

Keywords: Early palliative care; Metastatic upper GI cancers; Survival rates; EPIC trial; Symptom management; Quality of life; Oncological treatment; Patient outcomes; Palliative interventions; Overall survival

Metastatic upper gastrointestinal (GI) cancers, including esophageal, gastric, and pancreatic cancers, are associated with a poor prognosis and significant symptom burden [1]. As these cancers progress, patients often experience severe symptoms such as pain, nausea, and weight loss, which can substantially impact their quality of life. Traditional treatment approaches for metastatic upper GI cancers typically focus on aggressive oncological therapies, often delaying the introduction of palliative care until the later stages of the disease. However, emerging evidence suggests that integrating palliative care early in the treatment process may offer substantial benefits. Early palliative care aims to improve patient outcomes by addressing both the physical and emotional challenges of living with metastatic cancer.

This approach involves a multidisciplinary team that provides symptom management, psychosocial support, and assistance with decision-making alongside conventional cancer treatments. The integration of palliative care early in the disease trajectory is thought to enhance the overall quality of life and may also influence survival rates [2].

The EPIC (Early Palliative Care and Overall Survival in Patients with Metastatic Upper GI Cancers) study investigates the impact of early palliative care on survival outcomes in patients with metastatic upper GI cancers. By analyzing data from patients who received early palliative care interventions in addition to standard oncological treatments, this study aims to explore whether early integration of palliative care improves overall survival compared to traditional care models. This introduction sets the stage for examining the relationship between early palliative care and survival rates in metastatic upper GI cancers, highlighting the potential benefits of a comprehensive approach to symptom management and patient support. Understanding this relationship could have significant implications for treatment strategies and patient care, potentially leading to more effective management of metastatic upper GI cancers and improved patient outcomes [3].

The exploration of the relationship between early palliative care and survival rates in metastatic upper gastrointestinal (GI) cancers, as investigated in the EPIC study, reveals several key insights into how integrating palliative care early in the disease course can impact patient outcomes [4].

Impact on Survival Rates: Our study demonstrates that early palliative care is associated with improved overall survival in patients with metastatic upper GI cancers. This finding aligns with emerging evidence suggesting that early integration of palliative care can lead to better outcomes. By addressing symptoms and providing

to continue with cancer treatments and, consequently, impact survival.

Psychosocial Support and Quality of Life: In addition to managing