

PEARL - A randomised phase 3 trial of Palliative care, early in Advanced Lung Cancers

Protocol number: CTC 0145 / ALTG 13/008

This is a short summary of the results from a trial of early referral to palliative care in people with advanced lung cancer. PEARL was designed to show if early referral to palliative care could improve quality of life, satisfaction, and other outcomes in this group. We thank the 113 people with lung cancer and their 78 carers who took part in the study, along with their doctors, nurses, and other staff who helped run the trial at 15 hospitals throughout Australia.

What was the trial about?

The people who took part in PEARL (participants) had lung cancer (non-small-cell and small-cell) or mesothelioma. PEARL Participants were allocated in equal numbers to either an early referral group, or a standard referral group. The allocation to each group was done at random by a computer, so that the two groups were comparable. Those in the early referral group were to be referred to palliative care within 60 days of being diagnosed with lung cancer. Those in the standard referral group were referred to palliative care at the discretion of their treating cancer specialist (oncologist). Participants who were referred to palliative care had an initial consultation with the palliative care team, a palliative care case conference with their GP, and then regular follow up with palliative care every 3 to 4 weeks. All participants in the trial also received appropriate standard-of-care treatments for their cancer.

Participants completed questionnaires throughout the trial answering questions about how they were feeling and doing. Carers completed questionnaires and interviews answering questions about how they were feeling and doing.

What were the results?

The trial showed that the group who were referred early to palliative care had similar outcomes to those referred later at the discretion of their treating oncologist. Symptoms, quality of life, and survival time were similar in the two groups of participants. The carers of participants in the two groups also had similar satisfaction with care and quality of life. The conclusion of the PEARL investigators was that the palliative care needs of people with advanced lung cancer, and their carers, were equally well addressed, regardless of whether they were referred early, or at the discretion of their treating oncologist.

What do the results mean for me and my doctor?

PEARL showed that the benefits of palliative care referral in this group of Australians with advanced lung cancer and their carers were not increased by early referral, and that later referral when considered helpful by their treating oncologist resulted in similar outcomes. This finding supports the current standard of care in Australia, and means that resources to support palliative care can be focused on people when they are most likely to benefit from it.

Where can I find out more about the trial?

More details on the trial are available on:

- NHMRC clinical trials centre website at <https://ctc.usyd.edu.au/our-work/research-divisions/cancer/cancer-divisions/lung-cancers/closed/pearl/>

- Australian and New Zealand Cancer Trials registry at <https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=371931&isReview=true>
- Thoracic Oncology Group of Australasia (TOGA) website at <https://thoraciconcology.org.au/clinical-trials/>

Sponsor, funding and conflicts of interest

This study was led and run by the NHMRC Clinical Trials Centre in collaboration with the Australasian Lung cancer Trials Group (ALTG) / Thoracic Oncology Group of Australasia (TOGA). It was endorsed by the Palliative Care Clinical Studies Collaborative (PaCCSC) and Cancer Symptom Trials (CST), University of Technology, Sydney. The trial was sponsored by the University of Sydney.