McGill Palliative Care
National Grand Rounds
2025 Series

MCGILL
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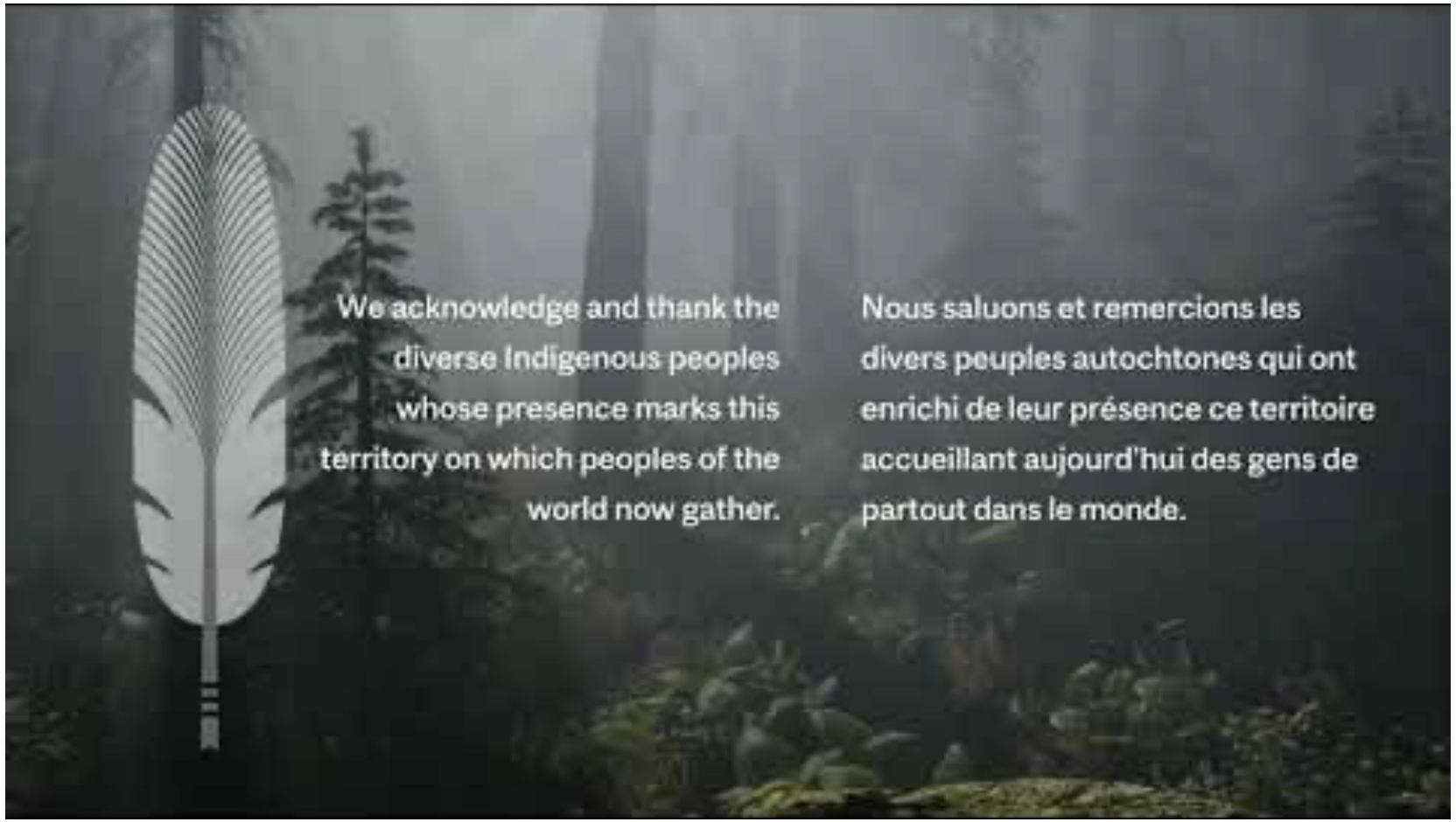
Project ECHO
Palliative Care - Canada

BY

Pallium Canada


We acknowledge and thank the diverse Indigenous peoples whose presence marks this territory on which peoples of the world now gather.
Nous saluons et remercions les divers peuples autochtones qui ont enrichi de leur présence ce territoire accueillant aujourd'hui des gens de partout dans le monde.

Scientific Planning Committee

Justin Sanders
Chair

Stéfanie Gingras
Course Director

Zelda Freitas

Naomi Goloff

Olivia Nguyen

Orel Shuker

Argerie Tsimicalis

Janel Walsh

Conflict of Interest Declarations
Scientific Planning Committee Members

Name	Advisory Board or Committee	Honoraria or Grants
Justin Sanders, MD, MSc, FAAHPM	Maison St-Raphaël (Palliative Care Residence), American Society for Clinical Oncology (Guideline Committee)	Oklahoma University Health Sciences (honorarium), Oregon Health Sciences University (honorarium), Pancreatic Cancer Canada (grant)
Stéfanie Gingras, MD, CCFP, FCFP, CAC-PC	None	None
Zelda Freitas BA, BSW, MSW, TS	McGill Council on Palliative Care, NOVA Montreal, Canadian Centre for Caregiving Excellence	Center for Caregiving Excellence for the Caregiver Grief Connection Project (Azreli Foundation grant)
Naomi Goloff, MD, FRCPC, FAAHPM	Canadian Society of Palliative Medicine, ALPM pediatric representative	Kindred Foundation and AQSP (grants)
Olivia Nguyen MD, MM, CCMF(SP), FCMF, FRCPC	Société québécoise des médecins de soins palliatifs	Chaire de la famille Blanchard pour l'enseignement de la recherche en soins palliatifs (Research subvention)
Orel Shukar, MD	None	None
Argerie Tsimicalis, RN, PhD	None	None
Janel Marie Walsh, MD, CFPC	None	None

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- *Cedars Cancer Foundation*
- *Hope & Cope Wellness Center*
- *Jewish General Hospital Foundation*
- *Montreal General Hospital Foundation*
- *Montreal Neurological Institute*
- *MUHC Foundation*
- *Pallium Canada*
- *St. Mary's Hospital Foundation*
- *Montreal Institute for Palliative Care, a branch of the Teresa Dellar Palliative Care Residence*
- *The Montreal Children's Hospital Foundation*

Special thanks to the Department of Family Medicine at McGill University for in-kind support.

McGill | Department of Family Medicine

Mitigation of Potential Bias

Strategies discussed by the scientific planning committee (SPC) to manage or mitigate the identified potential sources of bias prior to or during the CPD (Continuous Professional Development) activity.

- Potential conflicts of interest for every member of the SPC is listed in writing at the start of the presentation.
- All speakers will disclose potential conflicts of interest in writing and verbally at the time they present.
- The Chair is responsible for reviewing all content prior to presentation. Should a conflict be identified, the Chair (alone or with consultation with the SPC) will ask for the removal or reworking of that content in order to mitigate any bias.
- The Chair has also reviewed all the Conflict-of-Interest forms for the SPC and the speakers and is thus fully informed as to their status.

McGill Palliative Care
National Grand Rounds
2025 Series

J. Craig Miller Lecture for Cedars
Camilla Zimmermann, MD

May 21, 2025

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Project ECHO Palliative Care - Canada BY Pallium Canada

