Research

Communication Between Clinicians and Patients With Cancer 801
Paladino and colleagues conducted a cluster randomized clinical trial of an intervention to improve conversations about serious illness between clinicians and patients. Results showed that the intervention increased serious illness discussions, which happened 2.4 months earlier in the intervention group than in the control group. The depth and quality of the conversation was significantly better in the intervention group as well. Kiely and Stockler provide an Editorial.

Expanded Hospice Care for Veterans With Lung Cancer 810
In this cohort study, Mor and colleagues investigated whether increased availability of hospice was associated with reduced aggressive treatments and medical care costs at the end of life in veterans with stage IV non–small cell lung cancer. Results showed that increasing hospice availability, without restricting treatment access, was associated with less aggressive medical treatment and significantly lower medical costs while still enabling patients to receive cancer treatment. Balboni provides an Editorial.

Disease Label and Patient Treatment Decisions 817
Dixon and colleagues conducted a survey study to assess the role that disease label plays in patients’ perceptions of low-risk malignant neoplasms and treatment decision making. Results showed that patients’ preference for the nodule label vs cancer was similar in magnitude to the preference for active surveillance over surgery. Kohn and Malik provide an Editorial.

nab-Paclitaxel and Biliary Tract Cancer 824
Shroff and colleagues conducted an open-label, single-arm, phase 2 clinical trial to evaluate progression-free survival (PFS) with the addition of nanoparticle albumin-bound (nab)–paclitaxel to gemcitabine-cisplatin for the treatment of patients with advanced biliary tract cancer. Results showed that the addition of nab-paclitaxel to the standard of care regimen may offer clinical benefit to patients with advanced biliary tract cancer. Roth and Goff provide an Invited Commentary.

Irradiation vs Observation for Non–Small Cell Lung Cancer 847
Sun and colleagues presented an update of the NRG Oncology/RTOG 0214 phase 3 randomized clinical trial of patients with locally advanced non–small cell lung cancer and compared outcomes of treatment with prophylactic cranial irradiation (PCI) vs observation. Results of a multivariable analysis showed that PCI was associated with decreased brain metastasis and improved disease-free survival. The authors conclude that PCI is currently the most effective therapy to prevent brain metastasis.