMaster University (Hamilton, Ontario)
 - Queen's University (Kingston Ontario)
- We regularly monitor over 20 journals and highlight papers that challenge us to think differently about a topic or confirm our current practices.



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



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What to Expect from Today's Session

- We will present and discuss the top 5 article selections and provide a list of honourable mentions.
- Please submit questions through the Q&A function.
- This session is being recorded and will be shared with registrants within the next week.
- Recordings, slides and links to articles from all our sessions are available at www.echopalliative.com/palliative-care-journal-watch/.
- Check out the Palliative Care Journal Watch Podcast.
- This 1 credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **8 Mainpro+ credits** (each 1 hour session is worth 1 Mainpro+ credit).

Introductions

Hosts

Dr. José Pereira, MBChB, CCFP(PC), MSc, FCFP, PhD

Professor and Director, Division of Palliative Care, Department of Family Medicine, McMaster University, Hamilton, ON, Canada

Scientific Officer and Co-Founder, Pallium Canada

Professor, Faculty of Medicine, University of Navarra, Spain

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Division Chair & Associate Professor, Division of Palliative Medicine, Queen's University, Kingston, ON, Canada

Medical Director of Palliative Care, Kingston Health Sciences Centre and Providence Care Hospital

Disclosures

Pallium Canada

- Not-for-profit.
- Funded by:
 - Health Canada (through contribution agreements 2001-2007, 2013-2018), Patrick Gillin Family Trust (2013-2016), Li Ka Shing Foundation (2019 to current), CMA (2019 to 2022), Boehringer Ingelheim (dissemination of LEAP Lung courses 2019 to current).
 - Partnerships with some provincial bodies.
 - Revenues from LEAP course registration fees and licenses, sales of Pallium Palliative Pocketbook.

This program has received financial support from:

- Health Canada in the form of a contribution program.

Disclosures of Co-host/ Guest Panelist:

- Dr. José Pereira: Scientific Advisor, Pallium Canada.
- Dr. Leonie Herx: No conflicts of interest to declare

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content.

Featured articles

1. Bottoms, J., Nolen, A., Moore, J., Torabi, S., De Costa, S., Mays, H., & and Stilos, K. (2022). **Factors that Delay Transfers from Acute Care to a Local Palliative Care Unit**. Healthcare Quarterly, 25 (3), 36-41. doi:[10.12927/hcq.2022.26943](https://doi.org/10.12927/hcq.2022.26943)
2. Hardy J, Greer R, Huggett G, Kearney A, Gurgenci T, Good P. **Phase IIb Randomized, Placebo-Controlled, Dose-Escalating, Double-Blind Study of Cannabidiol Oil for the Relief of Symptoms in Advanced Cancer (MedCan1-CBD)**. J Clin Oncol. 2022 Nov 21;JCO2201632. doi: 10.1200/JCO.22.01632. Epub ahead of print. PMID: 36409969. <https://pubmed.ncbi.nlm.nih.gov/36409969/>
3. Abdelaal M, Avery J, Chow R, et al. **Palliative care for adolescents and young adults with advanced illness: A scoping review**. Palliative Medicine. 2023;37(1):88-107. <https://pubmed.ncbi.nlm.nih.gov/36352490/>
4. Turner N, Wahid A, Oliver P, Gardiner C, Chapman H, Khan Ppi Co-Author D, Boyd K, Dale J, Barclay S, Mayland CR, Mitchell SJ. **Role and response of primary healthcare services in community end-of-life care during COVID-19: Qualitative study and recommendations for primary palliative care delivery**. Palliat Med. 2023 Feb;37(2):235-243. doi: 10.1177/02692163221140435. Epub 2022 Dec 3. PMID: 36461707; PMCID: PMC9720421. <https://pubmed.ncbi.nlm.nih.gov/36461707/>
5. Neo SHS, Ku JSM, Tan JYT, Yoon S. **Deciding to Live (or Not) With a Left Ventricular Assist Device-a Thematic Analysis Exploring Factors Influencing the Decision-Making Process in Advanced Heart Failure Patients in Singapore**. American Journal of Hospice and Palliative Medicine®. 2023;40(1):27-33. <https://pubmed.ncbi.nlm.nih.gov/35440184/>