Conflict of Interest Declaration

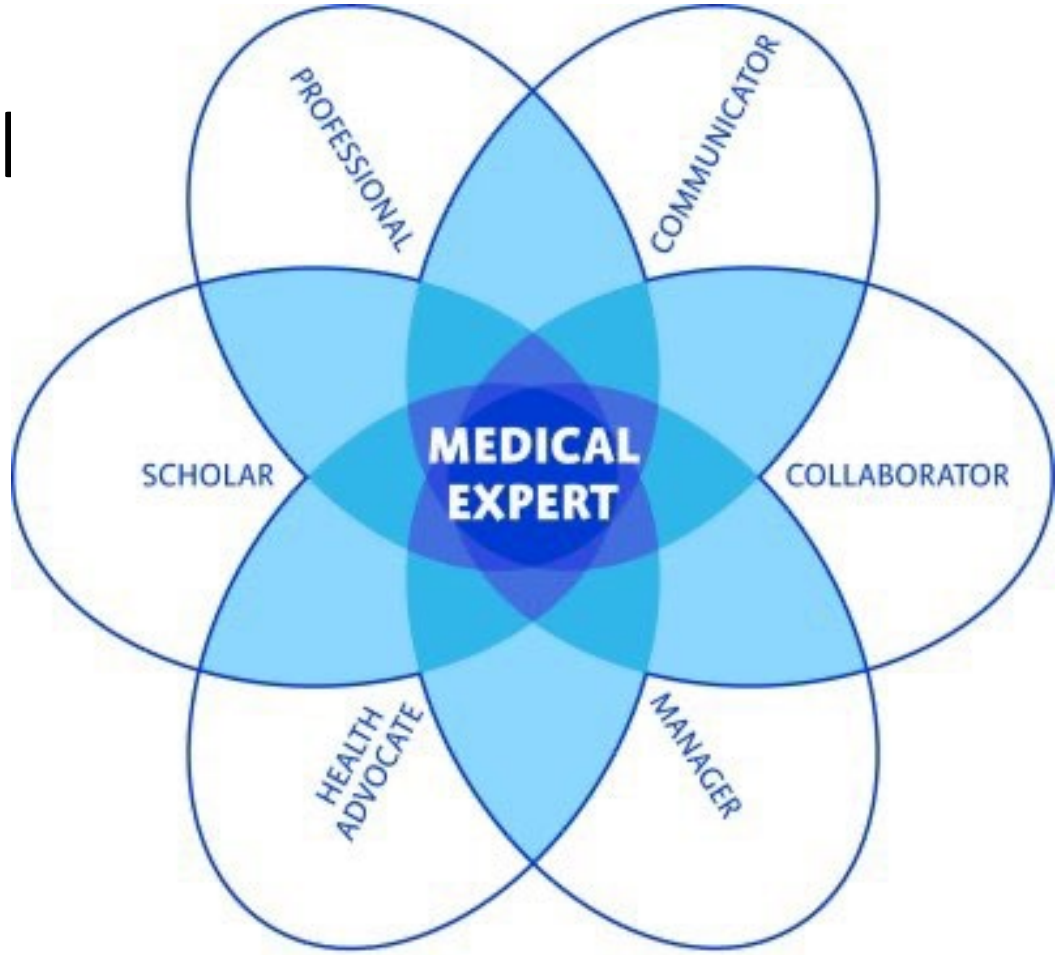
Camilla Zimmermann

Grants / Research support: Pfizer (site PI for clinical trial): May 2023-present

McGill

The CanMED competencies that wil be identified during this presentation:

- Medical Expert
- Professional
- Communicator
- Collaborator



Early Palliative Care in Oncology: Evidence and Practice

Camilla Zimmermann, MDCM, MPH, PhD

Head, Department of Supportive Care, Princess Margaret Cancer Centre
Harold and Lederman Chair in Palliative Care and Psychosocial Oncology
Head, Division of Palliative Care, University Health Network
Professor of Medicine, University of Toronto

Learning Objectives:

1. Highlight the evidence supporting early integration of palliative care into oncology care

2. Analyze the barriers to scalable implementation of this evidence

3. Identify future directions and opportunities to enhance the scalability of this evidence

Evidence Supporting Early Integration

Definition of Palliative Care

*An approach that **improves the quality of life** of patients and their families facing the problem associated with life-threatening illness, through the **prevention** and relief of suffering by means of **early identification** and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.*

WHO, 2002

VOLUME 30 · NUMBER 35 · DECEMBER 10 2012

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Referral Practices of Oncologists to Specialized Palliative Care

Kirsten Wentlandt, Monika K. Krzyzanowska, Nadia Swami, Gary M. Rodin, Lisa W. Le, and Camilla Zimmermann

Listen to the podcast by Dr Bruera at www.jco.org/podcasts

603 Canadian oncologists (72% response rate)

Most oncologists (**>60%**) agreed that ideally referrals to PC **should occur early**

("early" is >6mo prognosis)

However, only **13%** of oncologists agreed they actually **did refer early**

JAMA®

Online article and related content current as of May 5, 2009.

Effectiveness of Specialized Palliative Care: A Systematic Review

Camilla Zimmermann; Rachel Riechelmann; Monika Krzyzanowska; et al.

JAMA. 2008;299(14):1698-1709 (doi:10.1001/jama.299.14.1698)

http://jama.ama-assn.org/cgi/content/full/299/14/1698

- 22 RCTs, 19 including patients with cancer
- Strong evidence for family satisfaction with care
- 4/13 studies assessing QOL had significant results
- Many were underpowered
- Challenges with recruitment, attrition, and co-intervention
- **None specifically assessed early palliative care in patients with cancer**

First RCTs with Evidence for EPC

Bakitas et al, JAMA 2009

- Early PC: telephone problem-solving intervention by APNs
- 322 pts, newly-diagnosed advanced GI, GU, lung, breast cancer
- prognosis of one year
- outcomes FACIT-Pal, ESAS, CES-D (every 3mo.)
- **Results: improved QOL, mood, but not symptom intensity**

Temel et al, NEJM 2010

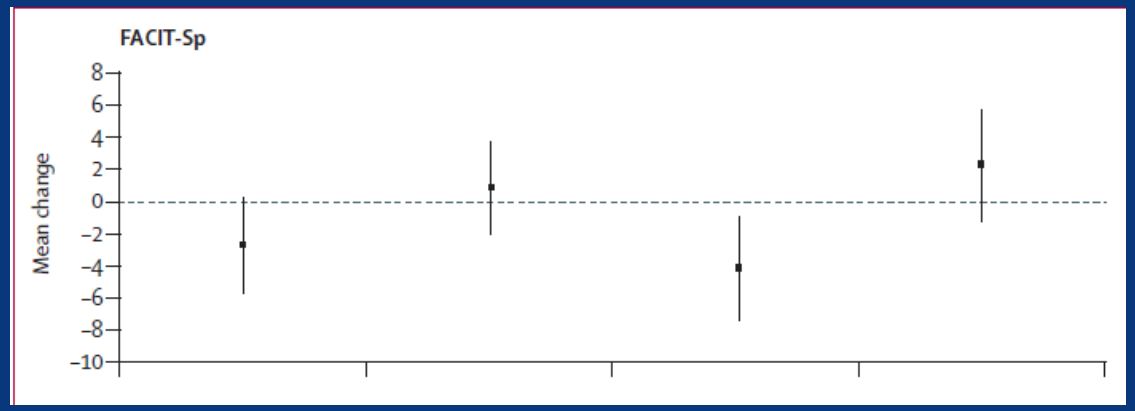
- Early PC: palliative care team (MD and APN)
- 151 pts, newly-diagnosed advanced non-small cell lung cancer
- ECOG 0, 1, 2
- outcomes FACT-Lung, HADS, PHQ-9 at 12 weeks
- **Results: improved QOL, mood; longer survival (11.6 vs. 8.9 months), despite less aggressive treatment**

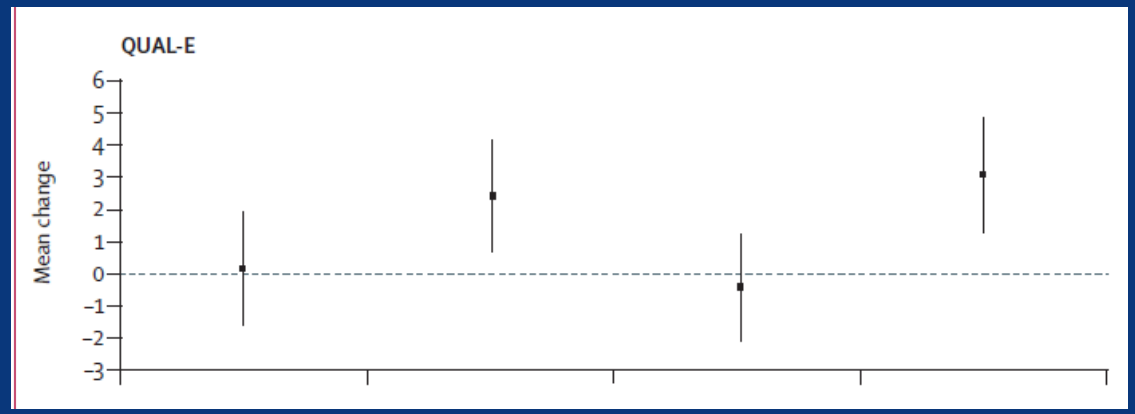
THE LANCET
2014; 383: 1721–30

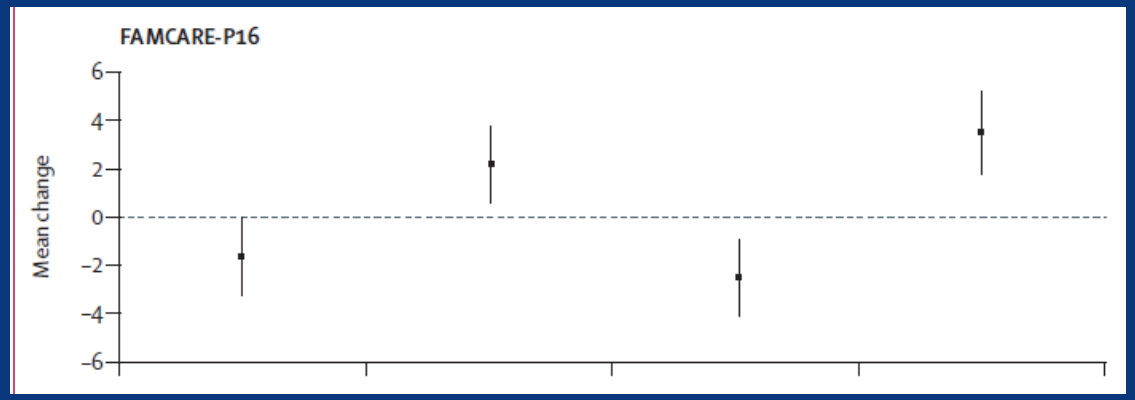
Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial

Camilla Zimmermann, Nadia Swami, Monika Krzyzanowska, Breffni Hannon, Natasha Leighl, Amit Oza, Malcolm Moore, Anne Rydall, Gary Rodin, Ian Tannock, Allan Donner, Christopher Lo

