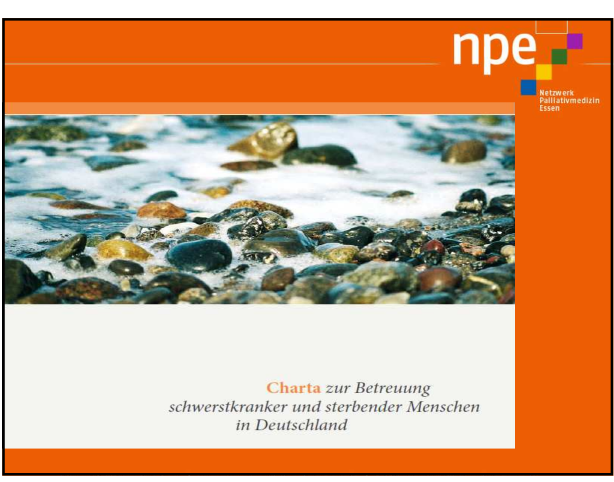

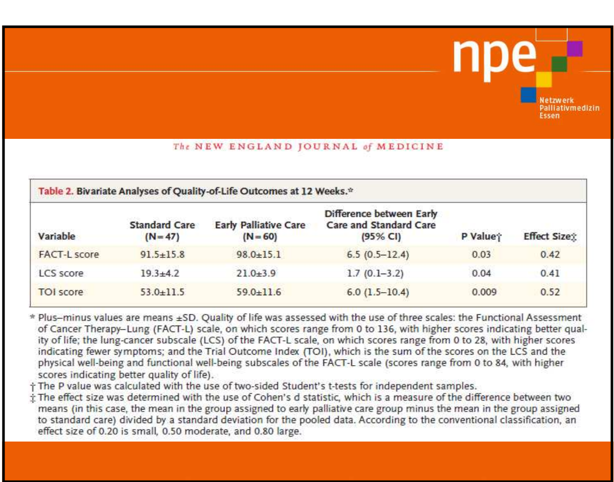

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Table 2. Bivariate Analyses of Quality-of-Life Outcomes at 12 Weeks.*

Variable	Standard Care (N=47)	Early Palliative Care (N=60)	Difference between Early Care and Standard Care (95% CI)	P Value†	Effect Size‡
FACT-L score	91.5±15.8	98.0±15.1	6.5 (0.5–12.4)	0.03	0.42
LCS score	19.3±4.2	21.0±3.9	1.7 (0.1–3.2)	0.04	0.41
TOI score	53.0±11.5	59.0±11.6	6.0 (1.5–10.4)	0.009	0.52

* Plus–minus values are means ±SD. Quality of life was assessed with the use of three scales: the Functional Assessment of Cancer Therapy–Lung (FACT-L) scale, on which scores range from 0 to 136, with higher scores indicating better quality of life; the lung-cancer subscale (LCS) of the FACT-L scale, on which scores range from 0 to 28, with higher scores indicating fewer symptoms; and the Trial Outcome Index (TOI), which is the sum of the scores on the LCS and the physical well-being and functional well-being subscales of the FACT-L scale (scores range from 0 to 84, with higher scores indicating better quality of life).

† The P value was calculated with the use of two-sided Student's t-tests for independent samples.

‡ The effect size was determined with the use of Cohen's d statistic, which is a measure of the difference between two means (in this case, the mean in the group assigned to early palliative care group minus the mean in the group assigned to standard care) divided by a standard deviation for the pooled data. According to the conventional classification, an effect size of 0.20 is small, 0.50 moderate, and 0.80 large.

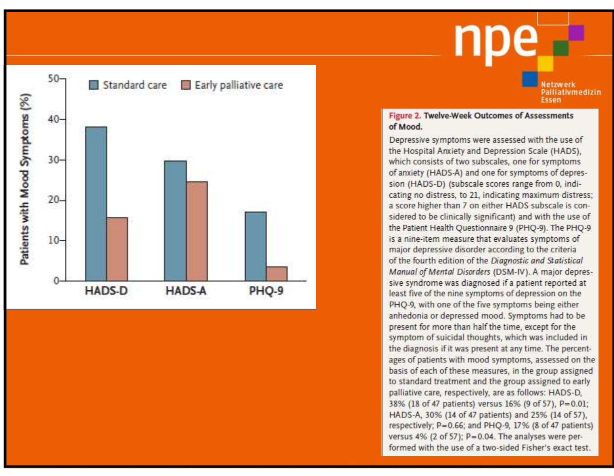

Figure 2. Twelve-Week Outcomes of Assessments of Mood.

