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**PRC**

Closing remarks

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**What did I learn?**

- From the invited speakers
- From the pre-seminar and the submitted abstracts
- From informal talks, vining and dining

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**Some important lessons  
Issues to discuss**

- Vikings did kill-but also may be did some good...
- How to classify cohorts of patients and patients in the clinic?
  - Depression
  - Patients in "Early PC studies"
  - PC cohorts in general
- What is the optimal content of "Early PC"?
  - When is early?
- Where are the oncologists and GPs in the "Early PC model"?
  - Are PC experts pushing PC too much and is it sustainable?

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**Some important lessons  
Issues to discuss**

- I am still confused about the "integration of PC business" :
  - The actual tasks done by the PC team
  - The composition and expertise of the PC team
  - The best organizational structure
  - Is PC playing on another grounds than the oncologists?
  - What is the ideal expertise of the MD in the tertiary PC service?
  - Do we need different models in cities and in rural areas?
  - How and when to introduce psychological interventions into the Care Pathways?

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## ...I am also confused about

- The content and terminology PC and Supportive care
- What is a clinical significant difference
- Often- too many secondary outcomes are applied

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## Methodology

- Registry based randomized trials
  - A method for PC?
  - Randomize within patient registers
- How to implement new knowledge into clinical practice?
  - Change of behaviour in health care is challenging
  - Do we need to evaluate whether the programs are implemented?

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## How to collaborate in the future?

- Conduct multicentre studies
- International programs for PhD and postdoc
  - Formal and informal
- Shorter (1 month) or longer ( 6-12 months) student exchange program
- Common research courses
  - Combine with e-learning
- Next PRC seminar Oslo 4-6 October 2017
  - Pre seminar
- Exchange and discuss protocols