

# Challenges and barriers to early specialised palliative care for patients with a diagnosis of diffuse intrinsic pontine glioma



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## Introduction

Diffuse intrinsic pontine glioma (DIPG) is the most deadly tumour of childhood with a lot of painful and impairing symptoms at the end of life. Introduction of specialised paediatric palliative care (PPC) team seem to remain challenging even if studies demonstrate the benefit of early PPC integration in oncology.

## Objectives

Explore and determine French paediatric neuro-oncologists' perceptions and attitude towards palliative care in their clinical practice, and specifically their early referral to PPC experts for children with DIPG.

## Methods



Qualitative study through semi-structured one-to-one interviews



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French paediatric neuro-oncologists

## Results

Total number	20
Participants sex	
Female	13
Male	7
Age	
30-40	4
41-50	7
51-60	8
61-70	1
Hospital	
Public Hospital	10
Comprehensive cancer centres	10
Phase I and II agreement	
Yes	12
No	8
Annual average of deceased children	
<= 10 children	8
11-30 children	3
> 50	7
missing	2

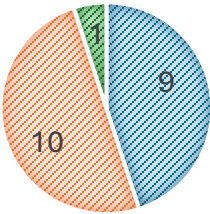
Generally speaking, when do you think is the appropriate time to discuss PPC?

*Absence of a curative treatment; n=8*

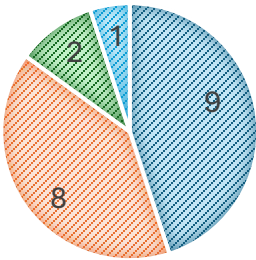
*After failure of a specific treatment such as a clinical trial; n=6*

*After failure of standard treatment; n=2*

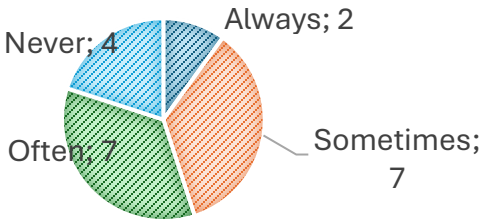
Is the term palliative care a barrier to the introduction of PC, in your opinion?



Regarding DIPG, do you think it is a palliative situation from the moment of diagnosis?



Do you talk about palliative care as soon as the diagnosis is made?



## Conclusion

The majority of paediatric oncologists acknowledge that children with little chance of recovery would benefit from specialised PPC team approach as soon as they are diagnosed. However, in DIPG, a gap is remaining between identifying a PC situation and the introduction of a PPC team.