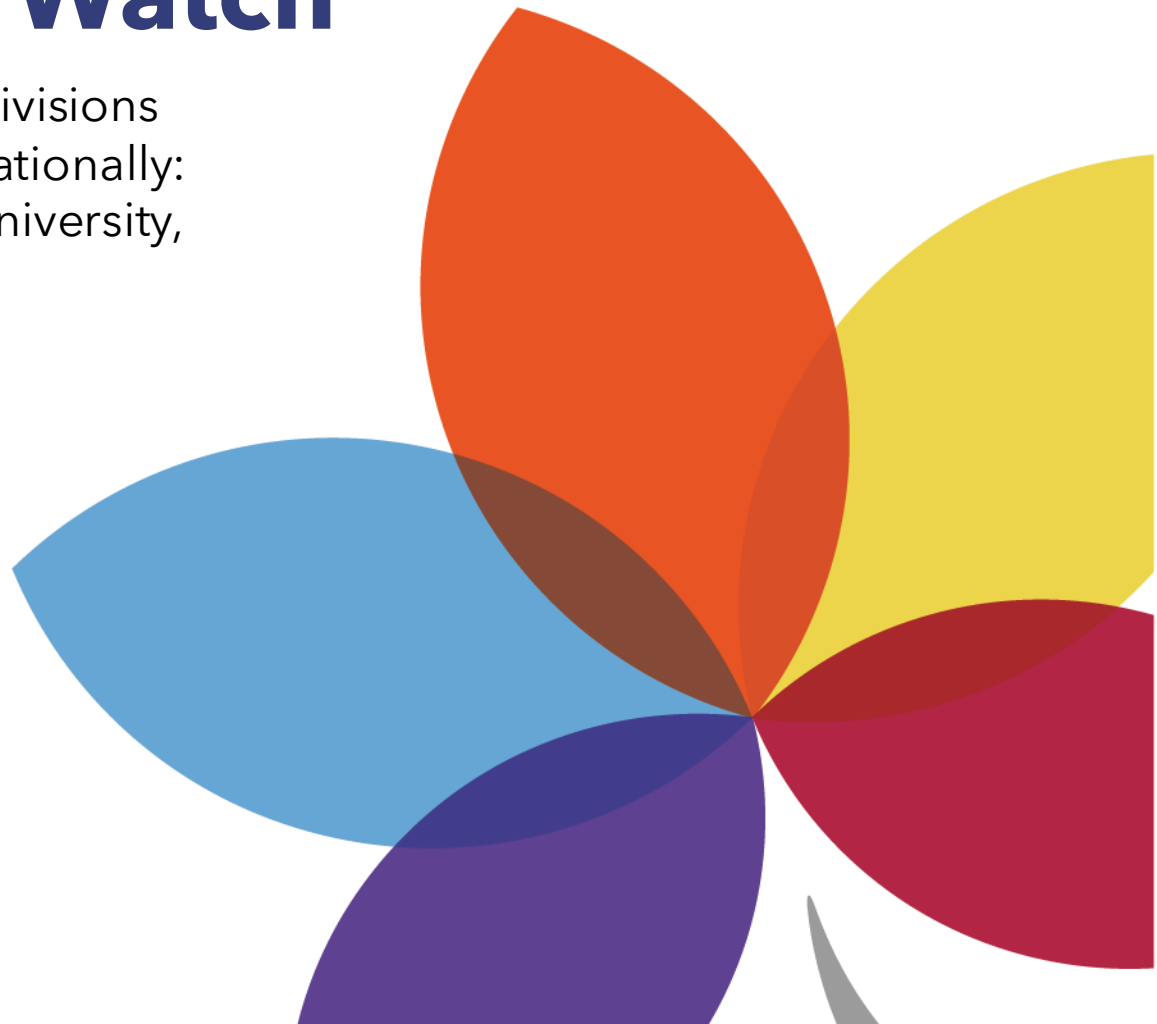
Pallium Canada

Palliative Care Journal Watch

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

Hosts and Panelists

Dr Jose Pereira, Dr Sharon Watanabe, Dr Olivia Nguyen



July 27, 2026 | Episode 24

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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President of the Quebec Society of Palliative Care Physician