Article Reference:

Bottoms, J., Nolen, A., Moore, J., Torabi, S., De Costa, S., Mays, H., & and Stilos, K. (2022). Factors that Delay Transfers from Acute Care to a Local Palliative Care Unit. *Healthcare Quarterly*, 25 (3), 36-41. doi:10.12927/hcq.2022.26943

Selected by:

Chris Klinger

Presented by:

Leonie Herx

Background

- Given capacity pressures on acute care resources in Canada, there is an urgent need to shift delivery of EOL care away from acute care to alternate settings such as inpatient PCUs or hospice residences.
- Most patients wish to avoid hospitals at EOL.
- Important to understand the factors that impact transfer from acute care to a patient's preferred location for end of life in order to realign system processes to allow for safe and timely transfer.
- For patients desiring EOL care in a PCU, ensuring a safe and timely transfer will allow for an optimal EOL experience, reducing LOS in acute care and reduce overall health care costs.

Aim

- To identify factors that delay local patient transfers from acute care to a palliative care unit in order to highlight system-level opportunities to improve operational processes and the delivery of high-quality care.

Methods

- Retrospective chart review on all patients during study period who either died in acute care or were transferred to the hospital's PCU following an inpatient palliative care consultation at Sunnybrook Health Sciences Centre.
- Chart review conducted to identify:
 - factors that prevented a transfer to the PCU for those who died in acute care.
 - factors resulting in delayed transfer for those who died in PCU.
- Excluded those who received a pc consult & were discharged to another location (home, hospice, alternate PCU).

Article Reference:

Bottoms, J., Nolen, A., Moore, J., Torabi, S., De Costa, S., Mays, H., & and Stilos, K. (2022). Factors that Delay Transfers from Acute Care to a Local Palliative Care Unit. Healthcare Quarterly, 25 (3), 36-41. doi:10.12927/hcq.2022.26943

Selected by:

Chris Klinger

Presented by:

Leonie Herx

Results

- Chart review of 130 patients over an 11-week period March to May 2021.
- 31% died in acute care, 69% transferred to PCU.
- Those who were transferred to PCU: 65% had same day transfer, 16.6% next day, 17.7% experienced a delay >24 hours of submitting application to PCU

Main Message

The study identifies several potentially modifiable factors that prevented or delayed transfer from acute care to their facility's PCU that could be targeted for QI interventions to better facilitate timely transfers.

4 major barriers:

1. **Disposition planning** – 10% patients died in acute care or had transfer delayed while deliberating disposition. Might be appropriate to transfer some to the PCU as an intermediary step while continue to deliberate the final disposition location
2. **Imminent death.** Not always accurate & patient/family can benefit from care at PCU even if only hours or days
3. **Behavioral issues and medical barriers** - terminal delirium can be better optimized to reduce delays in transfer and medical interventions such as placement of a peritoneal catheter could be easily offered in PCU
4. **Pandemic-related visitor restrictions.** This should improve with lifting of restrictions.

Article Reference:

Bottoms, J., Nolen, A., Moore, J., Torabi, S., De Costa, S., Mays, H., & and Stilos, K. (2022). Factors that Delay Transfers from Acute Care to a Local Palliative Care Unit. *Healthcare Quarterly*, 25 (3), 36-41. doi:10.12927/hcq.2022.26943

Selected by:

Chris Klinger

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Importance of article

Through addressing identified barriers to timely transfer to PCU, the study suggests ways to “optimize healthcare quality and efficiency while lowering costs” by ensuring that patients are receiving EOL care in a timely manner in the optimal setting.

Strengths

- Canadian article, written by an experienced interdisciplinary healthcare team
- Systematic chart review over a three months period (in 2021); N = 130
- Thematic content analysis

Limitations

- Urban tertiary healthcare center with large affiliated palliative care unit
- Retrospective chart review, only.
- Set at the height of the third wave of the COVID-19 pandemic.
- Staffing shortages not considered.