- Early pc: palliative care team (MD and RN)
- 461 patients, 5 tumour sites: GU, GI, Breast, Gyne, Lung prognosis 6-24 mo, ECOG 0,1,2
- Outcomes: FACIT-Sp*, QUAL-E, FAMCARE-P, ESAS, CARES-MIS
- **Results: improved QOL** (QUAL-E at 3 and 4 mo, FACIT-Sp and QUAL-E at 4 mo), **satisfaction with care** (3 and 4 mo), and **symptom control** (4 mo)







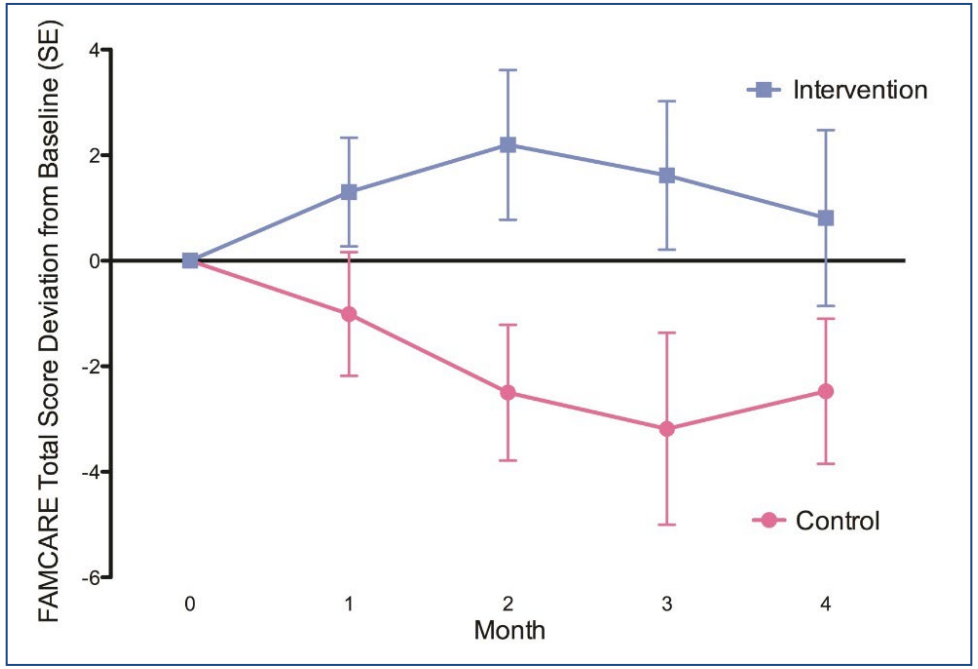
Caregiver results

Consented and enrolled: 182 primary caregivers (94 intervention, 88 control)

Significant improvement in satisfaction with care (FAMCARE) in the intervention compared to the control group over 4 months

No improvement in QOL measures (SF-36 mental and physical health scores; CQOL-C)

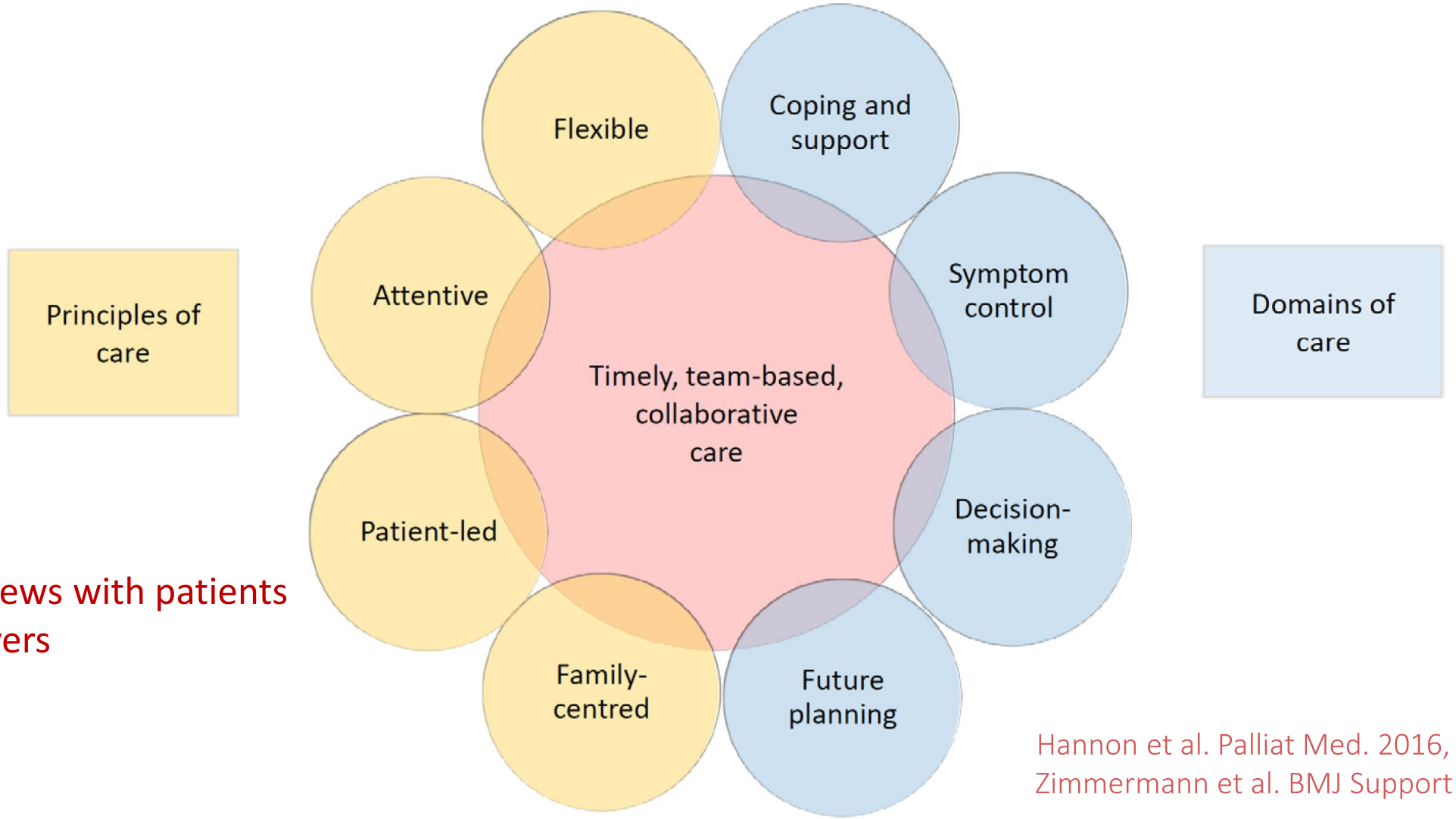
McDonald et al, Ann Oncol 2016



Limitations:

- Study powered for patients
- Intervention not tailored for caregivers
- Caregivers not required to attend appointments

Principles and Domains of Early Palliative Care



* 71 interviews with patients and caregivers

Hannon et al. Palliat Med. 2016, Oncologist 2016; Zimmermann et al. BMJ Support Palliat Care 2019

Early Palliative Care for Patients with Solid Tumours

First Author	Bakitas JAMA 2009	Temel NEJM 2010	Zimmermann Lancet 2014	Bakitas J Clin Oncol 2015	Maltoni Eur J Cancer 2016	Temel J Clin Oncol 2016	Groenvold Palliat Med 2017	Vanbutsele Lancet Oncol 2018
Country	USA	USA	Canada	USA	Italy	USA	Denmark	Belgium
Definition of 'early'	Within 8-12 wk of diagnosis	Within 8 wk of diagnosis	6-24 mo clinical prognosis	With 1-2 mo of diagnosis, 6-24 mo prognosis	Within 8 wk of diagnosis, >2 mo prognosis	Within 8 wk of diagnosis	Symptom/prob. (EORTC-QLQ-C30); "earlier"	Within 12 wk of diagnosis, 12 mo prognosis
Setting	Telehealth	Outpatient, embedded	Outpatient, freestanding	Telehealth	Outpatient, free-standing	Outpatient, embedded	Outpatient and telehealth	Outpatient and inpatient
QOL	+	+	+	=	+	+	=	+
Physical Symptoms	=	+	+	=	+	n/a	=/+ (nausea)	=
Depression	+	+	n/a	=	=	+	=	=
Satisfaction with care	n/a	n/a	+	n/a	=	n/a	n/a	n/a
Caregiver outcomes	= burden	n/a	+ satisfaction = QOL	+ mood = QOL	n/a	+ mood =/+ QOL	n/a	n/a
EOL care/ service use	=	+	n/a	=	+/=	n/a	n/a	n/a
Survival	=	+	n/a	+	n/a	n/a	=	=

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Setting	Telehealth	Outpatient, embedded	Outpatient, freestanding	Telehealth	Outpatient, free-standing	Outpatient, embedded	Outpatient and telehealth	Outpatient and inpatient
QOL	+	+	+	=	+	+	=	+
Physical Symptoms	=	+	+	=	+	n/a	=/+ (nausea)	=
Depression	+	+	n/a	=	=	+	=	=
Satisfaction with care	n/a	n/a	+	n/a	=	n/a	n/a	n/a
Caregiver outcomes	= burden	n/a	+ satisfaction = QOL	+ mood = QOL	n/a	+ mood =/+ QOL	n/a	n/a
EOL care/ service use	=	+	n/a	=	+/=	n/a	n/a	n/a
Survival	=	+	n/a	+	n/a	n/a	=	=

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Physical Symptoms	=	+	+	=	+	n/a	=/+ (nausea)	=
Depression	+	+	n/a	=	=	+	=	=
Satisfaction with care	n/a	n/a	+	n/a	=	n/a	n/a	n/a
Caregiver outcomes	= burden	n/a	+ satisfaction = QOL	+ mood = QOL	n/a	+ mood =/+ QOL	n/a	n/a
EOL care/ service use	=	+	n/a	=	+/=	n/a	n/a	n/a
Survival	=	+	n/a	+	n/a	n/a	=	=

ASCO Clinical Guideline

Combined standard oncology care and palliative care should be considered early in the course of illness for any patient with metastatic cancer and/or high symptom burden.