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

Editorial Team

- Dr. Leonie Herx
- Dr. José Pereira
- Dr. Sharon Watanabe
- Dr. Aynharan Sinnarajah

Featured Articles

Featured Articles

1. Jose V, Thekkekara R, Stuckler D, Greminger A. **The Effectiveness and Safety of Buprenorphine in Palliative Care: A Systematic Review of Randomized Controlled Trials, Prospective and Retrospective Studies**. *Journal of Pain and Symptom Management*. 2025;0(0). doi:10.1016/j.jpainsymman.2025.12.009
2. Davis M. **Buprenorphine in palliative care**. BMJ Supportive & Palliative Care. Published online December 12, 2025. doi:10.1136/spcare-2025-005984
3. Verma M, Navarro V, Kosinski A, et al. **Palliative Care Intervention for Patients With End-Stage Liver Disease: A Cluster Randomized Clinical Trial.** *JAMA Intern Med*. Published online April 13, 2026. doi:10.1001/jamainternmed.2026.0571

Jose V, Thekkekara R, Stuckler D, Greminger A.

The Effectiveness and Safety of Buprenorphine in Palliative Care: A Systematic Review of Randomized Controlled Trials, Prospective and Retrospective Studies.

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The Effectiveness and Safety of Buprenorphine in Palliative Care: A Systematic Review of Randomized Controlled Trials, Prospective and Retrospective Studies.

Jose V, Thekkekara R, Stuckler D, Greminger A. *Journal of Pain and Symptom Management*. 2025;0(0). doi:10.1016/j.jpainsymman.2025.12.009

Presented by:

Sharon Watanabe

Background

- Buprenorphine is increasingly recommended in palliative care
- Partial agonist of μ-receptor – potent and effective analgesic, ceiling effect for respiratory depression
- Antagonist for δ- and κ-receptors, agonist for ORL-1 receptors – limits adverse effects on respiration and mood, and risk of OUD.
- Does not require dose adjustment based on age, minimally reliant on renal clearance, administered by non-oral route, prevents hyperalgesia
- Misconceptions re analgesic effectiveness, use with full agonists
- Previous systematic reviews a decade ago – mixed results

Objectives

- Systematic review to synthesize recent evidence on analgesic efficacy and adverse effects of buprenorphine short- and long-acting

Methods

- PubMed, Web of Science, Embase in June/July 2024
- Main keywords buprenorphine, hospice/palliative care
- Included RCTs, prospective/retrospective observational studies in adults
- Unable to conduct meta-analysis due to heterogeneity; narrative synthesis using best practice

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Presented by:

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Key Results

- 15 RCTs, 19 prospective and 9 retrospective studies
- Analgesic efficacy - RCTs (14)
  - SL or IM for rescue dosing (6): Comparable to morphine, tramadol, pentazocine; longer duration of action
  - TD or SL for long-acting analgesia (5): Comparable to fentanyl TD, morphine CR, oxycodone CR; tramadol superior in 1 trial
  - TD vs placebo, with SL rescue (3): Superior to placebo
- Analgesic efficacy - prospective studies (18 TD, 1 SL)
  - Improved pain, QoL, sleep
- Analgesic efficacy - retrospective studies (1 SL, 1 IV/TD/SL, 3 TD)
  - Improved pain
- Special populations
  - Patient with head & neck cancer and oral mucositis – TD improved pain
- Adverse events and safety - RCTs
  - SL or IM: Generally similar to other opioids
  - TD or SL: No significant difference
  - TD vs placebo: No significant difference
- Quality assessment

  9/14 RCT, 2/24 non-RCT - low/moderate risk of bias

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Presented by:

Sharon Watanabe

Key Discussion Points

- Buprenorphine was as effective and safe as full μ-receptor agonist opioids, with improved QoL

Strengths and Limitations

- Updated review (but 2 years old), methodological rigour
- Omitted MeSH term for opioid
- Excluded pediatric populations, studies focused on pain in the context of non-life-threatening illness
- Did not explore full scope of potential outcomes
- Unable to differentiate use in some special populations e.g., elderly
- No reporting on respiratory depression
- Unable to ascertain dose-response relationship
- Difference in TD dosing in Europe vs North America
- Only one RCT of SL for long-acting analgesia

Practice Implications

- Study supports expanding use of buprenorphine in palliative care
- Limitations - cost (for TD), available doses, stigma, lack of knowledge

Jose V, Thekkekara R, Stuckler D, Greminger A.

