## Abstract

# The Use of Patient-Reported Outcome Measures in Simultaneous Palliative Care Pathways in Oncology: A Scoping Review

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**Introduction.** Simultaneous Palliative Care (SPC) is recommended in oncology to improve quality of life (QoL), symptom control, and patient-centred care alongside active treatments. However, its provision lacks standardized activation criteria, faces resistance to early integration, and raises sustainability concerns. "Precision SPC" has emerged to tailor integration to individual needs. Patient-Reported Outcome Measures (PROMs) have gained attention as tools to assess patients' needs and inform clinical decisions, although their use within SPC pathways remains heterogeneous and poorly defined. The aim of this scoping review was to map the use of PROMs within SPC pathways in oncology, focusing on their integration into clinical practice and their reported impact.

**Methods.** A scoping review was conducted following the Arksey and O'Malley framework and Levac's recommendations. MEDLINE, CINAHL, Embase, PsycINFO, Scopus, and Web of Science were searched for studies published between 2015 and 2025 involving SPC in oncology and reporting PROM use. Title/abstract screening and full-text selection were independently performed by two reviewers, with disagreements resolved by a third reviewer.

**Results.** Of 6,379 screened records, 16 studies were included. PROMs were mainly used as outcome measures during SPC (11/16), less frequently as triggers for SPC activation (5/16), while four studies used them for both purposes. The most frequently used instruments were the EORTC QLQ-C30 (n = 6), HADS (n = 6), FACT (n = 5), PHQ-9 (n = 4), and ESAS-based tools (n = 2). Eight studies defined PROM-based cut-off scores to trigger SPC activation. Structured threshold-based models improved referral rates (43.9% vs 8.3%; $p < 0.001$) and SPC receipt (45% vs 17%; $p = 0.009$), while reducing systemic therapy during the last 14 days of life (13.4% vs 23.9%; $p = 0.01$). Reductions in symptom burden (ESAS −1.88/month; $p = 0.004$) and depression (PHQ-9 −0.57/month; $p = 0.001$) were also observed.

**Discussion.** PROMs are widely used within SPC pathways, but predominantly as outcome measures rather than activation tools. The absence of a standardized instrument and validated activation thresholds limits scalability and comparability. Future research should prioritize standardized PROM-

based activation protocols and clinically meaningful thresholds to support equitable and timely integration of SPC.

**Keywords**: Patient-Reported Outcome Measures, Simultaneous Palliative Care, Quality Of Life



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