RESEARCH MATTERS

NEWSLETTER

ISSUE 5, OCTOBER 2025

INSIDE THIS ISSUE

"The more you know, the more you realize you don't know."

- Aristotle (attributed)

METEL

(Metabolites Towards the End of Life)

Death is universal, yet poorly understood. The sponsors leading on this study refer to the 'Biology of Dying' and their research to date has shown that, for lung cancer, dying follows a predictable process -not random-allowing them to forecast time of death days or weeks in advance. This breakthrough research enables better preparation for patients and families and marks a major advance in end-of-life care.

While we don't fully understand how people die from cancer. Late-stage patients show abnormal respiratory and kidney function, few actually experience true organ failure. Infections and clots like pulmonary emboli are often present but rarely the direct cause of death. Instead, cancer patients typically die with these conditions, not from them, suggesting a distinct dying process separate from acute illness.

The next stage in this research is to further understanding the processes of dying including developing tests that predict time until death to enable the patients and their families to prepare appropriately and represents a massive, unique and ground-breaking impact on the quality of a patient care at the end of life.

St Luke's Hospice plan to participate in this research over the coming months.

Come and work in the Research Office!

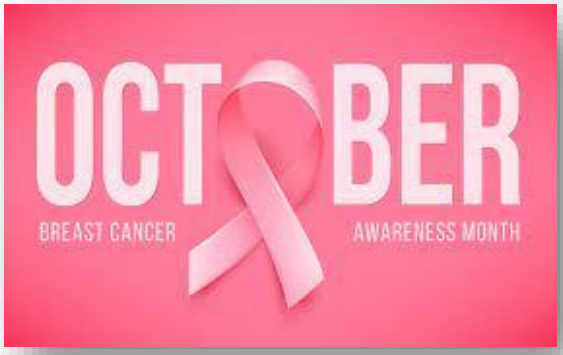
Are you a staff member currently undertaking postgraduate study?
If so, contact Clare to arrange to spend time working on your assignments or dissertation in the Research Office at Ecclessall Road South (ERS).
A chat in this environment may be just what you need to resolve any challenges you are facing!
Email Clare on **c.pye@hospicesheffield.co.uk**.

The Wilkes Institute

Our new St Luke's Wilkes Institute, named after St Luke's Hospice Sheffield founder, Eric Wilkes, will combine our research and education activities to help us work with others to develop palliative and end of life care excellence far beyond St Luke's and Sheffield.

Founded in 1971, St Luke's Hospice has been a national leader in palliative care, pioneering the UK's first Palliative Care Day Therapy Unit and championing research, education, and innovation. Building on this legacy we are launching THE WILKES INSTITUTE to expand our impact across three areas: advancing research locally and internationally, enhancing internal workforce training, and becoming a leading provider of external education.

Our internal launch, planned for October 2025 will be shared externally later in the year to showcase and share our prospectus.



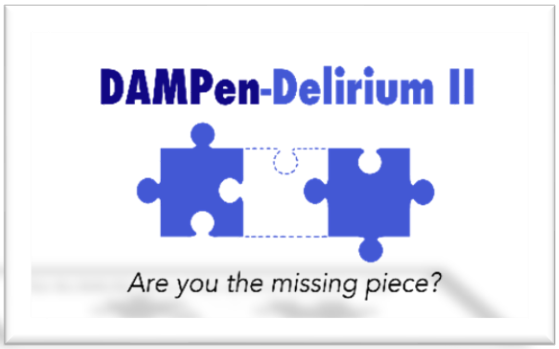
THE St Luke's WILKES INSTITUTE

Breast Cancer Awareness Month 2025

October is Breast Cancer Awareness Month, a time to create awareness, honor the millions of lives affected by breast cancer and reaffirm our global commitment to equitable access to care and improved survival for all.

