Pallium Canada

Palliative Care Journal Watch

A partnership between Pallium Canada and several Divisions of Palliative Care and Medicine across Canada and Internationally: University of Calgary, University of Alberta, Queens University, Hadassah-Hebrew University Medical Center, University of Navarra

Hosts and Panelists

Dr Jose Pereira, Dr Aynharan Sinnarajah, Dr Kevin St Arnaud

March 30, 2026

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 several divisions of palliative care/medicine across Canada and internationally.
  - University of Calgary
  - University of Alberta
  - Queen's University
  - Hadassah-Hebrew University Medical Center, Israel
  - University of Navarra, Spain
- With the assistance of the Pallium Canada team
- We regularly monitor over 30 journals and highlight articles that challenge us to think differently about a topic or confirm our current practices.

Introductions

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Scientific Advisor and Co-Founder, Pallium Canada

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Chair, Dr. Gillian Gilchrist Palliative Care Research, Division of Palliative Care, Queen's University and Lakeridge Health, ON, Canada

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Disclosures

Pallium Canada

- Pallium is a registered charity.
- Pallium generates funds to support operations and R&D from course registration and registration fees, sales of the Pallium Pocketbook sales, and philanthropy.

Mitigating Potential Biases

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

Disclosures of Hosts/Guest Panelists

No conflicts of interest to disclose:

- Dr. José Pereira
- Dr. Aynharan Sinnarajah
- Dr. Kevin St Arnaud

Featured Articles

1. Cheville AL, Herrin J, Pachman DR, et al. **Electronic health record-facilitated symptom surveillance and collaborative care intervention in oncology (E2C2): a cluster-randomised, population-level, stepped-wedge, pragmatic trial.** Lancet Oncol. 2026;27(1):125-136. doi:10.1016/S1470-2045(25)00526-1

2. Philipp R, Walbaum C, Koch U, et al. **Existential distress in advanced cancer: A cohort study. Gen Hosp Psychiatry.** 2025;94:184-191. doi:10.1016/j.genhosppsych.2025.02.023

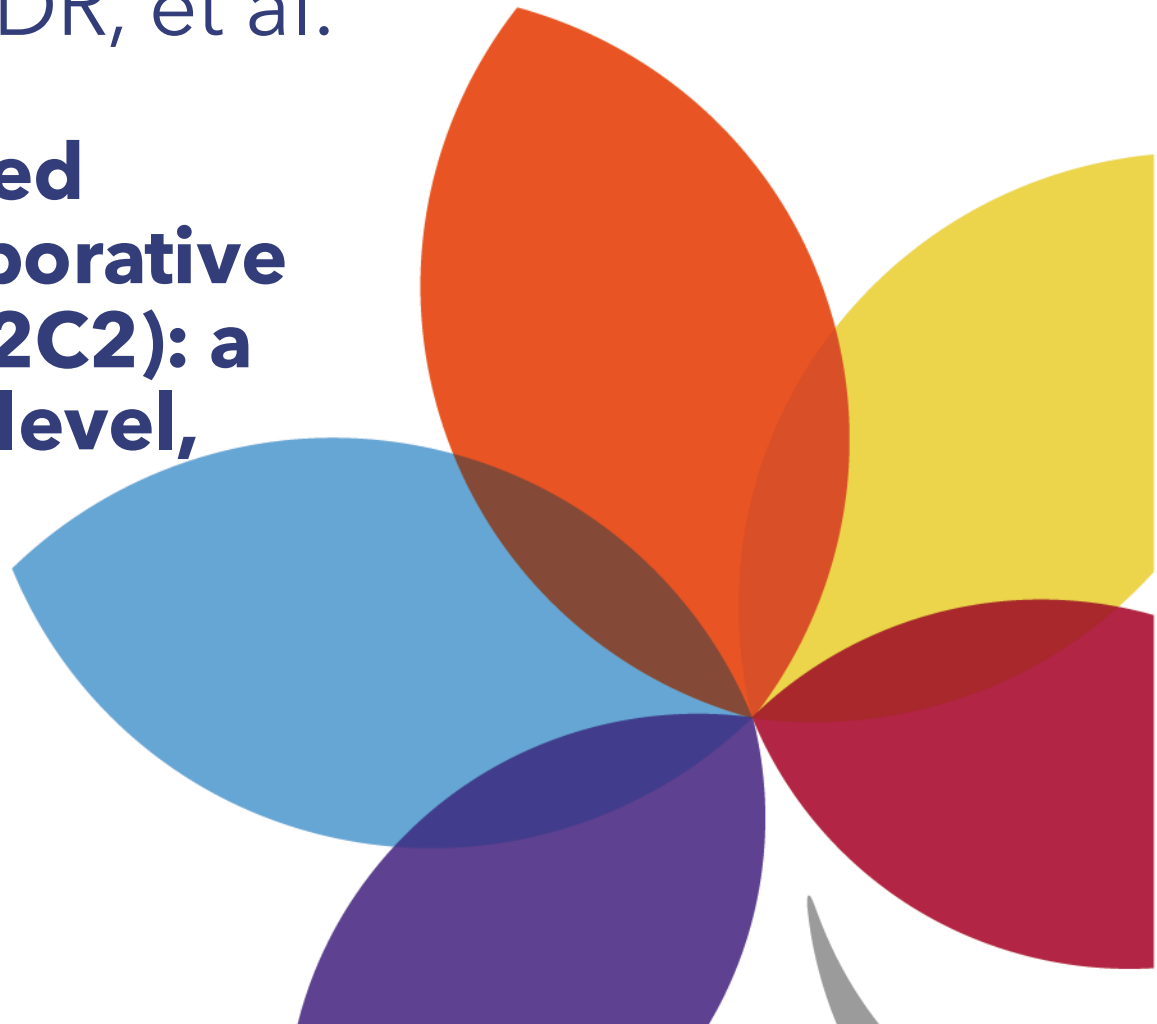
3. Pérez YL, Cruzado JA. **Complicated grief in caregivers of patients in a palliative care unit.** Support Care Cancer. 2025;33(11):969. doi:10.1007/s00520-025-10029-3