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DISCUSSION

Davis M.

Buprenorphine in palliative care

BMJ Supportive & Palliative Care.
doi:10.1136/spcare-2025-005984

Buprenorphine in palliative care

Davis M. BMJ Supportive & Palliative Care. Published online December 12, 2025. doi:10.1136/spcare-2025-005984

Presented by:

Sharon Watanabe

Background

- Buprenorphine is increasingly recommended in palliative care, but uptake has lagged

Type of Article

- "How I do it": personal views/opinions on a topic/theme

Aim of Article

- To share an expert's experience with the use of buprenorphine in palliative care

Buprenorphine in palliative care

Davis M. BMJ Supportive & Palliative Care. Published online December 12, 2025. doi:10.1136/spcare-2025-005984

Presented by:

Sharon Watanabe

Key Discussion Points

- Early experience with parenteral and SL buprenorphine
  - Long half-life obviated need for continuous infusion
  - Ceiling effect on respiratory depression allowed for more rapid titration
  - 50% bioavailability SL versus parenteral
- SL microdosing protocols
  - Allow for gradual induction without precipitating withdrawal
  - Start at 1 mg SL daily; double daily while maintaining full agonist opioid
  - Once adequate analgesia achieved, taper or stop full agonist opioid
  - Finds that q6h dosing provides more consistent analgesia
  - Uses hydromorphone for breakthrough pain
- Formulation selection
  - Avoid buprenorphine/naloxone combination with impaired liver function
  - TD preferred for elderly, frail, renally impaired/on dialysis, compliance challenges, oral route unavailable
  - Transition to SL if higher doses needed
- First-line use
  - Safety profile, lower potential for misuse, favourable pharmacokinetics
- Caveats
  - Cytochrome 3A4, QTc prolongation

Buprenorphine in palliative care

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Impact on Practice

- Growing body of literature supporting use of buprenorphine in palliative care
- Role in long-term opioid therapy (increasing survival with cancer)
- Need for careful patient selection
- Cost is a major barrier for TD formulation
- For more details on pharmacology, please see Davis MP, Pasternak G, Behm B. Treating chronic pain: An overview of clinical studies centered on the buprenorphine option. Drugs 2018; 78:1211-1228. doi:10.1007/s40265-018-0953-z.

Davis M.