Breast cancer is the most commonly diagnosed cancer among women worldwide. Join us this October in amplifying voices, sharing stories and driving change.

https://www.who.int/news-room/events/detail/2025/10/01/default-calendar/breast-cancer-awareness-month-2025



Delirium is common and distressing at the end of life, yet hospices struggle to follow national guidance due to the complexity of care. DAMpep D-II sponsors have developed and tested a practical approach to improve delirium care and are now launching a national trial to compare it with usual care in 10 hospices, assess cost-effectiveness, understand how it works, and explore adapting it for other settings.

PAPERS TO PATIENTS: COME AND GET INVOLVED!

This multi-disciplinary group will continue to meet monthly on: Thursday mornings 9:45am – 10:45am to facilitate wider engagement. We will meet both online and in the Research Office at ERS for those who want to meet in person.

Drip vs Drive: What Does the Evidence Say?

By Amy Muscroft, Principal Pharmacist (Palliative Care) St Luke's Hospice

At the end of life, subcutaneous clinically assisted hydration (SC CAH) is sometimes administered when oral intake is no longer sufficient. Gravity infusion is recommended in local guidelines, but some centres opt for pump administration.

My recent systematic review explored whether the method of administration - gravity ("drip") or pump ("drive") - impacts patient outcomes such as erythema, oedema, leakage, hydration, infection and tolerability.

Across 10 studies involving 538 participants, no statistically significant differences were found between pump and gravity methods for erythema, oedema, or leakage. E.g. the relative risk of leakage was lower with pump administration (RR = 0.48), but this wasn't statistically significant (P = 0.687). Similarly, erythema and oedema showed no meaningful differences. Unfortunately, data on hydration efficacy, infection rates and patient tolerability were too limited to draw firm conclusions.

Importantly, none of the studies were designed to directly compare the two methods and the overall quality of evidence was low, with high risk of bias and inconsistent reporting. Despite this, findings suggest that the choice between drip and drive should be guided by practical considerations - such as patient preference, setting, cost, and equipment availability - rather than concerns about side effects. Recommendations were made for standardisation of reporting for publications examining the administration of fluids.

As palliative care increasingly shifts to community settings, ensuring access to both methods and standardising protocols will be key. Further research, especially well-powered RCTs, is needed to inform best practice and support patient-centred care.

COVID-19 VACCINATIONS

COVID-19 vaccinations will not be offered to health and social care workers this autumn. In addition, the age threshold has increased from 65 to 75.
This decision has been made by the UK Government following guidance from the Joint Committee on Vaccination and Immunisation (JCVI), who have advised that, for both autumn and spring 2025/26 and autumn and spring 2026/27, COVID-19 boosters should be offered to the following cohorts:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 6 months and over who are immunosuppressed

The following summarises some of the information considered by the JCVI when formulating its advice for this period:

- A consistent finding that those most at risk of serious disease were aged 75 and over (1).
- A peer-reviewed paper, funded by the NIHR, found that, as the severity of COVID-19 has declined, vaccines for healthy people under 65 are unlikely to be cost-effective, regardless of vaccine price (1).
- It was noted that, for the first time, the UK did not experience a large COVID-19 wave in the winter of 2024 to 2025, and that levels remained low for some months after this period. This is a change from previous waves, which occurred every 3 to 4 months throughout the year (2), although it was also noted that this could change and would require continuous observation.
- Viral evolution of COVID-19 has slowed, meaning that available vaccines continue to match circulating variants (2).
- Guidance was not altered due to new safety concerns. There are no new safety concerns in relation to the vaccine (1, 3).

References:

1) JCVI statement on COVID-19 vaccination in autumn 2026 and spring 2027 - GOV.UK.pdf
2) Epidemiology of COVID-19 in England January 2020 to December 2024 - GOV.UK.pdf
3) Coronavirus vaccine - summary of Yellow Card reporting - GOV.UK.pdf

YOUR FEEDBACK MATTERS!

Thank you for being part of our research community! Please provide your valuable insights and recommendations to enhance the quality of this newsletter.

For more information, please email us on research@hospicesheffied.co.uk