Featured Articles

Cheville AL, Herrin J, Pachman DR, et al.

Electronic health record-facilitated symptom surveillance and collaborative care intervention in oncology (E2C2): a cluster-randomised, population-level, stepped-wedge, pragmatic trial.

Lancet Oncology



Electronic health record-facilitated symptom surveillance and collaborative care intervention in oncology (E2C2): a cluster-randomised, population-level, stepped-wedge, pragmatic trial.

Article Reference: Cheville AL, Herrin J, Pachman DR, et al. Electronic health record-facilitated symptom surveillance and collaborative care intervention in oncology (E2C2): a cluster-randomised, population-level, stepped-wedge, pragmatic trial. Lancet Oncol. 2026;27(1):125-136. doi:10.1016/S1470-2045(25)00526-1

Presented by: Dr. Aynharan Sinnarajah

Background

- Symptom under-reporting and management gaps in oncology care affect patient outcomes
- Electronic Health Records (EHR)-based symptom surveillance may improve symptom detection and management
- Evaluated an EHR-integrated symptom surveillance intervention, using electronic patient-reported outcome measure (ePROM)

Research Methods

- Cluster, stepped-wedge, clinically embedded, pragmatic randomized controlled trial: Mar 18 ‘19 – Jan 31, ‘23 (4 years)
- 15 clusters: Multiple oncology clinics (medical oncology, hematology) across different healthcare systems
- Adult cancer patients (all, except acute leukemia) undergoing outpatient treatment
- Control: Usual care without symptom surveillance
  - Alerts for severe symptoms (>=7/10), order sets for evidence-based symptom management, auto-population of clinical notes with scores
- Intervention: EHR-based real-time symptom monitoring with automated alerts to clinicians
  - Also patient self-management resources, work remotely with symptom care manager (+physicidan, 2x/wk team rounds + prn), monthly ePROM (outside of visits), implementation
  - 2.0 -3.0 FTE symptom care managers, 0.4FTE physician
- Outcomes: Symptom burden (sleep, pain, physical function, anxiety, depression, fatigue) change (at least 2 ePROMs), healthcare utilization, patient quality of life (sum of all symptoms)
- Analysis: Mixed effects modeling accounting for clustering

Electronic health record-facilitated symptom surveillance and collaborative care intervention in oncology (E2C2): a cluster-randomised, population-level, stepped-wedge, pragmatic trial.

Article Reference: Cheville AL, Herrin J, Pachman DR, et al. Electronic health record-facilitated symptom surveillance and collaborative care intervention in oncology (E2C2): a cluster-randomised, population-level, stepped-wedge, pragmatic trial. Lancet Oncol. 2026;27(1):125-136. doi:10.1016/S1470-2045(25)00526-1

Presented by: Dr. Aynharan Sinnarajah

Results

- N=50,207 patients
  - Analytical cohort (at least 2 ePROMs): 24,874 patients
- Mix of all cancers, and all stages (incl Stage 1)
- 45% rural
- 56% at least 1 severe symptom, but most scores mild
- Primary analysis: Significant reduction in symptom burden in intervention group compared to control
  - Additional adjustment for patient, disease characteristics: anxiety, depression, physical function stayed significant
  - Moderate/severe symptom: Anxiety, depression, fatigue, sleep, QoL
- Reduction in ED visits, hospitalizations and ICU admissions
- Improvement in patient-reported quality of life scores

Key Discussion Points

- Population-level effectiveness of ePROM symptom surveillance using timely symptom detection & management
- Automated alerts enhance clinician responsiveness
- Demonstrates feasibility and effectiveness of integrating technology into routine oncology practice
- Supports enhanced patient-centered care in cancer treatment pathways

Electronic health record-facilitated symptom surveillance and collaborative care intervention in oncology (E2C2): a cluster-randomised, population-level, stepped-wedge, pragmatic trial.