Discussion

Article Reference:

Hardy J, Greer R, Huggett G, Kearney A, Gurgenci T, Good P. Phase IIb Randomized, Placebo-Controlled, Dose-Escalating, Double-Blind Study of Cannabidiol Oil for the Relief of Symptoms in Advanced Cancer (MedCan1-CBD). J Clin Oncol. 2022 Nov 21;JCO2201632. doi: 10.1200/JCO.22.01632. Epub ahead of print. PMID: 36409969.

Selected by:

José Pereira

Presented by:

José Pereira

Background

- Cannabinoid products are increasingly being legalized for medical use.
 - Indications have included the management of chronic pain, refractory childhood epilepsy, chemotherapy-induced nausea and vomiting, multiple sclerosis–related muscle spasm, anxiety and depression, and palliative care.
- Cannabis contains almost 500 bioactive compounds, including over 100 different phytocannabinoids.
 - These include delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD).
 - These affect different receptors in the brain.
 - In contrast to THC, CBD typically does not have psychoactive effects.
- Most studies to date in palliative and supportive care have used a combination of CBD/THC products.
 - CBD is generally well tolerated.
- The evidence of benefit of CBD when used alone is sparse.

Study aim

- To assess whether CBD oil, when used in conjunction with standard palliative care, reduced symptom burden in patients with advanced cancer.

Article Reference:

Hardy J, Greer R, Huggett G, Kearney A, Gurgenci T, Good P. Phase IIb Randomized, Placebo-Controlled, Dose-Escalating, Double-Blind Study of Cannabidiol Oil for the Relief of Symptoms in Advanced Cancer (MedCan1-CBD). J Clin Oncol. 2022 Nov 21;JCO2201632. doi: 10.1200/JCO.22.01632. Epub ahead of print. PMID: 36409969.

Selected by:

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Methods

- Placebo-Controlled, Dose-Escalating, Double-Blind Study
- Participants and location
 - Study undertaken in 5 tertiary centres in Australia.
 - Participants > 18 yrs old with advanced cancer and Karnovsky Performance Scale ≥ 30 .
- Randomized to active drug or placebo (matched placebo oil) for 28 days
 - CBD oil 100 mg/mL, 0.5 mL once daily to 2 mL three times a day, or matched placebo for 28 days.
 - Dose titration scheduled every third day over 14 days was from 0.5 mL OD to 2 mL TID PO as tolerated (corresponding to 50 mg OD to max of 200 mg TID).
 - Participants given option of remaining on selected dose for a further 2 weeks (28 day total).
- Assessments and follow-up
 - Telephone assessments (efficacy & S/E) and to guide dose titration done every 3 to 4 days in first 2 weeks
 - F2F medical assessments at baseline and days 14 and 28
 - Telephone follow-ups on days 7, 21, and 56.
- Outcome measure
 - Primary outcome: ESAS total symptom distress score (TSDS) at day 14.
 - Response defined as a decrease in TSDS by ≥ 6 at day 14.
 - Secondary outcomes:
 - ESAS TSDS over time, individual symptom scores, patient-determined effective dose, opioid use, Global Impression of Change, depression, anxiety, quality of life, and adverse events.
- Several validated tools used
 - ESAS for individual symptoms and for TSDS
 - EORTC QLQ-C15 questionnaire (QOL)
 - Depression and Anxiety Distress Scale (DASS)
 - Global Impression of Change (GIC) scale
 - National Cancer Institute Common Toxicity Criteria (v4.0)

Article Reference:

Hardy J, Greer R, Huggett G, Kearney A, Gurgenci T, Good P. Phase IIb Randomized, Placebo-Controlled, Dose-Escalating, Double-Blind Study of Cannabidiol Oil for the Relief of Symptoms in Advanced Cancer (MedCan1-CBD). J Clin Oncol. 2022 Nov 21;JCO2201632. doi: 10.1200/JCO.22.01632. Epub ahead of print. PMID: 36409969.

Selected by:

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Results

- There were no significant differences between the CBD group versus the placebo group with respect to:
 - a) the unadjusted change in TSDS from baseline to day 14;
 - b) proportion of responders (placebo: 37 of 63 [58.7%], CBD: 26 of 58 [44.8%], $P = .13$);
 - c) all components of ESAS improved over time with no difference between arms;
 - d) quality of life, depression, or anxiety.
- The median dose of participant-selected CBD was 400 mg per day with no correlation with opioid dose.
- No detectable effect of CBD on QOL, depression, or anxiety.
- Adverse events did not differ significantly between arms apart from dyspnea that was more common with CBD.
- Most participants reported feeling *better* or *much better* at days 14 (53% CBD and 65% placebo) and 28 (70% CBD and 64% placebo).