Buprenorphine in palliative care

BMJ Supportive & Palliative Care.
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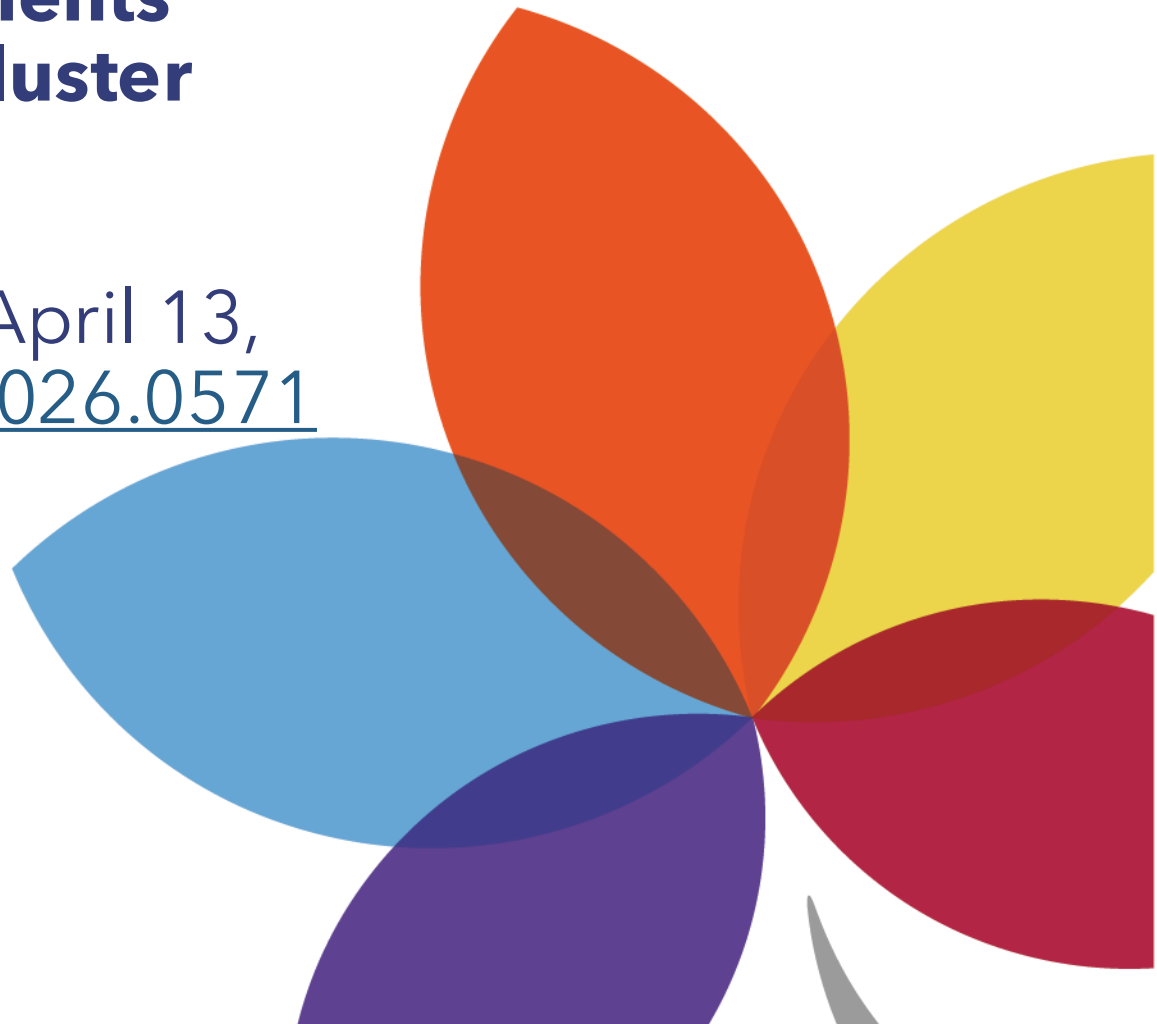
DISCUSSION

Verma M, Navarro V, Kosinski A, et al.

Palliative Care Intervention for Patients With End-Stage Liver Disease: A Cluster Randomized Clinical Trial.

JAMA Intern Med. Published online April 13, 2026. doi:10.1001/jamainternmed.2026.0571



Palliative Care Intervention for Patients With End-Stage Liver Disease: A Cluster Randomized Clinical Trial.

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Background

- In end-stage liver disease (ESLD), once decompensation occurs, 2-year mortality approaches 50%
- Patients experience substantial symptom burden, with reduced QoL and burden on health care systems.
- Palliative care remains underutilized in ESLD
- Requires hepatologists to incorporate primary palliative care approach
- PAL-LIVER (Palliative Care for Liver Diseases) trial

Objectives

- To compare the effectiveness of palliative care delivered by trained hepatologists with the care delivered by palliative care specialists in improving QoL at 3 months.

Methods

- Comparative effectiveness cluster randomized trial
- Conducted in 19 US medical centers
- Data collected January 2019 to June 2025
- Eligible patients: Adults with either decompensated cirrhosis a decompensation event (ascites, variceal bleeding, or hepatic encephalopathy) within the prior 6 months or hepatocellular cancer who had a life expectancy of at least 6 months, had not received or scheduled liver transplantation, or had not received palliative care in the prior 3 months.

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Presented by:

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Methods…contd

- Respective centers randomized to:
  - The consultative group (model 1): hepatologist not trained patients referred to palliative care professionals. (8 centres)
  - Hepatologist group (model 2): Underwent 12 weeks of liver-specific palliative care training. (11 centres)
    - PCA:Hep has 11 online modules, covered over 12 weeks.
    - Each module 3 to 4 hours long, with a monthly virtual live session. 1
    - 1 to 3 hepatologists per site underwent training.
- Intervention
  - 4-visits: initial, and at 1, 2, and 3 months (trained hepatologists or PC clinician).
  - In both groups, clinicians followed a standardized palliative care approach based on established palliative care guidelines.

