



For numbered affiliations see end of article.

#### Correspondence to

Professor Keiichi Fujiwara;  
keiichifujiwara@icloud.com

Accepted 5 June 2024

# The International Gynecologic Cancer Society consensus statement on palliative care

Keiichi Fujiwara <sup>1,2</sup>, Stephen R Connor <sup>3</sup>, Noriko Fujiwara <sup>4</sup>, Raimundo Correa <sup>5,6</sup>, Anisa Mburu <sup>7,8</sup>, Debbie Leopold,<sup>9</sup> Mary Eiken,<sup>10</sup> Michael Loran Pearl <sup>11</sup>

## ABSTRACT

At the International Gynecologic Cancer Society (IGCS) Global Meeting in 2023 held in Seoul, South Korea, we held a Presidential Plenary Session focusing on palliative care (<https://www.youtube.com/watch?v=TBDloQ50xgl>). We hereby reaffirm the significance of this session, express the Palliative Care Declaration made by the IGCS, and describe our action plan for the future.

## BACKGROUND

According to the International Agency for Research on Cancer, the annual incidence of gynecologic cancer worldwide is approximately 1.4 million cases, accounting for 680 000 deaths. Combined, the gynecologic cancers are the second most commonly diagnosed and cause of death for women worldwide, behind only breast cancer (2.3 million cases and 685 000 deaths annually). Among the gynecologic cancers, cervical cancer remains the most commonly diagnosed and the leading cause of cancer-related death in many of the low- and middle-income countries (LMICs, also known as low and medium Human Development Index (HDI) regions) of the world.<sup>1</sup> The vast majority of cervical cancer cases (84%) and deaths (88%) occur in the LMICs where palliative care access is restricted or even non-existent. In contrast, the cumulative incidence and mortality is 2–4 times lower in the highest income countries.<sup>2</sup> Furthermore, the suffering associated with cervical cancer is “more complex and severe than that caused by other illnesses” and disproportionately affects those in the LMICs.<sup>3</sup> For example, 84% of women with cervical cancer suffer moderate to severe pain, the highest rate among all cancers, and most patients “experience some combination of moderate to severe physical, psychological, social and spiritual suffering”.<sup>3</sup> Additionally, many LMICs face disparities in access and distribution of essential pain medication such as opioids due to competing priorities including access to clean water and food as well as regulations prohibiting opioid prescribing. Consequently, access to and prioritization of means to relieve suffering are further impeded.<sup>4</sup>

One approach to relieving suffering is palliative care. The World Health Organization (WHO) defines palliative care as “an approach that improves the quality of life of patients and their families facing the problem

associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”.<sup>5</sup> The WHO considers palliative care as an essential component of healthcare and integral to Universal Health Coverage, a consideration supported by scientific societies such as the American Society of Clinical Oncology.<sup>6</sup>

Palliative care is often confused with hospice care. Palliative care is appropriate at any point in a serious illness and can/should be provided at the same time as and in addition to life-prolonging treatment. Recent evidence suggests that palliative care, in addition to improving quality of life, improves overall survival.<sup>7,8</sup> The extent of palliative care, including timing and needs, varies by individual. Therefore, it is important to understand the core principle that palliative care is provided when and to the extent needed. There is no need to choose between treatment approaches and there are no prognostic requirements.

Hospice care is a specific form of palliative care for those at the end of their life, often defined as a life expectancy of 6 months or less. In this setting, curative-intent treatment is stopped in many patients.<sup>9</sup> A contemporary view of palliative care is shown in [Figure 1](#).

Palliative care<sup>5</sup>:

