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Integrating palliative care into comprehensive cancer management: A systematic review of components and impacts on patient quality of life

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Abstract

Background: The integration of palliative care into comprehensive cancer management has been shown to confer benefits, yet its influence on patient quality of life remains inconsistently reported across studies.
Purpose: To assess the impact of incorporating palliative care components into cancer treatment on patient-reported quality of life outcomes.
Method: A systematic review was conducted in accordance with PRISMA guidelines. Literature searches were performed in PubMed, Scopus, and ProQuest Health and Medicine using keywords related to palliative care, comprehensive cancer treatment, and quality of life. Studies were eligible if they compared patients receiving integrated palliative and oncological care with those receiving standard oncological care with minimal or no palliative involvement. Data extraction and risk of bias assessments were undertaken using standardized protocols.
Results: Integration of palliative care was associated with improvements in patient-reported quality of life, particularly in domains such as pain control, psychosocial well-being, and communication. Multidisciplinary coordination yielded significant benefits in reducing symptom burden and enhancing emotional support.
Conclusion: Incorporating palliative care into cancer treatment enhances patient quality of life. Future investigations should prioritize the development and standardization of intervention protocols to maximize clinical outcomes.

Keywords: Comprehensive Cancer Management; Palliative Care; Patient Quality of Life.

INTRODUCTION

The global incidence of cancer in 2020 was 20 million new cases and 9.7 million deaths, and incidence of cancer is predicted to reach 35 million cases by 2050. The most prevalent types of cancer globally are lung, breast, colorectal, prostate, and liver cancer (Temel, Greer, El-Jawahri, Pirl, Park, Jackson, & Ryan, 2017; Chapman, Paley, Pini, & Ziegler, 2024).

The integration of palliative care into cancer treatment has become a crucial focus for improving the quality of life for patients with advanced cancer. Research consistently demonstrates that early integration of palliative care leads to significant benefits, including enhanced quality of life, better symptom management, and increased satisfaction for both patients and caregivers (Zhi & Smith, 2015; Kaasa, Loge, Aapro, Albreht, Anderson, Bruera, & Lundeby, 2018).

With the advancement of cancer treatments, there is increasing acknowledgment of the vital role of supportive care in addressing patients' multifaceted physical, emotional, and social needs. Originally associated primarily with end-of-life care, palliative care has developed into a specialized field that can be incorporated across the entire cancer care continuum, offering holistic support to

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individuals facing life-limiting conditions (Getie, Yilak, Ayenew, & Amlak, 2025). Individuals with advanced cancer and their caregivers face a significant burden, which affects their psychological well-being. Additionally, continuous systemic treatment causes psychological distress due to uncertainty, anxiety, and fear (Hui & Bruera, 2016; Nottelmann, Groenvold, Vejlgaard, Petersen, & Jensen, 2021).

According to previous meta-analysis, it is estimated that 30.6% of patients with advanced cancers with existential distress and 73.0% of patients with death anxiety. Moreover, family caregivers with advanced cancers more likely have around 8 times to have initial major depressive episodes and 3 times to have generalized anxiety disorder than individuals in the general population (Gaertner, Siemens, Meerpohl, Antes, Meffert, Xander, & Becker, 2017). The quality of life for cancer patients and alleviating their suffering has become a critical concern. In recent years, oncology palliative care has increasingly been recognized as a vital component of cancer management worldwide. other symptoms experienced by cancer patients but also enhances their overall quality of life (Vanbutsele, Van Belle, Surmont, De Laat, Colman, Eecloo, & Pardon, 2020). Therefore, palliative care should promote ongoing connections between patients and their loved ones to foster a stable social network. The spiritual dimension pertains to the patient's quest for meaning in life, values, and beliefs. Many patients reflect on the significance of their lives and their spirituality as they confront the end of life (Wang & Ding, 2025).

Despite these positive findings, the impact of integrated palliative care on quality of life is not uniform across all studies or patient populations. Some trials, such as those involving patients with advanced head and neck cancer, have not observed significant improvements in quality of life or survival with the addition of early palliative care (Patil, Singhai, Noronha, Bhattacharjee, Deodhar, Salins, & Prabhash, 2021). Furthermore, the magnitude of benefit appears to be modest, with small but clinically meaningful improvements in health-related quality of life scores reported in meta-analyses.