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Strengths and Limitations

Strengths:

- Large, multicenter cluster RCT design enhances generalizability
- Real-world clinical setting implementation
- Remote reach including many rural
- Use of routinely collected EHR data minimizes additional patient burden
- Rigorous statistical analysis accounting for clustering

Limitations:

- Possible variability in intervention uptake across sites
- Potential confounding from concurrent quality improvement initiatives
- Limited follow-up duration may underestimate long-term effects

Impact on Practice

- Scalable, usable in all cancer settings, rural/urban
- Most severe symptoms: More support with dedicated symptom management clinician [key difference with other negative trials)

Discussion

Philipp R, Walbaum C, Koch U, et al.

Existential distress in advanced cancer: A cohort study.

General Hospital Psychiatry

Existential distress in advanced cancer: A cohort study

Article Reference: Philipp R, Walbaum C, Koch U, et al. Existential distress in advanced cancer: A cohort study. Gen Hosp Psychiatry. 2025;94:184-191.doi:10.1016/j.genhosppsych.2025.02.023

Presented by: Dr Kevin St Arnaud

Background

- Coping with incurable cancer frequently evokes *existential distress:* fear of death, fear of uncontrollable suffering or prolonged dying, fear of being a burden, and feeling helpless, trapped, isolated, worthless, and undignified.
- However, although it can significantly impair mental health and quality of life, existential distress remains an under investigated phenomenon.
- With medical progress and demographic ageing, an increasing number of individuals will live longer with incurable illness, and thus higher prevalence of existential distress will be encountered in practice.

Research Methods

Determine the prevalence of existential distress and its co-occurrence with mental disorders in patients who live with incurable disease:

1. determine prevalence of existential distress and its subtypes.
2. explore the association between existential distress and sociodemographic, disease- and treatment-related patient variables.
3. examine the co-occurrence of existential distress with mental disorders.

Existential distress in advanced cancer: A cohort study

Article Reference: Philipp R, Walbaum C, Koch U, et al. Existential distress in advanced cancer: A cohort study. Gen Hosp Psychiatry. 2025;94:184-191.doi:10.1016/j.genhosppsych.2025.02.023

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Methods

- *Participants: n* = 671, +18-years old, advanced cancer (stage IV solid tumors), across all phases of disease (diagnosis to terminal) to reflect a cross-section of treatment settings, tumor, and time since dx.
- *Key Independent Variables:* disease, medical care, sociodemographics, and mental disorder.
- *Key Dependent Variables:* Demoralization, Death Anxiety, Dignity-Distress
- *Statistics:* logistic regression was used to assess the association of demographic and medical characteristics with existential distress.

Key Results

- Overall prevalence of existential distress (46%); dignity-related distress (39%), death anxiety (27%), demoralization (13%).
- Existential distress was significantly more frequent in patients: <40-years old, with pancreatic cancer, in inpatient palliative care units, less than 12 months since initial diagnosis.
- Prevalence of any mental disorder was 26.2%, comparable to representative figures of the general (German) population.
- Most (77%) patients with a mental disorder showed existential distress.

Existential distress in advanced cancer: A cohort study

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Key Discussion Points

- Existential distress is common at the end of life, occurring in nearly half of all patients with advanced cancer.
- Existential distress is distinct from (but often comorbid with) mental disorders, and shows an independent association with suicidality.

Strengths and Limitations

- Heterogeneous sample, patients across disease phases from early after diagnosis of advanced cancer to terminal, and different clinical settings. 55% participation rate is high given the severity of disease.
- Patients with lung cancer, inpatients, and lower-educated patients were underrepresented. Findings can't generalize to hematological, earlier stage, and cancer survivors (who also face existential distress).

Impact on Practice

- Existential distress symptoms are typically not assessed in clinical practice, but should be included in standard screening procedures.
- Clinicians should be alter to higher existential distress in: patients with pre-existing mental disorders, younger patients, those recently diagnosed, and those in terminal stages treated in inpatient palliative care settings.
- Refer to psychosocial services for treating enduring existential distress.

Discussion

Pérez YL, Cruzado JA.