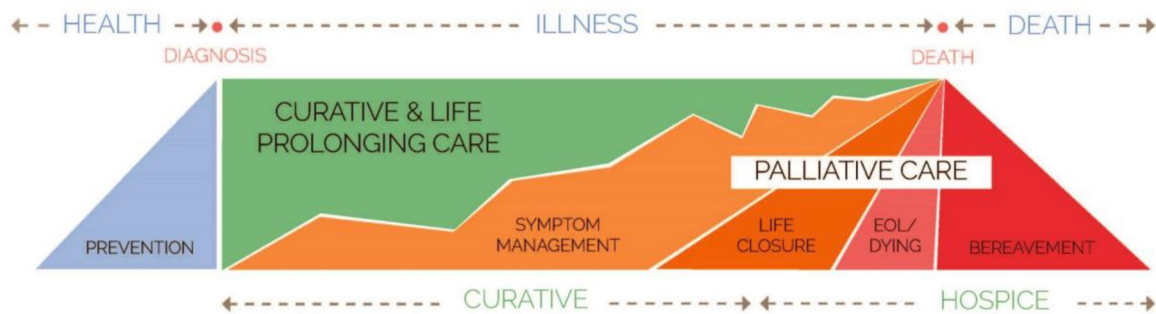
- ▶ Provides relief from distressing symptoms:
  1. Gynecologic cancer and its treatments often lead to distressing symptoms such as pain, fatigue, nausea, and dyspnea. Palliative care focuses on effective symptom management to enhance the patient's comfort and well-being, promoting better adherence to treatment plans and improving overall quality of life. Palliative care is not just for cancer patients; it is “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness” regardless of the cause of the underlying life-threatening illness. In cancer treatment settings, palliative care specialists work collaboratively with oncologists to manage side effects, striving to ensure that patients experience minimal discomfort and maintain their functionality.<sup>6,7</sup>



© IGCS and ESGO 2024. No commercial re-use. See rights and permissions. Published by BMJ.

**To cite:** Fujiwara K, Connor SR, Fujiwara N, *et al.* *Int J Gynecol Cancer* Published Online First: [please include Day Month Year]. doi:10.1136/ijgc-2024-005729

## Consensus statement



**Figure 1** Contemporary view of palliative care.

- ▶ Aims to optimize the patient's quality of life at every moment:
  1. The principle of affirming life and viewing dying as a natural process is fundamental to the philosophy of palliative care. This approach emphasizes providing compassionate care that respects the dignity and autonomy of individuals facing life-limiting illnesses. Rather than focusing solely on extending life at all costs or hastening death, palliative care seeks to optimize quality of life for patients and their families. By addressing physical, emotional, social, and spiritual needs, palliative care aims to alleviate suffering and promote comfort and dignity throughout the dying process. This principle underscores the importance of holistic care that honors the individual's values, preferences, and goals, empowering them to live fully until the end of life on their own terms. It represents a shift away from a purely medicalized approach to death and dying towards a more compassionate and person-centered model of care.
- ▶ Integrates the psychological and spiritual/existential aspects of patient care:
  1. The emotional and psychosocial impact of cancer can be profound. Palliative care provides counseling, emotional support, and assistance with coping strategies for both patients and their families. This support helps alleviate anxiety, depression, and existential distress.<sup>10</sup>
  2. According to the Spirituality Reference Group of the European Association of Palliative Care (EAPC), "spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred".<sup>11</sup>
- ▶ Facilitates communication and shared decision-making:
  1. Palliative care facilitates open and honest communication between healthcare providers, patients, and their families. It helps in clarifying treatment goals, discussing prognosis, and engaging in shared decision-making to ensure that care aligns with the patient's values and preferences.<sup>10</sup>
- ▶ Offers a support system to help patients live as actively as possible until death and to help the family cope during the patient's illness and in their own bereavement:
  1. By focusing on optimizing well-being and promoting comfort, palliative care empowers patients to engage in meaningful activities and maintain a sense of purpose and dignity. This holistic approach extends beyond the individual patient to encompass their family members, who often experience profound emotional and practical challenges while caring for their loved one. Palliative care serves as a vital lifeline for families, offering guidance, education, and emotional support throughout the patient's illness journey. From assisting with difficult decisions to providing respite care and counseling, palliative care teams help families navigate the complexities of caregiving with compassion and understanding. Moreover, palliative care continues to provide solace and support to families during the grieving process, recognizing that bereavement is a deeply personal and challenging experience.
- ▶ Uses a team approach to optimize the continuity and comprehensiveness of care to address the needs of patients and their families:
  1. Palliative care involves an interdisciplinary approach, coordinating care among various healthcare professionals to address the diverse needs of patients with gynecologic cancer. This collaboration ensures that the patient receives comprehensive care tailored to their specific situation.<sup>12</sup>
- ▶ Enhances quality of life and may also positively influence the course of illness:
  1. Palliative care aims to improve the overall quality of life for cancer patients by alleviating physical symptoms, managing emotional distress, and fostering spiritual well-being and reducing the side effects of treatments. This aspect is particularly relevant in the context of ongoing oncology treatments, where managing symptoms can contribute to better treatment adherence and efficacy. This holistic approach contributes to a better patient experience throughout the illness trajectory.<sup>13</sup>
- ▶ Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications:
  1. Integrating palliative care early in the course of the illness has been associated with improved patient outcomes. Studies have shown that early palliative care in conjunction with standard oncologic care can lead to better symptom control, increased quality of life, and even prolonged survival in certain cases.<sup>6</sup> Early integration of palliative care allows for proactive advance care planning, helping patients articulate their treatment goals and preferences. This empowers patients in decision-making and also ensures that their wishes are respected throughout the disease trajectory. Earlier end of life conversations are also associated with