The mechanisms underlying the positive effects of integrated palliative care are multifaceted. Multidisciplinary coordination, involving medical specialists, psychologists, social workers, and nurses, is a key feature of successful interventions. This team-based approach facilitates comprehensive symptom management, enhances psychosocial support, and improves communication and decision-making, ultimately leading to better patient and caregiver satisfaction (Chapman et al., 2024). However, challenges remain in standardizing intervention protocols and ensuring equitable access to palliative care services (Ferrell, Temel, Temin, Alesi, Balboni, Basch, & Smith, 2017; Mathews, Hannon, & Zimmermann, 2021).

The integration of palliative care into comprehensive cancer management represents a promising strategy to enhance patient quality of life. While evidence supports its benefits, further research is needed to optimize intervention models, address methodological limitations, and clarify which patient populations derive the greatest advantage from early palliative care integration. Standardizing protocols and expanding access to multidisciplinary palliative care teams will be essential for maximizing the positive impact on patients with advanced cancer.

RESEARCH METHOD

A systematic review design was employed to consolidate contemporary evidence on the integration of palliative care within comprehensive cancer management. The systematic review approach was selected to enable the rigorous identification, appraisal, and synthesis of existing studies, thereby providing a robust evaluation of the impact of integrated palliative care on patient-reported quality of life outcomes.

To ensure methodological rigor and clinical relevance, the review was restricted to peer-reviewed articles published within the past decade. This timeframe was chosen to capture recent advances, evolving models of palliative care delivery, and contemporary approaches to oncology practice. The target population comprised adult cancer patients undergoing comprehensive treatment, including those receiving integrated palliative and oncological care as well as those managed with standard oncological care with minimal or no palliative involvement.

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Eligible studies included quantitative designs such as randomized controlled trials (RCTs), non-randomized comparative studies, and cohort studies. Mixed-methods studies were also considered if they reported quantitative quality of life (QoL) outcomes, thereby broadening the scope of evidence while maintaining consistency in outcome measurement.

The literature search was conducted between May and June 2025 across major electronic databases. Study identification, screening, eligibility assessment, and inclusion adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. To enhance transparency and mitigate reporting bias, the review protocol was prospectively registered with the International Prospective Register of Systematic Reviews (PROSPERO).