Primary outcome & measure:

- QoL from baseline to 3 months, measured using Functional Assessment of Cancer Therapy-Hepatobiliary (FACT-Hep) total score.

Secondary outcomes

- Change from baseline to 3 months in symptom burden measured using modified ESAS, Distress Thermometer (DT), depression using Patient Health Questionnaire-9 (PHQ-9), and satisfaction with care using Family Satisfaction with Care-Patient version (FAMCARE-P).

Statistical analysis: modified intention-to-treat (ITT)

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Key Results

- N= 935 patients (mean age, 63.0 [10.3] years; female 29%
  - 419 in the hepatologist group
  - 516 in the consultative group
- Baseline characteristics were largely comparable
  - except for lower proportion of female pts in consultative group 24% vs 36% (higher number of VA centers)
  - Primary etiologies included alcohol-associated liver disease 39%, MASH 28%, viral hepatitis 24%
- ECOG: 0: 9% (PC) vs 19% (Hep); 1: 61% vs 54%; 3: 7-8%
- 64%-65% completed all 4 visits and most visits 40-over 50 min

QOL

- QOL improved significantly from baseline to 3 months in both groups
- No difference in QOL improvements between both groups
  - Change in the hepatologist group was noninferior to the consultative group
- Among the FACT-Hep subscales, change in emotional well-being (EWB) subscale showed greater improvement in the hepatologist group than in the consultative group at 3
- No difference between the 2 groups in other subscales (physical, social, functional, HCS).

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Key Results..contd.

Symptoms

- ESAS total score decreased by −7.52 points in hepatologist group and −5.31 points in consultative group with no difference between arms.
- Depression scores (PHQ-9) improved in both arms,

Satisfaction

- Patient satisfaction improved more in the hepatologist group compared with the consultative group ($P = .002$).

Mortality

- Similar between both groups

Key Discussion Points and Practice Implications

- Palliative care interventions improve QoL in ESLD
- Palliative care intervention delivered by trained hepatologists was noninferior to palliative care specialists in improving QoL at 3 months.
- Hepatologists, with training in primary PC, can deliver effective primary palliative care.
- The PAL-LIVER intervention complemented routine hepatology care
- Satisfaction may reflect factors such as continuity with the primary liver care providers and established patient-clinician relationships.

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Strengths and Limitations

- Very well conducted, rigorous study
- Reported in accordance with CONSORT reporting guideline.
- Patient and caregiver advisory board
- Limitations
  - differences in recruitment between study groups potentially introduced selection bias.
  - Lower enrollment in the hepatologist group: due to clinician availability and workflow constraints (COVID-19 constraints)
  - Despite noninferior outcomes, referral to palliative care specialists may represent an easier strategy for improving access to palliative care.
    - Time, training, and workflow demands required to equip hepatologists to deliver palliative care may limit uptake.
  - Despite randomization, patients in the hepatologist group had more advanced liver disease at baseline, higher proportions of CTP class C and HCC stage C.
    - However, improvements in QoL remained significant after adjustment for baseline QoL.

Practice Implications

- Palliative care improves QoL in patients with ESDL
- With training, hepatologists can also provide primary-level palliative care effectively

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DISCUSSION

Honourable Mentions

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- Barry C, Patel M. **Pharmacogenomics and symptom management in palliative and supportive care: A scoping review.** BMJ Support Palliat Care. 2025;15(2):158-167. Doi:10.1136/spcare-2024-005205
- Hou CW, Hu MC, Gautama MSN, Huang TW. **Automated algorithms for identifying patients requiring palliative care: a systematic review and meta-analysis.** npj Digit Med. Published online February 13, 2026. Doi:10.1038/s41746-026-02429-4
- Yang S, Jiang Y, Wang C, Hu Z, Yu T. **Palliative care in advanced heart failure: systematic review and meta-analysis**. BMJ Support Palliat Care. 2026;16(3):548-557. doi:10.1136/spcare-2025-005527

Wrap-up

- Please provide your feedback, complete the survey at the link 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.
- Recordings, slides and links to articles from all our sessions are available at www.echopalliative.com/palliative-care-journal-watch/
- The Palliative Care Journal Watch episodes are also available as podcasts.

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Thank you | Merci

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