THE COCHRANE LIBRARY
Independent high-quality evidence for health care decision making

The Cochrane Library. The single most reliable source of evidence in healthcare
The Cochrane Reviews highlighted below are available from the
Cochrane Database of Systematic Reviews (www.thecochranelibrary.com)
Cochrane Reviews are regularly updated as new evidence emerges and in response to feedback,
and the Cochrane Database of Systematic Reviews should always be consulted for the most recent version of the review.

ARE PATIENTS WITH ADVANCED CANCER RECEIVING TREATMENT ALIGNED WITH THEIR GOALS?

AUGUST 25, 2025 -New research indicates that many patients with advanced cancer report receiving treatment focusing on longevity over comfort, even when their goal is the opposite. The findings are published by Wiley online in CANCER, a peer-reviewed journal of the American Cancer Society.

Treatment of serious illnesses generally aims to optimize longevity and quality of life, but in some cases, these goals are at odds with each other. Therefore, clinicians must strive to understand each individual's objectives so that patients do not receive burdensome treatments that go against their wishes.

"When treating advanced cancer, the goal is to help patients live as long and as well as possible. But sometimes, patients and oncologists face tough choices, especially when the goals of living longer and staying comfortable begin to compete with one another," said lead author Manan P. Shah, MD, of the University of California, Los Angeles.

To assess the relationship between patients' preferences and their treatment, Dr. Shah and his colleagues analyzed survey responses from adults with advanced cancer and other serious illnesses who were enrolled in a multi-site trial of advance care planning.

Among 1,099 patients in the study, 49% of the 231 patients with advanced cancer preferred comfort-focused care, and 16% of the 231 patients died within 2 years. These proportions were similar to those observed in the 868 patients with other serious illnesses (48% and 13%). Among patients preferring comfort-focused care, patients with cancer were more likely than patients with other illnesses to report receiving discordant life-extending care (37% versus 19%).

Also, life-extending care did not appear to actually extend life in patients who did not wish to receive it. Among patients with cancer preferring comfort-focused care, there was no significant difference in 2-year mortality between **those who reported receiving discordant life-extending versus concordant comfort-focused care.**

"This disconnect between what patients want and what they feel they're getting is an important issue," Dr.

Shah said. "One takeaway is that doctors need to have open conversations with patients about their goals, clearly explain the intent of the treatment they are providing, and try to reconcile any real or perceived discordance between goals and treatment."

Full Citation: "Patient-reported discordance between care goals and treatment intent in advanced cancer." Manan P. Shah, Neil S. Wenger, John Glaspy, Ron D. Hays, Rebecca L. Sudore, Maryam Rahimi, Lisa Gibbs, Sidharth Anand, Chi-Hong Tseng, and Anne M. Walling. CANCER; Published Online: August 25, 2025 (DOI: 10.1002/cncr.35976).

URL upon publication: ***http://doi.wiley.com/10.1002/cncr.35976***

Copyright © 2025 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd., Reproduced with permission.

Are patients undergoing surgery for early-stage cancer at risk of persistent opioid use?

SEPTEMBER 8, 2025 - New research indicates that many patients who undergo surgery with the intent to cure early-stage cancer continue or start opioid prescriptions in the year following surgery. The findings are published by Wiley online in CANCER, a peer-reviewed journal of the American Cancer Society.

Pain management is essential during cancer care, but prescription opioid practices associated with cancer treatment may lead to unsafe long-term opioid use and adverse outcomes such as opioid use disorder and opioid overdose. To assess the situation, investigators examined rates of new persistent opioid use in the year following surgery for stage 0 to 3 cancers among 9,213 U.S. Veterans who were opioid-naïve (not on prescribed opioids the year prior to their cancer diagnosis).

The team found that potentially dangerous co-prescription of opioid and benzodiazepine (a central nervous system depressant that treats anxiety, insomnia, and seizures and should not be combined with opioids) medications occurred in 366 (4.0%) Veterans during follow-up. Persistent opioid use occurred in 981 (10.6%). A higher intensity of exposure to opioid prescriptions during treatment was associated with these outcomes. People with a prior history of chronic pain, greater comorbidities, lower socioeconomic status, and who received adjuvant chemotherapy were at especially high risk of opioid use in the year after surgery.

"Minimizing opioid exposure associated with cancer treatment while providing effective pain control will decrease long-term health risks among cancer survivors," said lead author Marilyn M. Schapira, MD, MPH, of the University of Pennsylvania. "This is important as many patients are living longer after a cancer diagnosis and treatment.".

Full Citation:"The Impact of Opioid Use Associated with Curative Intent Cancer Surgery on Safe Opioid Prescribing Practice among Veterans: An Observational Study." Marilyn M. Schapira, Sumedha Chhatre, Patience M. Dow, Charles E. Leonard, Peter Groeneveld, Jason Prigge, Christopher Roberts, Zachary Meisel, Ravi B. Parikh, Ravishankar Jayadevappa, Emily C. Paulson, Robert Krouse, Katie J. Suda, Pallavi Kumar, Visala Muluk, and Rebecca Hubbard. CANCER; Published Online: September 8, 2025 (DOI: 10.1002/cncr.70009).

URL upon publication: http://doi.wiley.com/10.1002/cncr.70009

Copyright © 2025 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd., Reproduced with permission