Article Reference:

Hardy J, Greer R, Huggett G, Kearney A, Gurgenci T, Good P. Phase IIb Randomized, Placebo-Controlled, Dose-Escalating, Double-Blind Study of Cannabidiol Oil for the Relief of Symptoms in Advanced Cancer (MedCan1-CBD). J Clin Oncol. 2022 Nov 21;JCO2201632. doi: 10.1200/JCO.22.01632. Epub ahead of print. PMID: 36409969.

Selected by:

José Pereira

Presented by:

José Pereira

Strengths

- Study design.
- Use of validated instruments.
- Adhered to Cochrane guidance with minimal risk of bias and was correctly powered.

Limitations

- Likely the use of pure CBD.
- The lower bioavailability of oral CBD preparations as compared with inhaled has been highlighted.
- But the median dose of CBD selected by participants in this dose-escalated study was lower than that of placebo suggests that they were receiving a clinically relevant dose. Most participants in this study were of relatively good performance status.

Main message

CBD oil did not add value to the reduction in symptom distress provided by specialist palliative care alone in this Randomized, Placebo-Controlled, Dose-Escalating, Double-Blind Study.

Discussion

Article Reference:

Abdelaal M, Avery J, Chow R, et al. Palliative care for adolescents and young adults with advanced illness: A scoping review. *Palliative Medicine*. 2023;37(1):88-107.

Selected by:

Leonie Herx

Presented by:

Leonie Herx

Background

- Youth/young adults (AYA) with an advanced life-limiting illness are an underserved and vulnerable patient population in palliative care.
- A better understanding is needed regarding the different palliative care experiences and knowledge gaps so that palliative care can be better tailored to their needs.

Aim

- Explore available literature on providing palliative care and EOL to AYA with advanced life-limiting illness.

Methods

- Scoping review, data sources searched until October 2021.
- Adolescents &/or young adults with advanced life-limiting illnesses (no limitations concerning location, type of illness or study design).

Results

- 51 studies identified from 2002-2021; mostly from USA; >2/3 retrospective chart reviews & case reports.
- Age range varied; some correlation with race/ethnicity & access to pc.
- Three domains identified about PC needs & experiences of AYA:
 - ❖ Physical symptom burden – AYAs are more likely to experience severe refractory symptoms including pain.
 - ❖ Psychological & social needs – depression, anxiety & emotional distress common; psychological symptoms were either untreated or refractory to treatment.
 - ❖ EOL care – more likely to receive intensive medical measures at the end of life, especially in hematological malignancies; most AYA want earlier GOC/EOL discussions; vast majority want parents as SDM; most want to die at home but often die in inpatient hospital units.

Article Reference:

Abdelaal M, Avery J, Chow R, et al. Palliative care for adolescents and young adults with advanced illness: A scoping review. *Palliative Medicine*. 2023;37(1):88-107.

Selected by:

Leonie Herx

Presented by:

Leonie Herx

Main message

- AYAs with advanced life-limiting illness have unmet palliative care needs, including:
 - High symptom burden with physical and psychological needs that are often untreated or refractory to treatment.
 - Most have multiple psychosocial symptoms.
 - More likely to receive intensive medical measures at the end of life.
 - Very late or no access to palliative care consultation before end of life.

Importance of article

- Shows disparity in access to pall care for AYA with advanced illness.
- AYA are a vulnerable and underserved population with complex needs (total pain), refractory sx and poor access to pall care.
- URGENT action needed through collaboration, education, and research to improve access to age-appropriate palliative care services for AYA that address their unique needs.

Strengths

- First scoping review to examine the palliative care needs of adolescents and young adults with advanced illness as a distinct group.
- Broad inclusion criteria.
- Inclusive of all study types including grey literature and all types of advanced illnesses.

Limitations

- Inconsistent definition of adolescents and young adults age range across different healthcare systems.
- Excluded non-English language studies.
- Case reports were included which would need further evidence to be generalized to population.