RESEARCH RESULTS

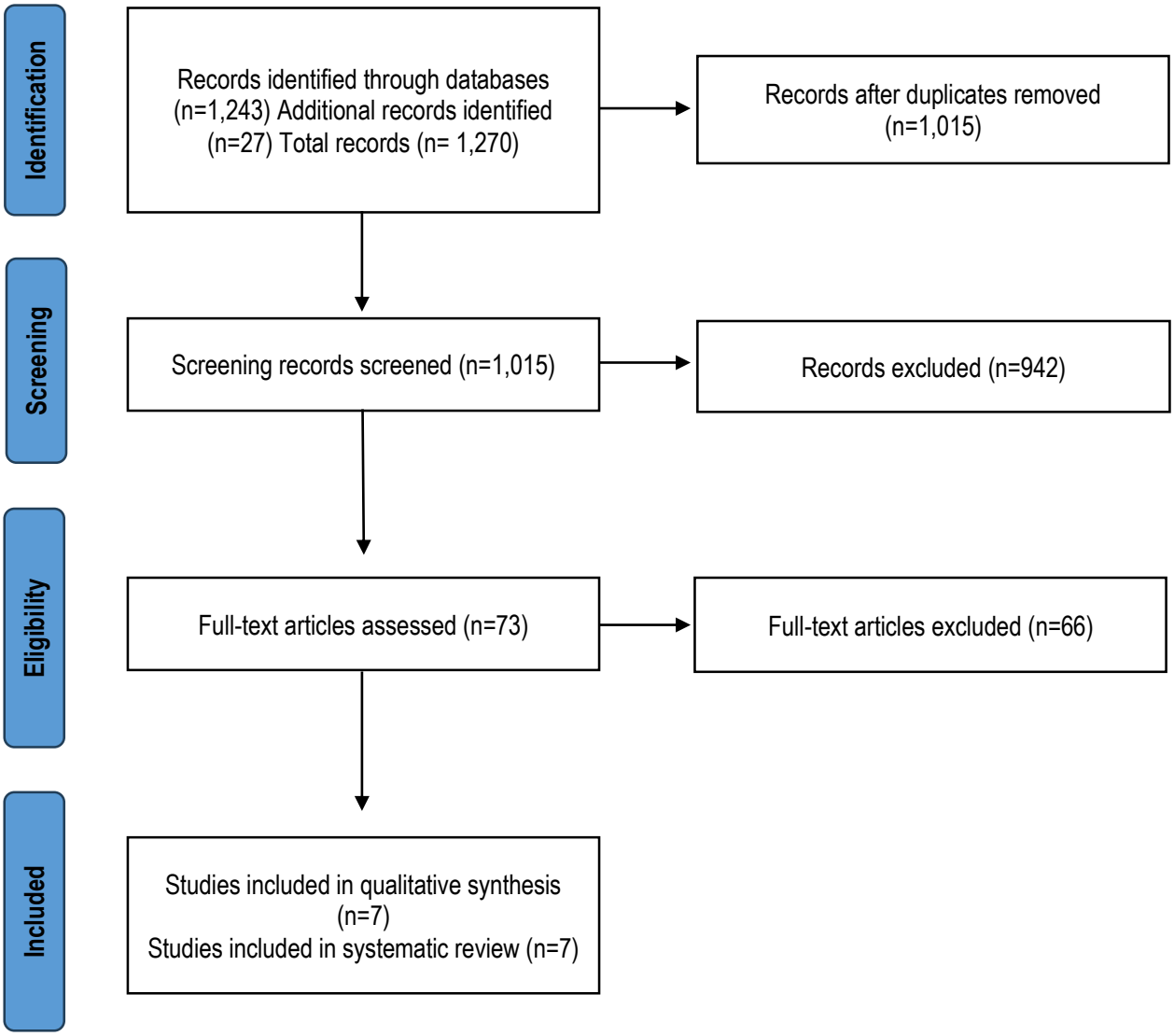


Figure 1. Prisma Flow Diagram

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Table Characteristics of the Included Studies

(Author, Year) (Country)	Purpose	Design	Number of Studies (Participants)	Intervention	Main Outcomes
(Haroen et al., 2025) (Ethiopia)	To evaluate the pooled effects of EPC on psychological, functional status, and QoL outcomes in both cancer patients and their caregivers. The secondary aim was to evaluate the satisfaction of the patients and their family caregivers.	Systematic Review & Meta-analysis (RCTs)	23 studies (4,323 patients, 520 caregivers)	Early integrated palliative care delivered by multidisciplinary teams	Significant improvement in overall quality of life; reduction in anxiety and depression
(Wang & Ding, 2025) (China)	To investigate the efficacy of integrated palliative care in enhancing advanced cancer patients' quality of life, alleviating pain, and improving psychological well-being through the development of a multidimensional hospice care model.	Mixed-methods approach	(150 advanced cancer patients)	Integrated palliative care, which included pain management strategies, psychological support, and family involvement	Integrated palliative care demonstrated substantial benefits in enhancing advanced cancer patients' quality of life, alleviating pain, and improving overall psychological health
(Getie et al., 2025) (North America, Africa)	To evaluate the global prevalence of palliative care use among cancer patients	Global systematic review & meta-analysis	31 articles (1,751,757 cancer patients)	Integrated palliative care vs standard oncology care	Increased patient satisfaction (57.54%); improved symptom management and care experience
(Chapman et al., 2024) (UK)	To answer the question; does a HCP data-derived model represent the experience of patients and carers of people with advanced cancer?	Qualitative study - Semi-structured interviews	Six patients with advanced cancer and six carers	Team-based palliative care incorporating patient and carer perspectives	Enhanced symptom management, communication, and psychological well-being

