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A strong Colorado connection

Statin Study Widens Interest in Palliative Care

By Tyler Smith

It's been three weeks since a study she co-authored appeared in *JAMA Internal Medicine*, and Jean Kutner is still absorbing its effects.

Kutner, MD, MSPH, a practicing internist and the chief medical officer at University of Colorado Hospital, is a seasoned researcher with a well-developed network of professional colleagues. Within that relatively tight world, it wasn't surprising that the study of the safety and benefits of discontinuing statins for patients with advanced and life-limiting illness would draw interest.

Jean Kutner, MD, MSPH, chief medical officer for UCH, co-authored a much-discussed study on discontinuing statins in patients with life-limiting illness.

That the study and its conclusions drew broader attention caught her by surprise. There were 134 retweets of the initial tweet about the study from *JAMA Internal Medicine* – maybe not pop culture territory, but impressive for a scientific paper.

"It's gotten lots of social media attention," Kutner said. "That is a whole new world for many of us in research."

The study's conclusion, that stopping cholesterol-lowering medications for patients approaching the end of life is not only safe but can also improve quality of life and reduce medical costs, opened wide avenues of discussion. A host of news outlets picked up the story, and Kutner received emails from providers interested in re-evaluating their use of statins and other medications – not only when to start them, but also when to stop them.

Thomas Tsai, MD, MSc, an interventional cardiologist with the CU School of Medicine and Kaiser Permanente, praised the paper in an email to Kutner, adding that its conclusions would likely lead to changes in care for providers who treat seriously ill patients.

Maciej Banach, MD, PhD, a member of the European Commission Scientific Panel for Health, and head of the Department of Hypertension at the Medical University of Lodz in Poland, noted in another email that the paper contributed to an international discussion among lipidologists about statin intolerance and appropriate guidelines for discontinuing the medications.

"It's exciting to conduct research that actually changes clinical practice and enhances the evidence that improves patient care," Kutner said. "That's the Holy Grail."

First of many? That publication of the statin study is a capstone of sorts for Kutner and her co-authors. It is the first published paper from the Palliative Care Research Cooperative Group (PCRC), the nation's first multi-site palliative care-focused research group, which launched late in 2010 with a three-year grant from the National Institute for Nursing Research (NINR). Kutner continues to co-lead the PCRC with Amy Abernethy, MD, of Duke University.

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Kutner and Abernethy were among 30 researchers from more than 15 institutions joining in the statin study – CU was a lead participating site – which began in the summer of 2011, with National Institutes of Health and NINR funding. It ultimately enrolled 381 patients, roughly divided between those who continued their statin therapy and those who discontinued it.

Much has changed since PCRC's first year, Kutner said. One important landmark: the establishment in 2014 by NINR of the Office of End-of-Life and Palliative Care Research (OEPCR) to broaden studies and drive clinical practice innovations in a field that has been recognized as a medical specialty for less than a decade.

"We now have an actual office focused on research and getting evidence into practice," Kutner said. "It has a dedicated staff that knows palliative care and works with researchers in this area. We have a true partner."

The PCRC, meanwhile, has positioned itself to take advantage of the new opportunities the OEPCR offers. It now has 134 members, a sixfold increase since the 2010 launch. Nine members are from CU. A half-dozen new studies are underway – CU is participating in three – and another four are funded by "pilot grants," which provide $15,000 to $25,000 to seed initial research efforts. These grants pair junior investigators with mentors with extensive experience in palliative care research, Kutner said.

Palliative care pipeline. The crux of the PCRC is supporting and helping to develop investigators with new ideas for research, Kutner said. The more rigorous the preparation, the more likely a study grant will be awarded. A strong track record of driving research, in turn, increases the chances that PCRC will continue to attract grant support, she added.

With that in mind, PCRC carefully reviews grant applications, provides mentoring for junior investigators, and offers webinars on the fine points of reviewing grants. Other ideas, including a "methodology boot camp" to build research skills, are in the works, Kutner said.

The rigorous process is a must in a time of intense competition for research dollars, but Kutner stressed that piling up grants isn't the goal for PCRC. "The end game is to improve patient care," she said.

Changing perspectives. For decades, "improving patient care" has been synonymous with curing disease, but that is changing.

Palliative care research is at the center of an evolving health care conversation driven by increasing concerns about maintaining patients' quality of life and balancing clinical care with attention to symptom management and emotional and spiritual support.

"The awareness of palliative care among health care providers and the public has escalated in the past couple of years," Kutner said. She pointed to Dying in America, an Institute of Medicine report issued last fall that called providing high-quality end-of-life care "a matter of professional commitment and responsibility" for health care workers. The report maintained that "improving the quality and availability of medical and social services" for patients with advanced illnesses and for their families could enhance their quality of life and make the health care system more sustainable.

Kutner hopes the study will encourage providers to think carefully about when to stop giving patients medications.

The lay press, too, has paid more attention to end-of-life issues, Kutner said. In a two-month period this year, for example, the *New York Times* published four separate articles devoted to lengthy discussions of death and dying issues. Surgeon and author Atul Gawande's "Being Mortal," an examination of how the medical profession deals with patients at the end of life, spent more than 20 weeks on the Times' bestseller list – a telling note in a society that has often shied away from discussions of death.

"I never would have thought that would happen," Kutner said. But a rapidly aging population probably helps to explain the changing perspective, she added.

More work to be done. It all offers further evidence that the field of palliative care continues to mature and offers rich opportunities for researchers, Kutner said. For example, she envisions more investigative work on "de-prescribing" other medications – such

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as those used to treat diabetes, hypertension, and bone-density problems – for patients with life-limiting illnesses. Research could also focus on new ways to manage pain and symptoms and ease the hardship of illness, Kutner said.

"In a world that focuses on personalized medicine, we can do a better job of targeting treatments for symptoms, not simply the disease," she said.

Kutner also foresees providers in oncology, cardiology, pulmonology, and other areas that treat many chronically and critically ill patients turning more attention to palliative care.

"We will have opportunities to bring in new investigators not necessarily self-identified as palliative care researchers, but who work with patients with serious diseases," she said. "They will provide another link to populations for research and study."

And while Kutner takes pride in the finely tuned palliative care services UCH offers as an academic medical center, she believes there is ample opportunity to help providers in the community, particularly those in small towns and rural areas.

"We need better evidence about models of care delivery that meet the needs of patients across the care continuum," Kutner said.