Discussion

Article Reference:

Turner N, Wahid A, Oliver P, Gardiner C, Chapman H, Khan Ppi Co-Author D, Boyd K, Dale J, Barclay S, Mayland CR, Mitchell SJ. Role and response of primary healthcare services in community end-of-life care during COVID-19: Qualitative study and recommendations for primary palliative care delivery. Palliative Med. 2023 Feb;37(2):235-243. doi: 10.1177/02692163221140435.Epub 2022 Dec 3. PMID: 36461707; PMCID: PMC9720421

Selected by:

Julianne Bagg

Presented by:

Leonie Herx

Background

- During the Covid-19 pandemic the need for end-of-life care in the community increased as there was an increase in the number of people dying at home.
- General practitioners and community nurses had to rapidly adapt their service delivery to meet this need.
- Little is known about the primary care responses to this major change in place of care at EOL or the implications for future EOL care services.

Aim

- Examine factors that enabled the delivery of community EOL care during the COVID-19 pandemic and to develop recommendations to improve primary care delivery of EOL care.

Methods

- Descriptive, qualitative study using semi-structured interviews with thematic analysis.
- Findings presented to an expert advisory group to refine themes and develop recommendations for future practice in community EOL care.

Results

- 8 GPs and 17 community nurses working in primary care were interviewed from across urban, inner city, and rural areas across the UK.
- Factors critical to sustain community end-of-life care identified across 3 themes:
 - 1) **Partnership working** between primary care and specialist palliative care services.
 - 2) **Care planning** for end-of-life needs improvement – time & resources needed for meaningful care planning done as early as possible, electronic patient record sharing.
 - 3) **Importance of physical presence of primary care professionals** - nurses felt abandoned and unsupported when general practitioners did not provide home visits.

Article Reference:

Turner N, Wahid A, Oliver P, Gardiner C, Chapman H, Khan Ppi Co-Author D, Boyd K, Dale J, Barclay S, Mayland CR, Mitchell SJ. Role and response of primary healthcare services in community end-of-life care during COVID-19: Qualitative study and recommendations for primary palliative care delivery. Palliative Med. 2023 Feb;37(2):235-243. doi: 10.1177/02692163221140435.Epub 2022 Dec 3. PMID: 36461707; PMCID: PMC9720421

Selected by:

Julianne Bagg

Presented by:

Leonie Herx

Main messages

- Primary healthcare services have a key role in the delivery of community palliative and EOL care.
- Enablers & barriers to primary care provision of EOL care during COVID-19 can help inform policy & system level approaches to increase capacity and capability of primary care providers to deliver this type of care.
- Including:
 - ❖ integration between primary care and specialist palliative through virtual team meetings, online education/role modeling.
 - ❖ allocation of time and resources for care planning.
 - ❖ effective systems to support sharing of information & unified guidance.
 - ❖ physical presence of all primary care team members.

Importance of article

- Provides an understanding into the rapid changes in practice of primary care providers when demand for community EOL care escalated during the COVID-19 pandemic and to consider what types of interventions could increase capacity and capability of primary care providers to deliver this type of care.

Strengths

- Participants from a range of settings, including urban, inner city, and rural.
- Unique focus on community end-of-life care delivery during the pandemic.

Limitations

- Study done in the UK.
- Interviewees self selected - may not be representative of the wider workforce.
- Only general practitioners and community nurses interviewed (further research needed to learn from others including pharmacists, paramedics, therapists, patients, and caregivers).

Discussion

Article Reference:

Neo SHS, Ku JSM, Tan JYT, Yoon S. Deciding to Live (or Not) With a Left Ventricular Assist Device-a Thematic Analysis Exploring Factors Influencing the Decision-Making Process in Advanced Heart Failure Patients in Singapore. American Journal of Hospice and Palliative Medicine®. 2023;40(1):27-33.

Selected by:

Aynharan Sinnarajah

Presented by:

José Pereira

Background

"It is often difficult for patients with advanced heart failure (HF) to decide whether to live with a left ventricular assist device (LVAD) or not. Little is known about their decisional needs prior to LVAD implantation and if these needs were met in the Asian cultural setting."