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(Author, Year) (Country)	Purpose	Design	Number of Studies (Participants)	Intervention	Main Outcomes
(Rabben et al., 2024) (Europe, North America, Australia)	To identify and synthesise qualitative data on how people with cancer, informal carers and healthcare professionals experience and perceive shared decision-making in palliative cancer care.	Systematic review & metasynthesis	20 qualitative studies, and three mix method. (Patients= 276, informal carers= 195, and healthcare professionals = 305)	Multidisciplinary palliative cancer care with shared decision-making	Improved patient and caregiver satisfaction; better communication and decision-making
(Haun et al., 2022) (US, Canada, Australia)	To compare effects of early palliative care interventions versus treatment as usual/standard cancer care on health-related quality of life, depression, symptom intensity, and survival among adults with a diagnosis of advanced cancer.	Cochrane systematic review	7 studies (1,614 participants)	Early palliative care alongside standard cancer treatment	Reduced symptom burden; improved emotional well-being and QoL
(Fulton et al., 2019) (US, Canada, Europe)	To evaluate the effects of integrated outpatient palliative and oncology care for advanced cancer on patient and caregiver outcomes.	Systematic review and Meta-analysis	8 RCTs, 2 cluster RCT, (2,385 patients)	Home-based multidisciplinary palliative care	Moderately integrated palliative and oncology outpatient interventions had positive effects on short-term quality of life, symptom burden, and survival. Evidence for effects on healthcare utilization and caregiver outcomes remains sparse.

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DISCUSSION

This systematic study shows that patients' quality of life is consistently improved in the physical, psychological, and social domains when palliative care is incorporated into comprehensive cancer management. The results are consistent with the fundamental goal of palliative care, which emphasizes patient-centered, holistic assistance throughout the course of the illness rather than only end-of-life care (Vanbutsele, Pardon, Van Belle, Surmont, De Laat, Colman, & Deliens, 2018; Patil, et.,al. 2021)

The success of early and interdisciplinary palliative care integration is among the most important conclusions from all of the included studies. Research has consistently shown that patients who received early palliative care in addition to regular oncological treatment had higher overall quality-of-life scores, better emotional well-being, and better symptom control than those who received conventional cancer care alone (Kassianos, Ioannou, Koutsantoni, & Charalambous, 2018). This validates earlier conceptual frameworks that contend that better patient outcomes result from concurrently addressing psychological distress, social needs, and symptom burden (Getie, et.al., 2025)

The multidisciplinary team-based approach emerged as a critical component of effective palliative care integration. Collaboration among oncologists, palliative care specialists, nurses, psychologists, social workers, and other allied health professionals enabled comprehensive assessment and management of complex patient needs (Hoerger, Wayser, Schwing, Suzuki, & Perry, 2019). The qualitative and mixed-methods studies included in this review further highlighted that such team-based care enhances communication, shared decision-making, and alignment of care with patient values, which in turn contributes to greater patient and caregiver satisfaction (Rabben, Vivat, Fossum, & Rohde, 2024). In addition to patient outcomes, this review highlights the positive impact of integrated palliative care on caregivers. Several studies reported improved caregiver satisfaction and reduced emotional burden when palliative care services were integrated into cancer treatment. These findings reinforce the family-centered nature of palliative care and its role in supporting both patients and those involved in their care (Haroen et al., 2025).

Despite the overall positive findings, this review also identified significant variability in implementation models and access to palliative care services across healthcare settings and regions. Differences in timing of referral, availability of trained multidisciplinary teams, and healthcare system resources may influence the magnitude of observed benefits. These disparities underscore the need for standardized guidelines and policy-level interventions to promote equitable access to integrated palliative care.

CONCLUSION

This systematic review demonstrates that integrating palliative care into comprehensive cancer management substantially improves patient quality of life, symptom control, and psychological well-being. Early implementation and multidisciplinary, team-based approaches emerged as the most effective models, yielding benefits not only for patients but also for caregivers through enhanced satisfaction and shared decision-making. Despite these advantages, disparities in access and variability in implementation remain significant challenges, underscoring the need for policy initiatives, workforce development, and standardized frameworks to guide integration. Overall, the findings support the routine incorporation of palliative care as a fundamental component of oncology across the disease continuum, while future research should prioritize optimizing implementation strategies, assessing long-term outcomes, and developing scalable models to ensure equitable access to high-quality palliative care

SUGGESTION

Healthcare systems should prioritize the early, structured integration of palliative care into cancer management, as it consistently improves quality of life, symptom control, and psychosocial well-being. Multidisciplinary collaboration among oncologists, palliative specialists, nurses, psychologists, and social workers is essential to deliver holistic care. Standardized intervention components and outcome measures are needed to reduce variability and

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strengthen evidence synthesis. Future research should emphasize rigorous randomized trials and longitudinal studies to assess long-term effects across cancer stages, with particular focus on patient-reported outcomes. Policymakers and administrators must support integration through training, resource allocation, and policy frameworks to optimize cancer care and patient outcomes.

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