ASCO Provisional Opinion
Smith et al. J Clin Oncol 2012

Inpatients and outpatients with advanced cancer should receive dedicated palliative care services, early in the disease course, concurrent with active treatment.

ASCO Clinical Guideline
Ferrell et al. J Clin Oncol 2017

Early palliative care for patients with Hematologic Malignancies

First Author	El Jawahri JAMA 2016, J Clin Oncol 2017 (n=160)	El Jawahri JAMA Onol 2021 (n=160)	Rodin In progress n=266
Country, Population	USA, Receiving allo/auto stem cell transplant	USA, High risk AML receiving intensive chemo	Canada Newly diagnosed acute leukemia
Clinician	PC physician or APN	PC physician, APN, or physician assistant	EASE : (1) therapist (social worker/nurse) (2) PC physician or nurse
Definition of 'early'	Within 72h of admission for transplantation	Within 72h of receiving intensive chemotx	Within 14 days of admission for treatment with curative intent
Setting	Inpatient	Inpatient	Inpatient
QOL	+	+	
Physical Symptoms	+ symptom burden	=	
Depression, anxiety	+	+	
Traumatic stress, PTSD	+ (month 6)	+	
Caregiver outcomes	+ depression	+ depression	

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Definition of 'early'	Within 72h of admission for transplantation	Within 72h of receiving intensive chemotx	Within 14 days of admission for treatment with curative intent
Setting	Inpatient	Inpatient	Inpatient
QOL	+	+	✓
Physical Symptoms	+ symptom burden	=	✓
Depression, anxiety	+	+	✓
Traumatic stress, PTSD	+ (month 6)	+	✓
Caregiver outcomes	+ depression	+ depression	✓

ASCO Special Articles

Check for updates

Palliative Care for Patients With Cancer: ASCO Guideline Update

Justin J. Sanders, MD, MSc[1]; Sarah Temin, MSPH[2]; Arun Ghoshal, MBBS, MD, MRes[3]; Erin R. Alesi, MD[4]; Zipporah Vunoro Ali, MD[5]; Cynthia Chauhan, MSW[6]; James F. Cleary, MD[7]; Andrew S. Epstein, MD[8]; Janice I. Firn, PhD, MSW, HEC-C[9]; Joshua A. Jones, MD, MA[10]; Mark R. Litzow, MD[11]; Debra Lundquist, PhD, RN[12]; Mabel Alejandra Mardones, MD[13]; Ryan David Nipp, MD, MPH[14]; Michael W. Rabow, MD[15]; William E. Rosa, PhD, MBE, APRN[8]; Camilla Zimmermann, MD, PhD, FRCPC[3]; and Betty R. Ferrell, PhD[16]

DOI https://doi.org/10.1200/JCO.24.00542

*"Oncology clinicians **should refer** patients with advanced solid tumors **and hematologic malignancies** to specialized interdisciplinary palliative care teams that provide outpatient and inpatient care **beginning early in the course of disease**, alongside active treatment of their cancer."*

Barriers to Early Palliative Care Integration

Barriers to Early Palliative Care Integration

1. (Mis)perceptions and Attitudes

- Patients, caregivers, public, oncologists

2. Difficulties with prognostication

- "I thought I had lots of time to refer…"

3. Resources

- Locally, nationally, internationally

4. Inconsistent referral criteria

- Local, provincial, national, international

5. Lack of evidence for less resource intense models

- Primary care, targeted care, AI-determined care

Initial perceptions of palliative care

Theme	Control Group	Intervention Group
Death	What comes to mind is **bedridden, death bed, finality**. (P062c)	It means death to me. It does. **The end**. (C068i)
Comfort care	I thought what the heck is that? Then I realized they're just trying to **keep you comfortable until you die**. (P056c)	Just they take you **off medication** and put you on **just comfort care**. (P008i)
No more choices, nothing left to do	The stage of palliative care, **hope is kind of more or less gone**. (C070c)	Dying, end of life, **nothing left to do**. (P025i)
Loss of autonomy	It just sounds **old and sick and helpless**. (P065c)	When you think palliative care, you think bedridden, **unable to look after yourself on any level**. (P040i)
A place to die	Well, to me, palliative care is the **place where you go to die**. (C064c)	And it's **a place to die**. But they make you as comfortable as possible…(P023i)
Unsure of meaning	**Scares me a bit**.(…) Even though I don't really know what it is. **I don't know really what it is**. (C059c)	It's **like a foreign language**…, but I didn't really have any connection to what it was. I just had an **idea that it was when people were dying** (P034i)

Zimmermann et al, CMAJ 2016

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Zimmermann et al, CMAJ 2016

Public Knowledge and Attitudes re: Palliative Care

- Survey of a panel of the Canadian public, N = 1518
  - 45% had high perceived knowledge about PC (know what palliative care is and could explain it to someone else)
  - 34% had high actual knowledge about PC (knew 5/8 components of WHO definition)
  - Less than half of those who had high perceived knowledge had high actual knowledge

- Participants with high (vs low) perceived knowledge
  - more likely to associate palliative care with end-of-life care (OR 2.15 (95% CI 1.66 to 2.79), p<0.0001)
  - less likely to believe it offered hope (OR 0.62 (95% CI 0.47 to 0.81), p=0.0004)

- 91% felt that the public should be made aware that palliative care can be included early in the disease course

Zimmermann et al. BMJ Support Palliat Care 2021

Referring physicians' attitudes and perceptions

"She's not ready for palliative care"

"We do our own palliative care"

"I don't want to take away her hope"

"He's about to start on a clinical trial"

"I'd say her prognosis is still about a year"

"You have to change the name…"

Wentlandt et al. J Clin Oncol. 2012; Charalambous et al. BMC Palliative Care 2014; Hui et al. Oncologist 2015

Resources as a barrier to EPC

Original Article

PALLIATIVE MEDICINE

Palliative Medicine
2020, Vol. 34(1) 114–125

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SAGE

Readiness for delivering early palliative care: A survey of primary care and specialised physicians

Anna Sorensen[1,2], Lisa W Le[3], Nadia Swami[1], Breffni Hannon[1,4], Monika K Krzyzanowska[4,5], Kirsten Wentlandt[1,6], Gary Rodin[1,7] and Camilla Zimmermann[1,4]

531 primary palliative care (PPC) and specialized palliative care(SPC) physicians

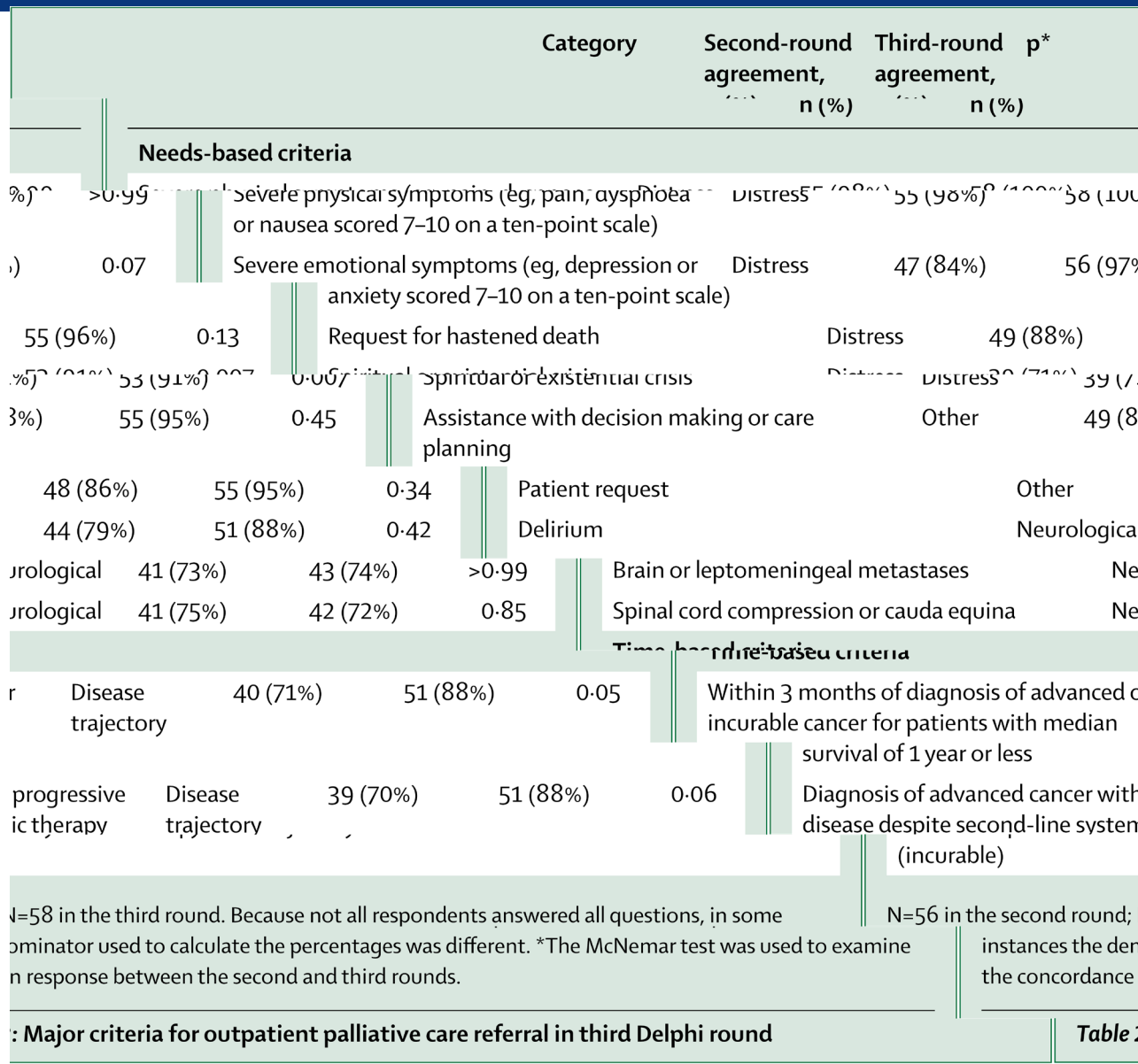
(71% response rate)