Complicated grief in caregivers of patients in a palliative care unit. Support Care Cancer

Supportive Care in Cancer

Complicated grief in caregivers of patients in a palliative care unit

Article Reference: Pérez YL, Cruzado JA. Complicated grief in caregivers of patients in a palliative care unit. Support Care Cancer. 2025;33(11):969.doi:10.1007/s00520-025-10029-3

Presented by: Dr Aynharan Sinnarajah

Background

- Complicated grief is a significant issue in palliative care units (PCUs) for cancer patients and their families
- Grief can adversely affect mental health, coping, and bereavement outcomes
- Factors associated with complicated grief require evaluation

Research Methods

- Prospective observational/cohort
- Palliative care unit, Tres Cantos, Madrid (550 admissions annually)
- Oncological and non-oncological
- Bereaved family members of deceased cancer patients
  - Recruited before death on PCU (< 6 month life expectancy)
- Outcomes: Measures of grief severity (Inventory of Complicated Grief: T1- 2 month, T2 - 6 month, T3 - 13 month),
- Predictors: Caregiver depression, social support, caregiver burden, distress due to patient's illness, patient characteristics,

Complicated grief in caregivers of patients in a palliative care unit

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Key Results

- N=129 patients → 75 female, 67.3 years, 84.5% cancer
- Caregivers: 100 females, 56.3 years, 40.3% spouses & 35.7% children
- Median PCU LOS= 26 days
- 24.8% caregivers severe depression
- High prevalence and decreasing complicated grief among bereaved family members (T1 36.4%, T2 24.0%, T3 4.3%)
- Predictors:
  - T1: Patient age, caregiver depression, patient cohabitation
  - T2: Patient age, caregiver depression, fewer support persons
  - T3 (4 cases)
- Improvement in coping strategies and psychological well-being noted
- 6 month Grief score highly correlated with 13 month score.

Key Discussion Points

- Did PCU supports lead to low complicated grief at 13 months?
- Findings support integration of grief counseling into routine PCU supportive care.
- Emphasizes need for training healthcare providers in grief recognition and intervention.

Complicated grief in caregivers of patients in a palliative care unit

Article Reference: Pérez YL, Cruzado JA. Complicated grief in caregivers of patients in a palliative care unit. Support Care Cancer. 2025;33(11):969.doi:10.1007/s00520-025-10029-3

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Strengths and Limitations

Strengths:

- Focus on vulnerable population in a specialized care setting
- Use of validated grief and psychological assessment tools
- Longitudinal follow-up to assess trajectory over time
- Multidisciplinary team involvement enhances contextual understanding

Limitations:

- Primary cancer, female patients
- Limited generalizability beyond PCU or cancer-related bereavement
- Sample attrition
- Only 4 patients with complicated grief at 13 months
- Possible confounders unaccounted for (e.g., social support outside PCU)

Impact on Practice

- Highlights need for routine grief assessment in palliative care
- Suggests incorporation of structured grief support as standard practice
- Informs development of protocols for bereavement care in oncology PCUs
- Potential to improve family members' psychological

Discussion

Honourable Mentions

Honourable Mentions

1. Bonares MJ, Shapiro J, Vijayanathan V, Abrahao A, Zinman L, Lau C. **Goal-Concordant Care in People With Amyotrophic Lateral Sclerosis Receiving Palliative Care**. J Pain Symptom Manage. 2025;70(6):679-690. doi:10.1016/j.jpainsymman.2025.08.046

2. Matos ARS, Silva AC, Rego L, Fernandes R, Gonçalves S. **Psilocybin-assisted therapy for individuals with palliative care needs: A systematic review of safety and efficacy**. Palliat Med. Published online December 18, 2025:2692163251383335. doi:10.1177/02692163251383335

3. Reed-Guy L, Ani J, Raghavendran K, et al. **Leveraging Electronic Health Record Tools and Social Work to Improve Advance Care Planning Documentation in Older Adults With Cancer.** JCO Oncology Practice. Published online December 2025. doi:10.1200/OP-25-00789

4. Davis MP, Bohlke K, Davies A. **Opioid Conversion in Adults With Cancer: MASCC-ASCO-AAHPM-HPNA-NICSO Guideline Clinical Insights.** J Pain Symptom Manage. Published online November 4, 2025:S0885-3924(25)00920-0. doi:10.1016/j.jpainsymman.2025.10.027

Wrap-up

- Please fill out our feedback survey a link has been shared in the chat!
- A recording of this webinar and a copy of the slides will be e-mailed to registrants within the next week.

To listen to this session and previous sessions, check out the Palliative Care Journal Watch podcast.

Listen on Apple Podcasts

Listen on Google Podcasts

Listen on Spotify

NOTE: recordings, slides and links to articles from all our sessions are available at www.echopalliative.com/palliative-care-journal-watch/.

Thank You to our Journal Watch Contributors!

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Pallium Canada

Thank you | Merci

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