

## ***Special Series: Science in Action: Evidence and Opportunities for Palliative Care Across Diverse Populations and Care Settings***

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# Introduction to a New Special Series for the *Journal of Pain and Symptom Management*—Science in Action: Evidence and Opportunities for Palliative Care Across Diverse Populations and Care Settings



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### **Abstract**

*Practices to optimize palliative care delivery and new opportunities in which to integrate palliative care vary across populations and care settings. Systematic reviews are an efficient and methodologically rigorous approach to summarize existing research to identify both evidence-based best practices and new areas for future research and clinical practice. This is the introduction to a special series of articles in which members of the American Academy of Hospice and Palliative Medicine Research Committee report the results of circumscribed systematic reviews, which in a specific population or care setting seek to 1) summarize existing evidence for optimal palliative care practices or 2) identify opportunities where better palliative care delivery could improve patient and/or family outcomes. J Pain Symptom Manage 2019;58:134–136. © 2019 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.*

### **Key Words**

*Special Series, Science in Action, systematic reviews, palliative care research*

Compared with other medical subspecialties, palliative care is a proverbial new kid on the block. Palliative medicine was recognized by the Accreditation Council for Graduate Medical Association (ACGME) in 2006, and research specific to palliative medicine spans only about two decades.<sup>1</sup> Despite the relative nascency of the field, clinical practice guidelines regarding integration of palliative care providers and/or practices are gaining traction,<sup>2</sup> and for some topics, practices, and/or outcomes, there are increasingly robust portfolios of palliative care–related research.<sup>3</sup> Given this enlarging portfolio, summarizing the evidence for palliative care in specific populations or identifying further opportunities for palliative care practice and research can be challenging for palliative care clinicians, advocates, researchers, health systems, and other key stakeholders.

The American Academy of Hospice and Palliative Medicine (AAHPM) Research Committee has a history of conducting research addressing key questions relevant to the greater palliative care community. For example, from 2015 to 2017, members of the AAHPM Research Committee completed and published studies that explored the application of the Measuring What Matters quality indicators across diverse research and practice settings.<sup>4–12</sup> In this issue of *The Journal of Pain and Symptom Management*, we are excited to launch another special series of research coordinated and completed by the AAHPM Research Committee; this special series comprises systematic reviews that, in specific populations or care settings, either synthesize current evidence or identify opportunities where novel integration of palliative care providers or

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Table 1

**Components of Methodologically Robust Systematic Reviews—The PICOTS Question and Inclusion/Exclusion Criteria**

PICOTS question: A structured question with required components that clarify the question being asked of the literature in the systematic review

Population – The specific population of interest to the research team  
 Intervention – The specific intervention of interest  
 Comparator – The treatment for those who do not receive the intervention of interest  
 Outcome(s) – The outcomes measured to determine intervention efficacy and/or effectiveness  
 Timing – When the intervention is being delivered and/or the outcomes are being measured  
 Setting(s) – Where the intervention is being delivered and/or the outcomes are being measured

## Inclusion Criteria

## Exclusion Criteria

The design and/or content of studies included in the systematic review.

The design and/or content of studies excluded from the systematic review

practices is likely to improve patient and family outcomes. This new series addresses two of AAHPM's strategic objectives, including to

- 1) support collaborative initiatives to increase hospice and palliative care research and
- 2) advocate for increased hospice and palliative care research funding.

The goals of the series are to leverage evidence to facilitate better uptake of palliative care where it has been shown effective, to fuel introduction of palliative care into populations and care settings where it is likely to be of help, and to identify current evidence gaps so as to inform future research.

This series is intended to be neither exhaustive nor definitive. Recent palliative care—related systematic reviews and/or research agendas for certain populations or care settings already exist.<sup>13,14</sup> Evidence also supports that even the most rigorous systematic reviews only remain definitive for a limited time.<sup>15,16</sup> Moreover, a nominally exhaustive evidence synthesis is the fruit of years of work and extensive resources.<sup>17</sup> Each article in this series addresses a topic that either lacks a recent systematic review and/or where a systematic review could potentiate or hone current practice or identify opportunities for future palliative care practice.

Like siblings or cousins rather than identical twins, the articles in this special series will have similar features but also vary in others so as to reflect unique aspects of that topic and body of literature. As part of the special series, each systematic review centers on a specific Population Intervention Comparator Outcomes Timing Setting (PICOTS) question,<sup>18</sup> (Table 1). Consistent with rigorous methodologies related to conducting systematic reviews, each review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines,<sup>19</sup> uses assistance from an experienced research librarian to both structure the PICOTS question and complete the literature search of relevant databases (e.g., PubMed, Embase, CINAHL, etc.), exists on the PROSPERO online registry,<sup>20</sup> and includes quality reviews for articles using existing and validated tools for quality assessments (i.e., Cochrane Risk of Bias tool,<sup>21</sup> the Newcastle

Ottawa Scale,<sup>22</sup> etc.). Although different in content, the Special Series articles are relatively standardized in structure. Each systematic review also specifically addresses the clinical implications of the results. At least one member of the Research Committee served as a core study team member for each review. Over a multimonth iterative process, each systematic review had its PICOTS question, results, and manuscript reviewed, discussed, and revised by the full AAHPM Research Committee.

In this issue, we are proud to present the initial article in the series (In press). This systematic review explores opportunities for palliative care among cancer patients receiving immunotherapies and summarizes existing research concerning the effect of checkpoint inhibitor therapies on patient-reported outcomes. Upcoming reviews in the series address further topics such as

- evidence regarding the potential impact of inpatient specialist palliative care on outcomes related to patient transitions from hospital to home;
- opportunities for palliative care to improve outcomes among adults with cystic fibrosis;
- evidence regarding triggers for specialist palliative care consultation for adults in intensive care units;
- opportunities for palliative care to improve outcomes among adults with burn injuries;
- opportunities for palliative care to improve outcomes among adults with congenital heart disease; and
- evidence regarding integration of palliative care in the emergency room.

We currently expect this series to comprise eight to ten articles published over the next two years. At best, this is the tip of a proverbial iceberg; *many* more systematic reviews are needed to fully inform palliative care research and practice. Yet, we hope these articles serve as an impetus and inspiration for others to complete further systematic reviews addressing populations and care settings beyond those addressed in this series. We also hope that these articles spur design, funding, and implementation of research that addresses knowledge gaps identified by these systematic reviews. As a group of palliative care researchers and research advocates from diverse backgrounds, geographies, and care settings, we on the

AAHPM Research Committee believe research such as this to be both lever and ignition to potentiate culture change, policy advocacy, and optimal clinical practice.

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