better quality of life and improved caregiver bereavement adjustment.<sup>14</sup>

Worldwide, the unfilled need for palliative care is enormous. Sadly, the WHO estimates only about 14% of people who need palliative care receive it, the majority of whom are in high-resource countries.<sup>15</sup> Palliative care is still grossly inadequate or non-existent in most parts of the world.<sup>16</sup> The Lancet Commission on Global Access to Palliative Care and Pain Relief<sup>17</sup> estimated that:

- ▶ more than 61 million people annually experience health conditions associated with suffering that could be significantly ameliorated through palliative care;
- ▶ 25.5 million people die with serious health-related suffering that requires palliative care (~50% of all deaths);
- ▶ at least 80% of people lack access to even the most basic palliative care interventions such as pain medication.

### **INTERNATIONAL GYNECOLOGIC CANCER SOCIETY'S COMMITMENT TO PALLIATIVE CARE**

The International Gynecologic Cancer Society (IGCS), representing healthcare professionals, patient advocates, and individuals dedicated to the advancement of women's health, hereby affirms the critical importance of palliative and supportive care in the comprehensive management of gynecologic cancers globally.

As such, we declare IGCS's commitment to the following principles:

#### **1. The Right to Palliative and Supportive Care**

Access to quality palliative and supportive care services is a fundamental human right and disparities in access should be addressed with the goal that all patients, regardless of their geographic location, socioeconomic status, or any other factors, receive equitable care.

#### **2. Integration of Palliative and Supportive Care**

We advocate for the seamless integration of palliative and supportive care into the holistic care of those with gynecologic cancer, ensuring that it is an integral part of cancer management from the time of diagnosis onward, and not a last resort.

#### **3. Education and Training**

We encourage healthcare professionals, including the entire interdisciplinary gynecologic oncology care team, to receive essential education and training in palliative and supportive care to improve their understanding, skills, and knowledge to alleviate symptoms and improve patient outcomes. Additionally, educational opportunities for patients and the public should be made available.

#### **4. Research and Innovation**

We call on researchers, institutions, organizations, funding bodies, and governments to invest in studies that advance our understanding of palliative and supportive care interventions in gynecologic cancer, build capacity, and aim for continuous improvement, innovation, and value-based healthcare.

#### **5. Patient-centered Approach**

We emphasize the importance of adopting a patient-centered approach in gynecologic cancer care, which includes active communication, shared decision-making, and respect for patients' values and preferences.

### **6. Global Collaboration**

We commit to fostering global collaboration among healthcare providers, policymakers, organizations, patients and patient advocates, and other stakeholders to develop and implement policies and programs that prioritize palliative and supportive care in gynecologic oncology.

### **INTERNATIONAL GYNECOLOGIC CANCER SOCIETY'S PALLIATIVE CARE PLEDGE AND CALL TO ACTION**

IGCS is calling on its members to prioritize and advocate for equity in access to palliative and supportive care worldwide and work with their care teams to ensure patients receive the compassionate quality care they deserve. Take the IGCS pledge (Figure 2) and complete these actionable steps to work towards closing the gaps between curative and palliative care.

#### **1. I pledge to communicate with all patients under my care about their palliative and supportive care needs from the time of diagnosis onward, and not as a last resort**

- a. I will obtain or develop culturally-appropriate, patient-centered educational material regarding palliative and supportive care to give to all patients with newly-diagnosed, progressive or recurrent gynecologic cancer.
- b. I will inquire about and support my institution in conducting an annual continuing education program on effective communications skills for health professionals.