Main message

Reference Ottawa Decision Support Framework to help with decision making. Western population: 'Automatic' decision subgroup vs 'Reflective' decision subgroup. But, in Asian setting, 'filial piety' (patient autonomy subordinate to family values and physician authority) values too. Hence, this study. Results show the Western 2 mindsets, PLUS 'Taking a gamble' and 'fighting on'. In terms of decision-making unit, families, cultural norms (protecting elderly from bad news, male spouse is main decision maker for wife), patient ambassadors' (current LVAD patients) and spiritual community played role sometimes. Values, goals and concerns included protecting family unit, preserving QoL, spiritual (sanctity of life), having trust in higher authority, not being burden to caregivers, financial and employment costs (males more anxious).

Article Reference:

Neo SHS, Ku JSM, Tan JYT, Yoon S. Deciding to Live (or Not) With a Left Ventricular Assist Device-a Thematic Analysis Exploring Factors Influencing the Decision-Making Process in Advanced Heart Failure Patients in Singapore. American Journal of Hospice and Palliative Medicine®. 2023;40(1):27-33.

Selected by:

Aynharan Sinnarajah

Presented by:

José Pereira

Importance of article

I like the Conceptual framework (Figure 1) highlighting spiritual, socio-cultural and community influences. Perhaps more so in Asian setting, but interesting to think about whether perhaps true all over the world. Also, decisional units has HCP, Patient and Family equally listed, but again perhaps weighting of each is different for each patient and perhaps in each cultural setting. In multi-cultural country like Canada, above findings are important to show that we need to not always be focused on patient autonomy and also skillfully navigate importance of family and spiritual influences. E.g., the comment about husband making decision for wife getting LVAD. Or the patient who said that they obey the doctor. Or the caregiver who said that their church came in to advise and help.

Strengths

- Multicultural exploration of decision-making.
- Good number of patients (n=31) & caregivers (n=11).

Limitations

- Only 1 patient who decided not to implant LVAD.

Additional Comments

Patient ambassadors' is an interesting concept that I haven't heard about, which sounds like something they have in Singapore. They are patients living with LVAD who talk to patients contemplating LVAD.

Discussion

Honourable Mentions

1. Huo, B., Song, Y., Chang, L., & Tan, B. (2022). **Effects of Early Palliative Care on Patients with Incurable Cancer: A Meta-analysis and Systematic Review**. European Journal of Cancer Care, 31, e13620. <https://pubmed.ncbi.nlm.nih.gov/35612356/>
2. Hammer NM, Hansson H, Pedersen LH, et al. **Intersectoral collaboration in home-based end-of-life pediatric cancer care: A qualitative multiple-case study integrating families' and professionals' experiences**. Palliative Medicine. 2023;37(1):149-162. <https://pubmed.ncbi.nlm.nih.gov/36397271/>
3. Semere W, Althouse AD, Arnold R, White D, Smith TJ, Chu E, Rosenzweig MQ, Schenker Y. **Examining Caregiver Outcomes in the CONNECT Intervention for Patients With Advanced Cancer**. J Pain Symptom Manage. 2023 Mar;65(3):173-182. doi: 10.1016/j.jpainsymman.2022.11.025. Epub 2022 Dec 9. PMID: 36503155. <https://pubmed.ncbi.nlm.nih.gov/36503155/>
4. Rolbiecki AJ, Craig K, Polniak M, Smith J, Ghosh P, Mehr DR. **Virtual Reality and Neurofeedback for Management of Cancer Symptoms: A Feasibility Pilot**. American Journal of Hospice and Palliative Medicine®. 2023;40(3):291-298. <https://pubmed.ncbi.nlm.nih.gov/35723043/>

Wrap-up

- Please fill out our feedback survey- a link will come up in your browser after this webinar ends.
- A recording of this webinar and a copy of the slides will be e-mailed to registrants within the next week.
- Recordings, slides and links to articles from all our sessions are available at www.echopalliative.com/palliative-care-journal-watch/.
- To listen to this session and previous sessions, check out the **Palliative Care Journal Watch** podcast.
- We hope to see you at our next session on **May 15th** , **2023 from 12-1pm ET.**



Thank You to our Journal Watch Contributors!

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Thank You



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