- > 90% said referral **should** occur early but only 20% of SPC received early referrals
- Only 50% in **both groups** said they had sufficient resources to see patients early
- Factors associated with "sufficient resources":
  - Family physician
  - Work on a team
  - Access to psychosocial and community support

- 1/3 primary and 1/5 specialized pc physicians were in favour of "renaming the specialty palliative care 'supportive care'"

Inconsistent referral criteria

- Palliative care referral criteria may exclude patients on basis of:
  - Prognosis
  - Code status
  - Use of blood products
  - Use of anti-cancer treatments
  - Lines/tubes/drains
  - Etc.



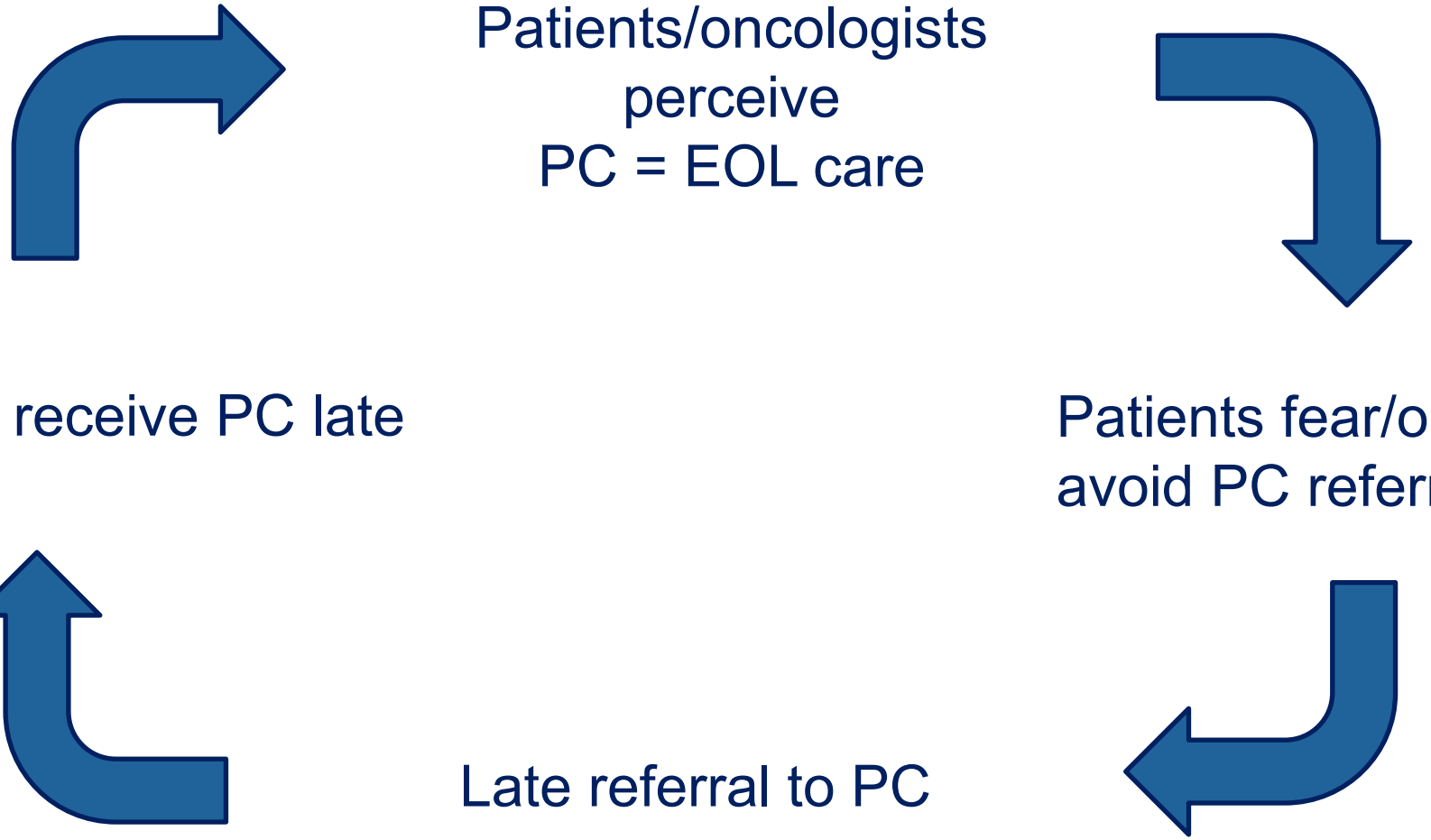
		Category	Second-round agreement, n (%)	Third-round agreement, n (%)	p*
		Needs-based criteria			
	>0·99	Severe physical symptoms (eg, pain, dyspnoea or nausea scored 7–10 on a ten-point scale)	Distress	55 (98%)	
	0·07	Severe emotional symptoms (eg, depression or anxiety scored 7–10 on a ten-point scale)	Distress	47 (84%)	56 (97%
55 (96%)	0·13	Request for hastened death	Distress	49 (88%)	
		Spiritual or existential crisis			
55 (95%)	0·45	Assistance with decision making or care planning	Other		49 (8
48 (86%)	55 (95%)	0·34	Patient request	Other	
44 (79%)	51 (88%)	0·42	Delirium	Neurologica	
41 (73%)	43 (74%)	>0·99	Brain or leptomeningeal metastases	Ne	
41 (75%)	42 (72%)	0·85	Spinal cord compression or cauda equina	Ne	
		Time-based criteria			
Disease trajectory	40 (71%)	51 (88%)	0·05	Within 3 months of diagnosis of advanced c incurable cancer for patients with median survival of 1 year or less	
Disease trajectory	39 (70%)	51 (88%)	0·06	Diagnosis of advanced cancer with disease despite second-line system (incurable)	

N=58 in the third round. Because not all respondents answered all questions, in some ominator used to calculate the percentages was different. *The McNemar test was used to examine n response between the second and third rounds. N=56 in the second round; instances the den the concordance

: Major criteria for outpatient palliative care referral in third Delphi round Table

Hui et al. Lancet Oncol 2016

Circular Problem of Late Palliative Care Referral



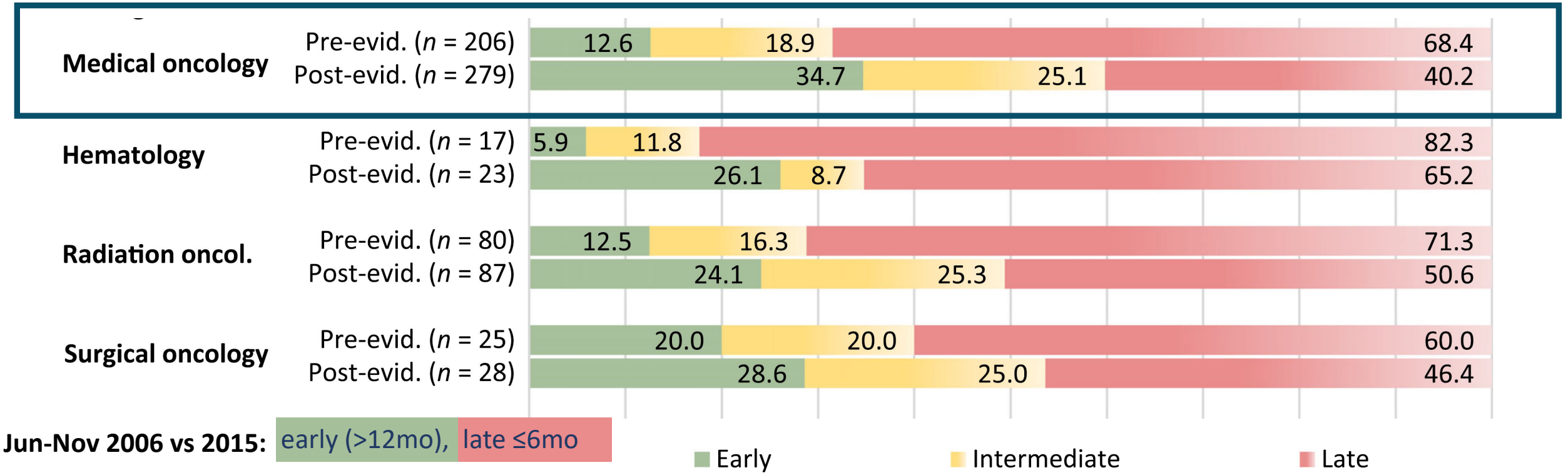
Alcalde & Zimmermann Ecancermedicalscience 2022