#### **2. I pledge to prioritize formal education in palliative and supportive care for myself and encourage education among my team members**

- a. I will educate myself and encourage those on my institution team to complete formal essential education and training in palliative and supportive care by May 2025 (eg, IGCS Palliative Care Certificate Program).
- b. I will contact my departmental and institutional leadership advocating for the incorporation of mandatory palliative care education within training programs, including medical students, residents, fellows and non-physicians (eg, nursing, social work, mid-level providers).

#### **3. I pledge to integrate palliative and supportive care into the treatment plans for all patients with newly diagnosed, progressive, or recurrent gynecologic cancer under my care, through primary integration or specialist referral**

- a. I will work to establish and maintain formal relationships with palliative and supportive care services for my patients.

#### **4. I pledge to advocate for patients' rights to palliative and supportive care**

- a. I will share the IGCS Declaration on Palliative and Supportive Care with my colleagues and institutions working with regional and national health ministries and express my support for palliative care to be included as an essential package of care under universal health coverage.
- b. I will contact my regional and national health agencies asking for their support.



## Consensus statement

1. Communication	2. Prioritization in Formal Education	3. Integration in Treatment Plans
<p>I pledge to communicate with all patients under my care about their palliative and supportive care needs from the time of diagnosis onward, and not as a last resort</p> 	<p>I pledge to prioritize formal education in palliative and supportive care for myself and encourage education among my team members</p> 	<p>I pledge to integrate palliative and supportive care into the treatment plans for all patients with newly diagnosed, progressive, or recurrent gynecologic cancer under my care, through primary integration or specialist referral</p> 
4. Advocacy	5. Inclusivity	6. Global Collaboration
<p>I pledge to advocate for patients' rights to palliative and supportive care</p> 	<p>I pledge to advocate for the inclusion of health-related quality of life measures in the study of gynecologic cancer treatment</p> 	<p>I support global collaboration and IGCS' efforts to maintain partnerships with international palliative care organizations to develop and implement policies and programs that prioritize palliative and supportive care in gynecologic oncology.</p> 

**Figure 2** International Gynecologic Cancer Society (IGCS) palliative care pledge.

- c. I support the formation of National Palliative Care Associations to work with the Ministries of Health to realize the implementation and promotion of palliative care services.

### 5. I pledge to advocate for the inclusion of health-related quality of life measures in the study of gynecologic cancer treatment

- I will advocate for my institution to commit to studies dedicated to the management of patient suffering related to the care of women with gynecologic cancers.
- I will volunteer to serve as a research site for one study investigating palliative and supportive care for women with gynecologic cancer in 2025.
- I will contact my governmental agencies, research funding bodies and community organizations expressing my support for research in palliative and supportive care for women with gynecologic cancer.
- I will commit to reading at least one peer-reviewed article related to palliative and supportive care each quarter and share the information with my team.

### 6. I support global collaboration and IGCS's efforts to maintain partnerships with international palliative care organizations to develop and implement policies and programs that prioritize palliative and supportive care in gynecologic oncology

In recognition of the profound impact that palliative and supportive care can have on the lives of those facing gynecologic cancer, we affirm our commitment to the above principles and pledge to disseminate this Declaration widely. We will work tirelessly to ensure that all patients receive the compassionate, comprehensive, and patient-centered care they deserve. By doing so, we honor the intrinsic value and dignity of every life affected by gynecologic

cancer and promote the highest standards of healthcare and compassion worldwide.

#### Author affiliations

<sup>1</sup>Department of Obstetrics and Gynecology, International University of Health and Welfare Narita Hospital, Narita, Chiba, Japan

<sup>2</sup>Department of Gynecologic Oncology, Saitama Medical University International Medical Center, Hidaka, Saitama, Japan

<sup>3</sup>Executive Director, Worldwide Hospice Palliative Care Alliance, London, UK

<sup>4</sup>Department of Palliative Medicine and Advanced Clinical Oncology, IMSUT Hospital of the Institute of Medical Science, The University of Tokyo, Tokyo, Japan

<sup>5</sup>Gynecological Oncology Unit, Hospital Luis Tisné, Santiago, Chile

<sup>6</sup>Gynecological Oncology Unit, Department of Obstetrics & Gynecology; Palliative Medicine & Integral Care Unit, Clínica Universidad de los Andes, Las Condes, Región Metropolitana Sant, Chile