Depressive symptoms were assessed with the use of the Hospital Anxiety and Depression Scale (HADS), which consists of two subscales, one for symptoms of anxiety (HADS-A) and one for symptoms of depression (HADS-D) (subscale scores range from 0, indicating no distress, to 21, indicating maximum distress; a score higher than 7 on either HADS subscale is considered to be clinically significant) and with the use of the Patient Health Questionnaire 9 (PHQ-9). The PHQ-9 is a nine-item measure that evaluates symptoms of major depressive disorder according to the criteria of the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). A major depressive syndrome was diagnosed if a patient reported at least five of the nine symptoms of depression on the PHQ-9, with one of the five symptoms being either anhedonia or depressed mood. Symptoms had to be present for more than half the time, except for the symptom of suicidal thoughts, which was included in the diagnosis if it was present at any time. The percentages of patients with mood symptoms, assessed on the basis of each of these measures, in the group assigned to standard treatment and the group assigned to early palliative care, respectively, are as follows: HADS-D, 38% (18 of 47 patients) versus 16% (9 of 57), P=0.01; HADS-A, 30% (14 of 47 patients) and 25% (14 of 57), respectively; P=0.66; and PHQ-9, 17% (8 of 47 patients) versus 4% (2 of 57); P=0.04. The analyses were performed with the use of a two-sided Fisher's exact test.

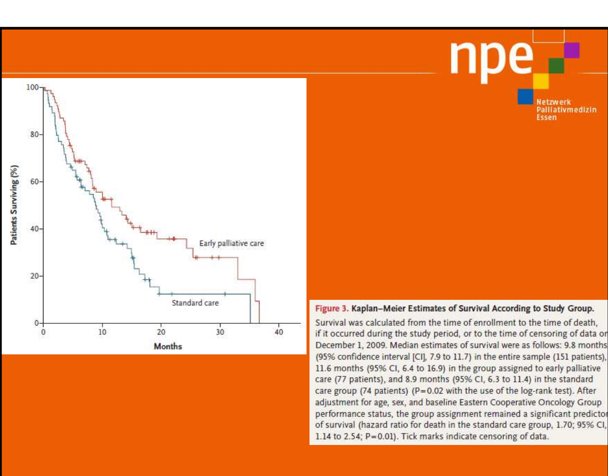

Figure 3. Kaplan–Meier Estimates of Survival According to Study Group.

Survival was calculated from the time of enrollment to the time of death, if it occurred during the study period, or to the time of censoring of data on December 1, 2009. Median estimates of survival were as follows: 9.8 months (95% confidence interval [CI], 7.9 to 11.7) in the entire sample (151 patients), 11.6 months (95% CI, 6.4 to 16.9) in the group assigned to early palliative care (77 patients), and 8.9 months (95% CI, 6.3 to 11.4) in the standard care group (74 patients) (P=0.02 with the use of the log-rank test). After adjustment for age, sex, and baseline Eastern Cooperative Oncology Group performance status, the group assignment remained a significant predictor of survival (hazard ratio for death in the standard care group, 1.70; 95% CI, 1.14 to 2.54; P=0.01). Tick marks indicate censoring of data.

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Mittwoch, 17.11.2010, 18:00 - 20:15 Uhr
Schulungszentrum der Johanniter, Henricistraße 100, 45136 Essen

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Gründung der Selbsthilfegruppe
Wiese e.V.
Angehörige von Menschen mit einer Krebserkrankung
Donnerstag, 16. 09.2010, 18:00 – 19:30 Uhr
Krebsberatungsstelle für Betroffene und Angehörige
Camillo-Sitte-Platz 3, 45136 Essen-Süd

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Symposium für Ärzte und Pflegende
Schmerztherapie bei alten und multimorbiden Patienten
Wenn nicht nur die Schmerzen problematisch sind
Mittwoch, 29.09.2010, 17:00 – 19:00 Uhr
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Das Recht des Palliativpatienten-
Mehr als Krankengeld und Sozialhilfe
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Forum
der Palliativpflege, -pflege und Hospizarbeit
Reichtum und Chancen der letzten Lebensphase?
Hospizarbeit in Essen
Mittwoch, 11.11.2010, 19:00 – 21:00 Uhr
Volkshochschule Essen, Am Burgplatz 1, 45127 Essen
Die Vorträge werden von Gebärdensprachdolmetschern übersetzt

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Danke für Ihre Aufmerksamkeit und
kommen Sie bitte gut nach Hause!