Future Directions: Enhancing Scalability

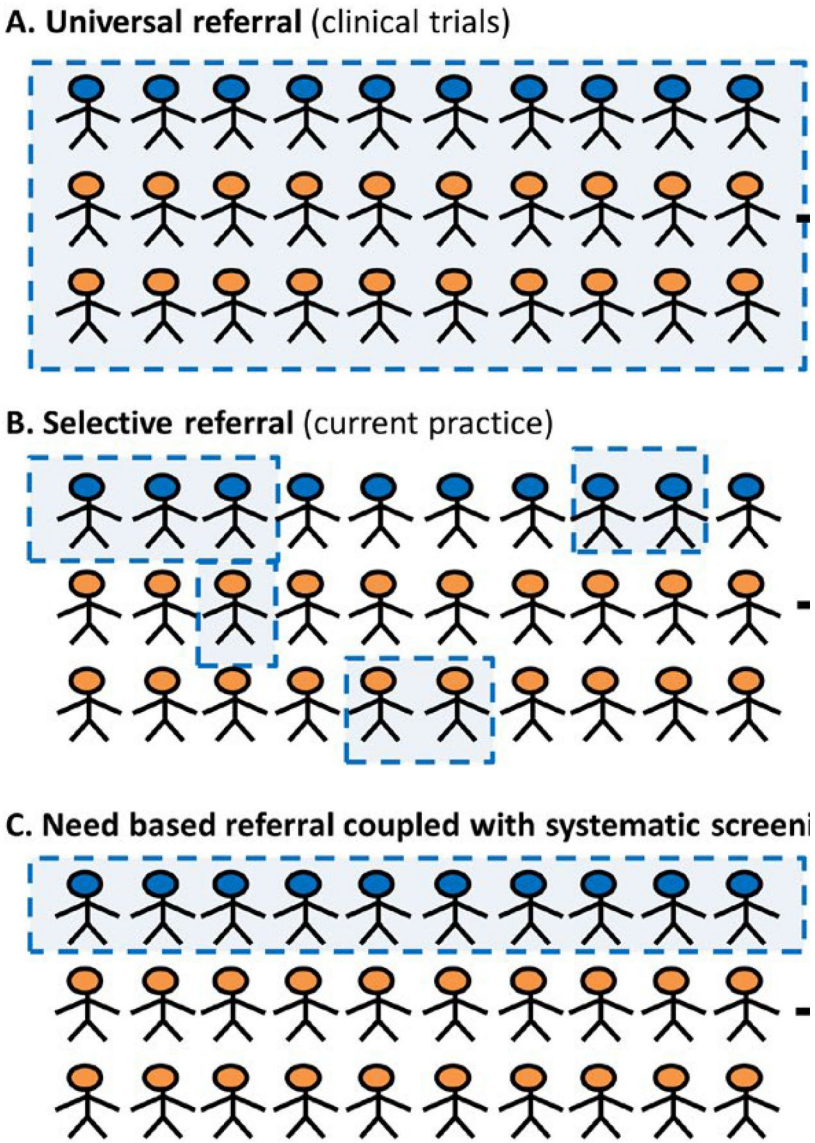
The Oncologist®

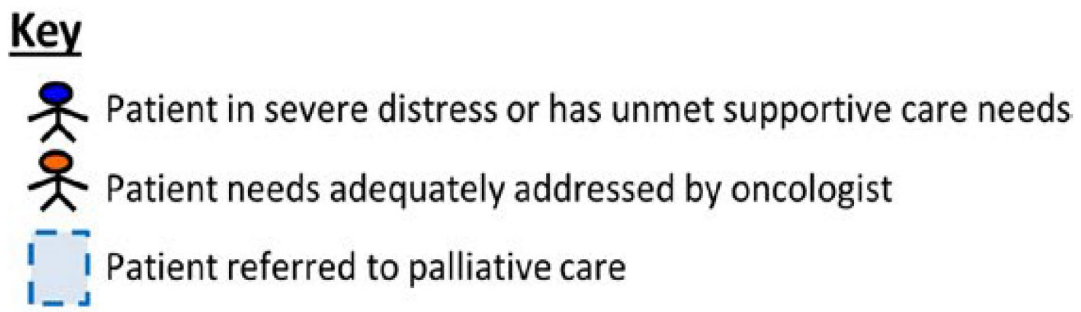
Timing of Palliative Care Referral Before and After Evidence from Trials Supporting Early Palliative Care

David Hausner,[b,d,h] Colombe Tricou,[b,d,i] Jean Mathews,[b,d] Deepa Wadhwa,[j] Ashley Pope,[d] Nadia Swami,[d] Breffni Hannon,[b,d] Gary Rodin,[c,d,g] Monika K. Krzyzanowska,[a,e] Lisa W. Le,[f] Camilla Zimmermann [b,c,d,g]



Models of palliative care referral





"Needs based" referral can be based on:

- symptom screening
- performance status
- prognostic modeling

Hui, Hannon, Zimmermann, Bruera. CA Cancer J Clin 2018

Scalable models of EPC

Parikh et al, JAMA Netw Open 2025

- 562 pts, advanced lung or noncolorectal GI cancer, identified by a health record algorithm adapted from national referral guidelines
- 15 sites cluster randomized to default algorithm-based PC referral vs. oncologist-initiated PC referral
- Results: 43.9% in algorithm-based group vs. 8.3% in control group received PC. **No difference in QOL** or other patient-reported outcomes but **less systemic therapy at EOL**

Temel et al, JAMA 2024

- 507 pts with advanced lung cancer
- Noninferiority trial; all patients receive EPC referral within 12 weeks of diagnosis
- Randomized to EPC follow-up (routine 4-weekly) vs. "stepped" follow-up (PC visits only at change in cancer treatment, hospitalization; QOL measured 6-weekly to trigger "step up" to 4-weekly visits)
- Results (week 24): **Noninferiority in QOL (*P*<.001) with fewer PC visits** 2.4 in stepped group (mean number 2.4 vs. 4.7, $P < .001$)

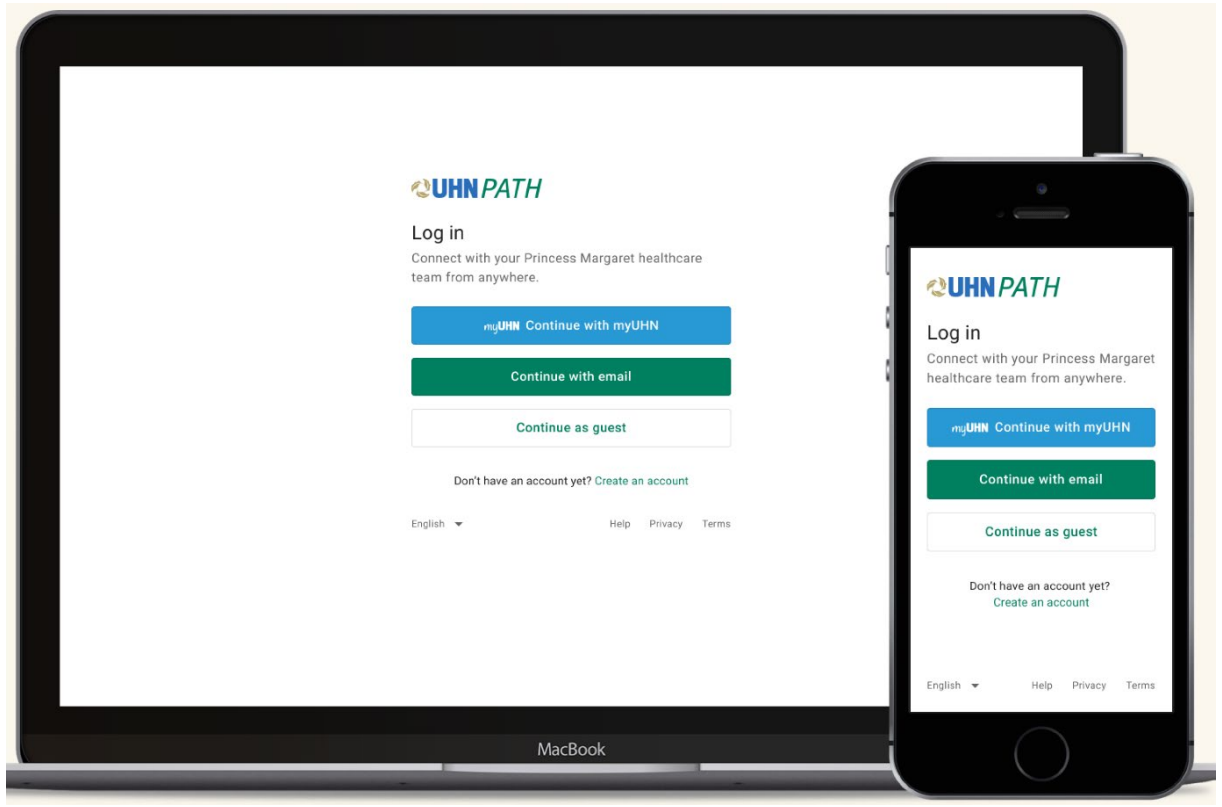
Symptom screening in oncology clinics

Your Symptoms Matter

Edmonton Symptom Assessment System-Revised (ESAS-R)

