



# Palliative Care in a Pediatric Oncology Population

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## BACKGROUND

Early integration of palliative care is beneficial to children with life-threatening conditions such as cancer

- relief of physical symptoms
- reduced emotional distress
- improved coordination and communication

Referrals to palliative care often occur late in the illness trajectory or not at all

- Barriers include:
  - concerns about overlap between oncology team and palliative care team
  - conflicting philosophy
  - patient readiness

This chart review will examine patterns of palliative care referrals among a pediatric oncology population the acceptability of palliative care referrals to parents/caregivers of pediatric oncology patients.

## METHODS

This was a chart review of patients treated for a new oncologic disease diagnosed between 1/1/2018-12/31/2018.

Aims:

- To examine patterns of palliative care referrals among a pediatric oncology population
- To determine acceptability of palliative care referrals among parents/caregivers of pediatric oncology patients (based on their willingness to speak with palliative care)
- To document any additional information regarding reasons that patients/parents refuse palliative care referrals

Data was collected from the EMR for each patient and included:

- Medical record number
- Type of cancer
- Date of diagnosis
- Palliative care referral (yes/no)
- Date of palliative care referral
- Indication for referral
- Reason for refusal of palliative care consult if documented

Findings were documented in an Excel spreadsheet and analyzed.

The palliative care team is frequently involved in the care of high-risk pediatric oncology patients and this involvement seems to be widely accepted by patients and families.

## RESULTS

- 67 patients were newly diagnosed with an oncologic disease in the one-year period
  - 38 male, 28 female
  - Age range 5 months-19 years
- 23 patients (34%) had palliative care referrals placed at some point in their illness
  - Palliative care referrals were automatically triggered for diagnoses requiring a bone marrow transplant or involving relapsed disease
  - Twelve referrals were at initial diagnosis
    - Most common diagnosis was high-risk neuroblastoma
  - Four referrals were during periods of critical illness such as a PICU admission
  - Two were for progression of disease
  - Five were for relapse of disease
- Patients and families were were overall very receptive to palliative care involvement
  - Only one family declined initial referral, although agreed to palliative care involvement on a future attempt

## CONCLUSIONS

Palliative care was involved in the care of over a third of patients diagnosed with cancer in a one year period.

- Most commonly became involved at initial high risk diagnosis or with progression of disease
- Many of these referrals were automatically triggered based on diagnosis
- Involvement of the palliative care team seemed to be overwhelmingly accepted by patients and parents

## ADDITIONAL KEY INFORMATION

**Next steps:**

- Meeting with palliative care team to discuss findings and potential for a future QI project

**Resources:**

Weaver MS, Heinze KE, Kelly KP, et al. Palliative Care as a Standard of Care in Pediatric Oncology. *Pediatr Blood Cancer*. 2015;62 Suppl 5(Suppl 5):S829-S833. doi:10.1002/pbc.25695

Levine DR, Mandrell BN, Sykes A, Pritchard M, Gibson D, Symons HJ, Wendler D, Baker JN. Patients' and Parents' Needs, Attitudes, and Perceptions About Early Palliative Care Integration in Pediatric Oncology. *JAMA Oncol*. 2017 Sep 1;3(9):1214-1220. doi: 10.1001/jamaoncol.2017.0368. PMID: 28278329; PMCID: PMC5824292.

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