<sup>7</sup>Gynecology and Obstetrics, Aga Khan Hospital Mombasa, Mombasa, Kenya

<sup>8</sup>School of Medicine, Moi University, Eldoret, Kenya

<sup>9</sup>Communications Specialist, International Gynecologic Cancer Society, Austin, Texas, USA

<sup>10</sup>Chief Executive Office, International Gynecologic Cancer Society, Chicago, Illinois, USA

<sup>11</sup>Gynecologic Oncology, Stony Brook Medicine, Stony Brook, New York, USA

X Keiichi Fujiwara @keiichifujiwara, Stephen R Connor @srconnor, @ WHPA, Noriko Fujiwara @N\_Fujiwara, Anisa Mburu @nissiemburu and Mary Eiken @maryceiken

**Contributors** All authors contributed equally to the information presented in this manuscript.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not applicable.

**Ethics approval** Not applicable.

**Provenance and peer review** Not commissioned; internally peer reviewed.

#### ORCID iDs

Keiichi Fujiwara <http://orcid.org/0000-0002-7388-0243>

Stephen R Connor <http://orcid.org/0000-0003-0332-2067>  
 Noriko Fujiwara <http://orcid.org/0000-0001-8201-9490>  
 Raimundo Correa <http://orcid.org/0000-0002-5428-8762>  
 Anisa Mburu <http://orcid.org/0000-0002-6481-3110>  
 Michael Loran Pearl <http://orcid.org/0000-0002-1472-1453>

## REFERENCES

- Sung H, Ferlay J, Siegel RL, *et al.* Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin* 2021;71:209–49.
- Arbyn M, Weiderpass E, Bruni L, *et al.* Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *Lancet Glob Health* 2020;8:e191–203.
- Krakauer EL, Kwete X, Kane K, *et al.* Cervical cancer-associated suffering: estimating the palliative care needs of a highly vulnerable population. *JCO Glob Oncol* 2021;7:862–72.
- Poudel A, Kc B, Shrestha S, *et al.* Access to palliative care: discrepancy among low-income and high-income countries. *J Glob Health* 2019;9:020309.
- American Academy of Hospice and Palliative Medicine. Available: <http://www.aahpm.org>
- Ferrell BR, Temel JS. Integration of palliative care into standard oncology care: ASCO resources. *J Clin Oncol* 2016;34:96–103.
- Temel JS, Greer JA, Muzikansky A, *et al.* Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med* 2010;363:733–42.
- Hoerger M, Wayser GR, Schwing G, *et al.* Impact of interdisciplinary outpatient specialty palliative care on survival and quality of life in adults with advanced cancer: a meta-analysis of randomized controlled trials. *Ann Behav Med* 2019;53:674–85.
- Lorenz KA, Lynn J, Dy SM, *et al.* Evidence for improving palliative care at the end of life: a systematic review. *Ann Intern Med* 2008;148:147–59.
- Hui D, Mori M, Watanabe SM, *et al.* “Concepts and definitions for “supportive care,” “best supportive care,” “palliative Care” And “Hospice care” in the published literature, Dictionaries, and textbooks”. *Support Care Cancer* 2018;26:3243–54.
- Nolan S, Saltmarsh P, Leget C. Spiritual care in palliative care: working towards an EAPC Task Force. *Eur J Palliative Care* 2011;18:86–9.
- Bakitas M, Lyons KD, Hegel MT, *et al.* Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer: the project ENABLE II randomized controlled trial. *JAMA* 2009;302:741–9.
- Wright AA, Zhang B, Ray A, *et al.* Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *JAMA* 2008;300:1665–73.
- World Health Organisation. Palliative care. Available: <https://www.who.int/news-room/fact-sheets/detail/palliative-care> [Accessed 3 May 2024].
- Connor SR, Centeno C, Garralda E, *et al.* Estimating the number of patients receiving specialized palliative care globally in 2017. *J Pain Symptom Manage* 2021;61:812–6.
- Knaul FM, Farmer PE, Krakauer EL, *et al.* Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. *Lancet* 2018;391:1391–454.
- Knaul FM, Bhadelia A, Rodriguez NM, *et al.* The Lancet Commission on Palliative Care and Pain Relief—findings, recommendations, and future directions. *Lancet Global Health* 2018;6:S5–6.