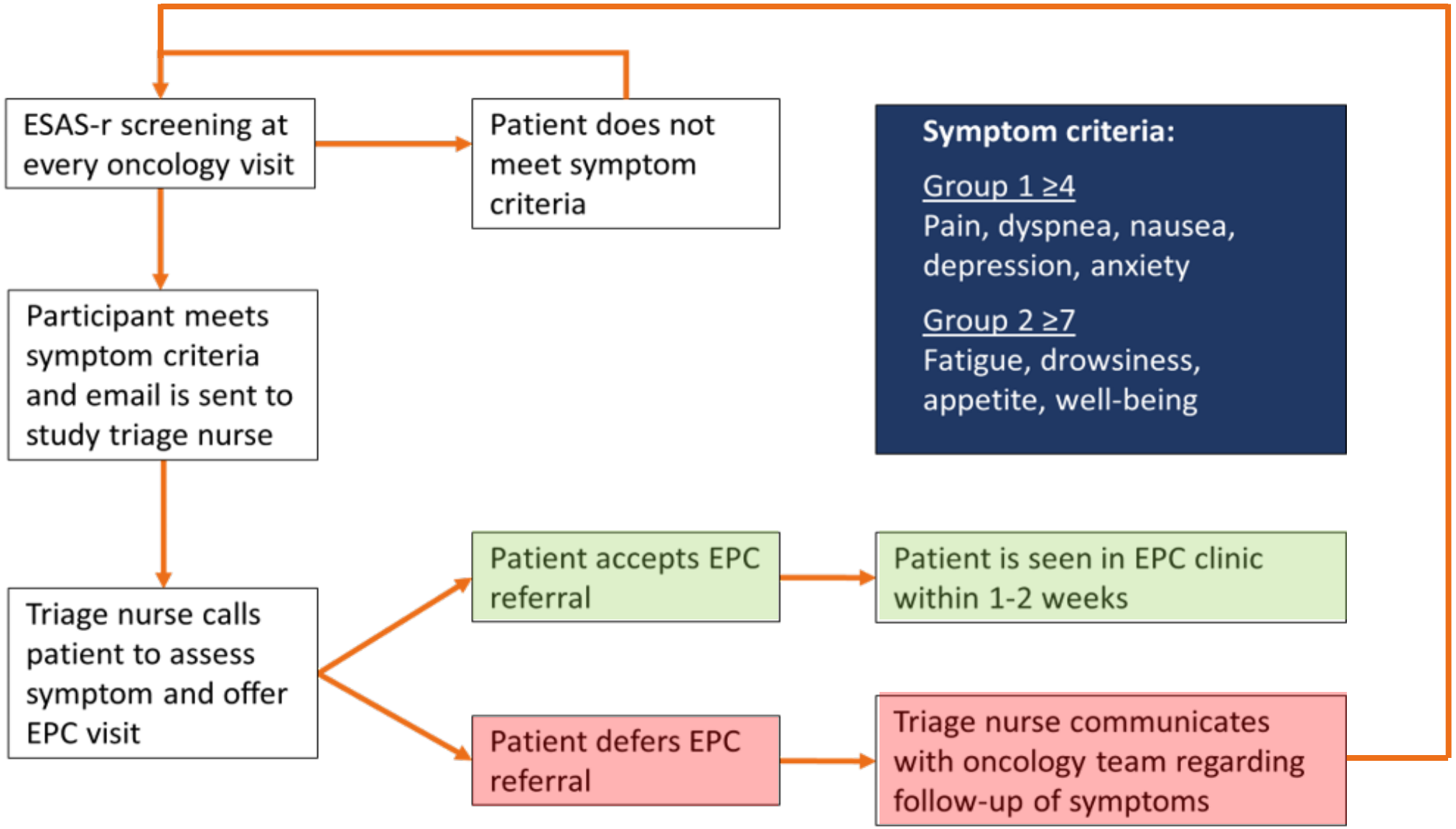
Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness *(Drowsiness = feeling sleepy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing *(Wellbeing = how you feel overall)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No Other Problem *(for example constipation)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible



Li et al. Easier Said Than Done: Keys to Successful Implementation of the Distress Assessment and Response Tool (DART) Program. J Oncol Pract. 2016

S T E P



Zimmermann et al. J Natl Compr Canc Netw, 2021; Support Care Cancer 2023

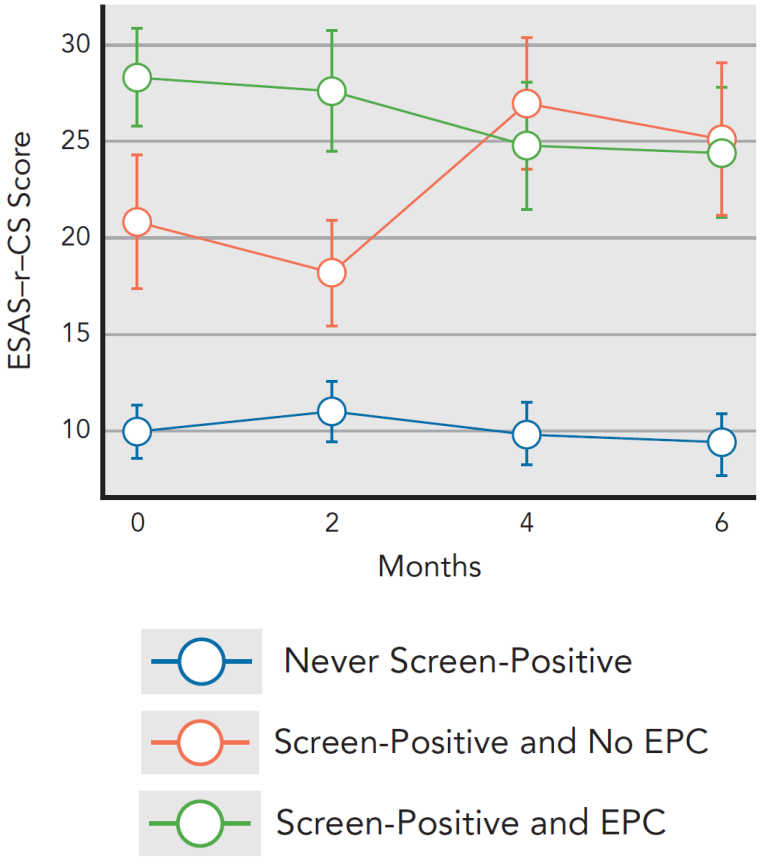
ORIGINAL RESEARCH

Phase II Trial of Symptom Screening With Targeted Early Palliative Care for Patients With Advanced Cancer

- 116 patients with advanced cancer, ECOG 0-2, clinical prognosis ≥6 months, recruited from Lung, GI, GU, Breast and Gyne outpatient clinics

Results:

- STEP is feasible and distinguishes between patients who remain stable without EPC and those who benefit from targeted EPC
- Among those screening positive, those who **received EPC** had **improved symptom control (ESAS) and mood (PHQ-9)** compared to those who declined EPC



