Delayed Palliative Care in Metastatic Breast Cancer: Rationale for Early Integration

Daria Chelysheva, MD(1), Jake Fanizza, BS(2), Elham Nasrollahi, MD(1), Elsa Aguilar Montoya, MD(1)
UPMC Harrisburg Hospital(1); Drexel University College of Medicine(2)

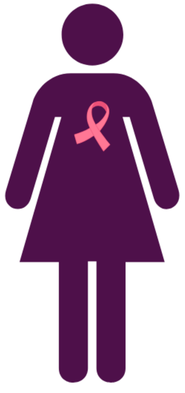
UPMC
LIFE CHANGING MEDICINE

Introduction

Metastatic breast cancer (MBC) is an advanced stage of disease with a poor prognosis and heavy symptom burden. **Palliative care can alleviate symptoms and improve quality of life**. Major oncology guidelines (ASCO/ESMO) recommend providing specialized palliative care early in the course of metastatic illness. However, in real-world practice, palliative care is often introduced very late.

Methods

We conducted a **retrospective cohort study** using data from the TriNetX Global Health Research Network global health research network, which includes de-identified electronic health records from multiple healthcare organizations. Female patients who were diagnosed with stage IV (metastatic) breast cancer between 2011 and 2024 were included. The primary objective was to assess the **time interval between metastatic diagnosis and receipt of a palliative care consultation**. Additional variables collected included demographics and documented clinical symptoms. Patients were grouped based on whether or not they received a palliative care consultation, and matched cohort analysis was performed to compare symptom burden between the groups.

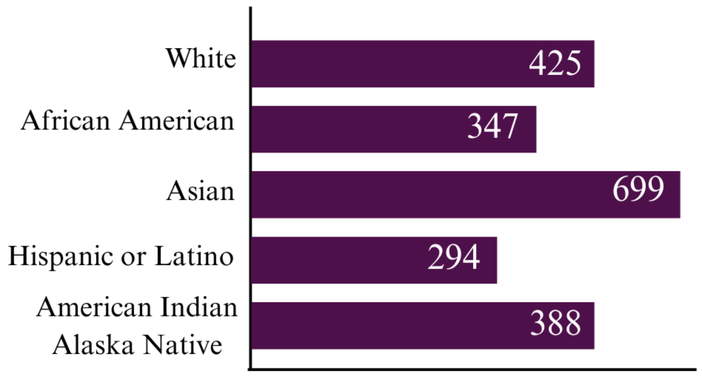


1036 Women
Stage IV Breast Cancer



408 Days
Median time from the diagnosis to the palliative care consult

Median Referral Delays by Race



Increased Symptom Burden

Among Patients Referred to Palliative Care



Pain **Fatigue** **Delirium** **Dyspnea**

Results

1,036 women with stage IV breast cancer were included. The median age was 66 years (range 30-90; SD = 13). **The median time from metastatic diagnosis to first palliative care consult was 408 days**. Median referral delays varied by race: 425 days for White patients, 347 days for Black or African American patients, 699 days for Asian patients, 294 days for Hispanic or Latino patients and 388 days for American Indian/ Alaska Native patients. Symptom burden was significantly higher in the palliative care group (fatigue, delirium and dyspnea).

Conclusion

The observed racial differences in timing suggest a need to address systemic and cultural barriers to equitable, timely access to palliative care.
The higher symptom burden observed in the palliative care group supports the concern that referrals are often made reactively, in response to advanced clinical decline. Overall, our findings reinforce that **palliative care should be embedded earlier in the treatment trajectory - not as a last resort, but as a concurrent component of comprehensive cancer care**.

Resources

1. **ASCO Palliative Care Guideline Update (2023)** — *Integration of Palliative Care into Standard Oncology Care. J Clin Oncol.*
2. **ESMO Clinical Practice Guideline (2023)** — *Integration of Palliative Care into Oncology. Ann Oncol.*
3. **Temel JS et al.** *Early Palliative Care for Patients with Metastatic Cancer. N Engl J Med.* 2010;363:733–742.