

Poster Presentation at 2015 Palliative Care in Oncology Symposium

# Development of a Patient Reported Outcome (PRO) Instrument to Facilitate Timing of End-of-Life (EOL) Discussions in Patients with Advanced Cancers

## Background:

Honoring the wishes of terminally ill cancer pts is a prime responsibility of oncologists, however EOL discussions are frequently either never performed or delayed past the point of usefulness. Pts who discuss EOL issues with their medical team are more likely to avoid terminal hospitalizations, have improved emotional wellbeing and experience lower health care costs. Facilitators of timely EOL discussions including palliative care consultations would be beneficial.

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## Methods:

A 7-item PRO instrument "Living with Cancer" has been developed by COTA (Cancer Outcomes Tracking & Analysis) covering 4 domains: performance status, pain, burden (financial and time), and depression. Each item queried a domain (the pain I experience is: Non-existent, Mild, Moderate, Severe, Unbearable) yielding scores 0 to 4. A unique feature is that each item is multiplied by the pt's assessment of the importance of the question (multiplier 1-4), yielding a maximum score 112. The pt's physician (without knowledge of PRO responses) assigned opinions as to status (should continue treatment, beginning to discuss EOL, actively in EOL discussions).

## Results:

433 pts with advanced malignancies undergoing non-curative therapy completed the PRO instrument between February-March 2014 at the John Theurer Cancer Center. The median scores for pts deemed

by their physician appropriate to continue non-curative treatments, contemplating EOL discussions and actively in EOL discussions were 14, 23, and 35 respectively. Results varied by tumor type, with larger differences among cohorts of lung, breast, GI malignancies, and considerable overlap among multiple myeloma pts. A score of >28 indicated <25% chance of being in the physician deemed continue therapy group and 40-60% chance of being in the physician determined EOL discussion categories.

**Conclusions:**

A 7-item PRO (that includes pt views of importance of each domain) was able to separate advanced malignancy pts into cohorts who their physicians deemed were at differing stages of EOL discussion appropriateness. A prospective study in lung cancer evaluating consultation rates by total score (encouraging discussions if >28) is ongoing.