Zimmermann et al. JNCCN 2022

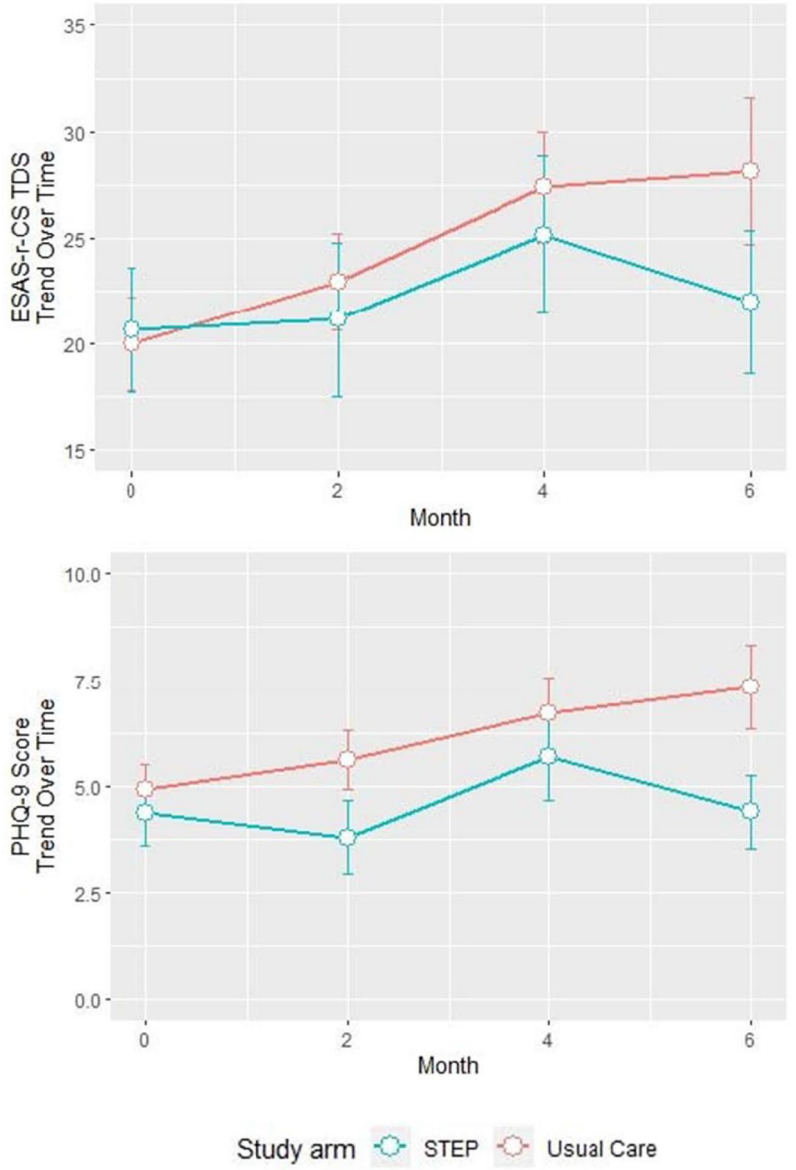
Mixed method RCT of STEP

- 69 patients (33 STEP, 36 usual care)
- Advanced cancer, ECOG 0-2, clinical prognosis ≥6 months, recruited from Lung, GI, GU, Breast and Gyne outpatient clinics
- **Results (at 6 months):**
  - 45% STEP and 17% usual care patients received EPC (p=0.009)
  - STEP group had trend for better outcomes for all measures
  - Qualitative results confirmed acceptability

Next steps:

- Feasibility trial of STEP2 (combined in-person and virtual STEP), (ongoing, n=40, funded by AMS)
- Multi-site **RCT of** STEP2 (n=625, CIHR-funded)

Zimmermann et al. Support Care Cancer 2023



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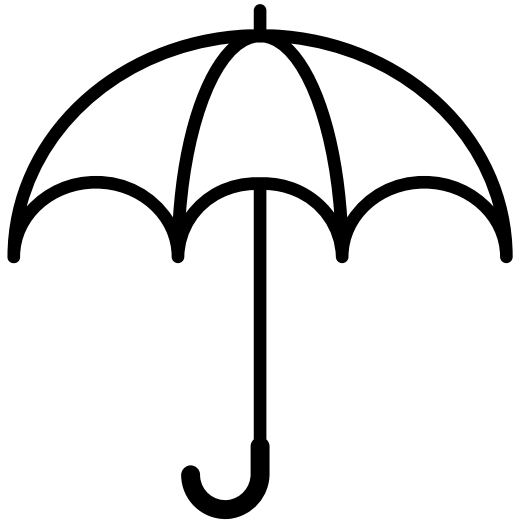
Viewpoint

March 17, 2022

Palliative Care Is the Umbrella, Not the Rain—A Metaphor to Guide Conversations in Advanced Cancer

Camilla Zimmermann, MD, PhD[1,2,3]; Jean Mathews, MD[1,2,4]

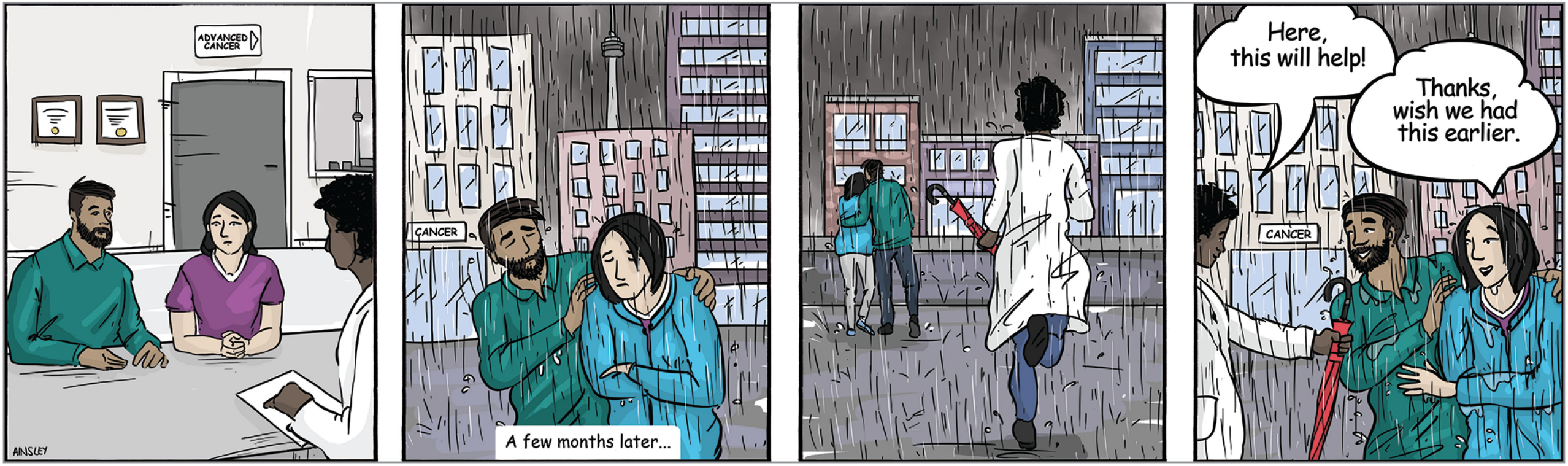


- **Palliative care is the umbrella, not the rain**
  - Rain is the symptoms and emotional distress of advanced cancer
- **Predicting the rain can be difficult**
  - Consult palliative care early “just in case”
- **Having an umbrella will not bring on the rain**
  - Avoiding the umbrella will result only in getting wet

JAMA Oncol. 2022;8(5):681-682

From: **Palliative Care Is the Umbrella, Not the Rain—A Metaphor to Guide Conversations in Advanced Cancer**

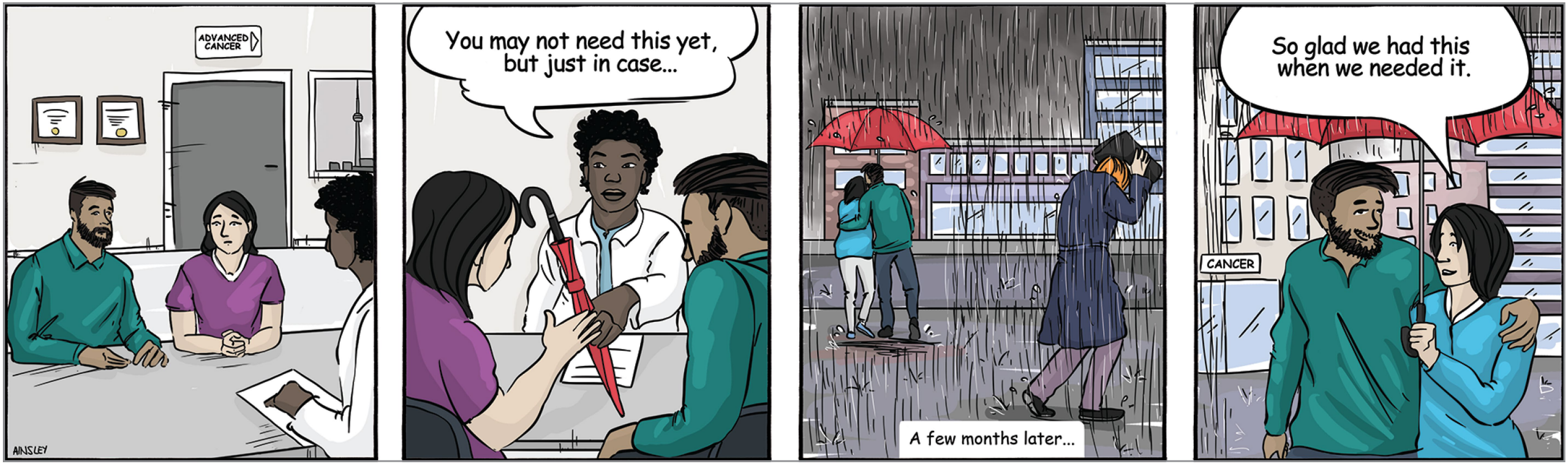
A Late palliative care referral



Zimmermann, Mathews. JAMA Oncol 2022

From: **Palliative Care Is the Umbrella, Not the Rain—A Metaphor to Guide Conversations in Advanced Cancer**

B Early palliative care referral



Zimmermann, Mathews. JAMA Oncol 2022

Conclusions:

1. There is now level 1 evidence to support early integration of palliative care into oncology care

2. Barriers to scalable implementation include attitudes/perceptions, resources, and an evidence base of routine early referral

3. There is emerging research that provides more scalable models for early integration

Thank you!

Patients and families participating in research

Princess Margaret palliative care research and clinical team and oncology teams

Harold and Shirley Lederman Chair in Palliative Care and Psychosocial Oncology, Princess Margaret Cancer Center/University Health Network/University of Toronto

Thank you!

Please complete your evaluation

McGill