

Implications for Research, Policy, or Practice. These findings are important for healthcare systems when exploring the association between ACP and intensity of care.

What Do Adolescents Want? Values, Goals, and Beliefs of Teens with Cancer (TH322B) 

Sarah Friebert, MD FAAP FAAHPM, Akron Children's Hospital, Akron, OH. Jessica Gaines, BSN RN CPN, Children's National Health System, Washington, D.C. Jennifer Needle, MD MPH, University of Minnesota, Minneapolis, MN. Justin Baker, MD FAAP FAAHPM, St. Jude Children's Hospital, Memphis, TN. Yao Cheng, MD, Children's National Health System, Washington, D.C. Maureen Lyon, PhD, Children's National Health System, Washington, D.C.

Objectives

- Describe patient-reported palliative care needs of teens with cancer.
- Discuss implications of patient-reported outcomes for family-centered advance care (ACP) planning.

Original Research Background. The National Cancer Institute's (NCI) 2016 recommendations advise parents to have open and honest communication about cancer with their children. Parents are interested in their adolescents-patient's voice. Best timing and strategies to structure and facilitate this communication is unknown.

Research Objectives. This study examined patient-identified palliative care needs, goals, and values of teens with cancer.

Methods. Surveyed adolescents with cancer randomized to a pediatric ACP intervention using the Lyon Advance Care Planning Survey-Adolescent Version-Revised.

Results. Adolescents' (N=45) mean age 17 years (range $\geq 14 < 21$ years); 39% male; 81% white. Though 91% felt that being able to complete an advance directive (AD) was important, most teens had never talked about EOL care wishes. 96% would want their family to be involved in EOL decisions. Problems rated as worse than death were: not being able to communicate wishes to family, 58%; living with great pain, 42%; and total physical dependency, 22%. At EOL, adolescents desire honest answers from physicians (100%), being at peace spiritually (98%), physical comfort (93%), feeling strongly about being able to stay in own home (73%), understanding treatment choices (98%), saying everything I want to say to people in my family (100%), not being a burden to loved ones (89%), and knowing how to say good bye (91%). 56% of teens want to die at home with or without hospice and 9% in hospital. 58% of teens preferred to have ACP conversations early (when healthy, first diagnosed).

Conclusion. Communicating EOL wishes to their family is very important to teens with cancer, consistent with ACS recommendations. Crucial information surrounding ADs and EOL wishes can be gained from teens with cancer.

Implications for Research, Policy, or Practice. Structured, adolescent/family-centered, evidence-based ACP interventions are one way to facilitate open communication about their cancer with their families.

Differences by Race, Religion, and Mental Health in Preferences for Life-Prolonging Treatment in Adverse Health States: Results from a National Sample of Medicare Beneficiaries (TH322C) 

Justin Sanders, MD MSC, Dana-Farber Cancer Institute, Boston, MA. Anna Berrier, BSPH (C), University of North Carolina at Chapel Hill, Chapel Hill, NC. Leonce Nshuti, MS, Vanderbilt University Medical Center, Nashville, TN. Charlotta Lindvall, MD PhD, Dana-Farber Cancer Institute, Boston, MA. James Tulsky, MD FACP FAAHPM, Dana-Farber Cancer Institute, Boston, MA.

Objectives

- Discuss factors that predict patient preferences for life-prolonging treatment in the setting of adverse health states that some would deem intolerable relative to death.
- Consider hypotheses to explain findings regarding preferences for life-prolonging treatment, including those from behavioral economics that might apply across multiple findings.
- Incorporate strategies to effectively elicit patient preferences.

Original Research Background. Goal-concordant care aligns patients' preferences with their medical treatments and is important for patients with serious illness, whose treatments may hasten death or prolong suffering. We lack population-level data on patient preferences, which can help prepare clinicians for advance care planning or goals of care discussions.

Research Objectives. To understand factors that underlie individual preferences regarding life-prolonging treatment in the setting of two adverse health scenarios using a nationally representative sample of Medicare beneficiaries.

Methods. Using the National Health and Aging Trends Study, we used descriptive statistics and multivariable logistic regression to compare sociodemographic and illness characteristics of patients who said they would accept or reject life-prolonging treatments in the setting of severe, constant pain and inability to walk, talk, or recognize others.

Results. Patients in all demographic groups were more likely than not to express a preference for

rejecting life-sustaining treatments in the setting of severe pain or disability. However, multivariable logistic regression demonstrated that respondents from racial or ethnic minority groups, those who indicated religious to be somewhat or very important, received less than \$25,000 in annual household income, and reported frequent depressed mood or hopelessness had significantly higher odds of expressing a desire to accept life-prolonging treatments in these scenarios.

Conclusion. Hypothetical preferences for life-prolonging treatments differ among groups defined by race, religiosity, mental health and other sociodemographic characteristics. Findings suggest that different groups may evaluate suffering differently in relation to death. They raise questions about the potential role of perspective in determining the relative acceptability of two adverse health states and distinguishing between them.

Implications for Research, Policy, or Practice. Clinicians leading advance care planning or goals of care discussions can effectively utilize these findings not to make assumptions about a given patient's preferences, but to prepare themselves to discuss the meaning of different health states with patients by developing effective communication skills.

1:30–2:30 pm

Concurrent Sessions

The Practice of Palliative Medicine in Developing Countries—Part One (TH330)



Sunilkumar Mupliyath Madhavan, MBBS MSc, Trivandrum Institute of Palliative Sciences, Thiruvananthapuram, India. Spandana Rayala, MBBS MD, Pain Relief and Palliative Care Society, Hyderabad, India. Sayed Ali, MD, Aga Khan University Hospital, Nairobi, Kenya. Martin Mindeguia, PhD, Sanatoria Mater Dei, Buenos Aires, Argentina.

Objectives

- Learn how physicians in specific countries provide palliative care to their patient populations often with limited resources.
- Recognize specific cultural and political challenges to developing palliative care clinical, educational and research programs.
- Describe roles of different health care providers practicing palliative care and how they meet the needs of their local populations.

Please join AAHPM's International Scholars for a panel discussion. Each scholar will present for 10-15 minutes on the state of the practice of palliative care in their home country, with an emphasis on the roles of physicians, nurses, and other healthcare providers; the

status of education and research in the field; and the unique challenges facing patients and providers. There will be time allotted after each presentation to field questions and dialogue from the audience. Prepare to be educated and inspired by these accomplished individuals who are leading and advancing the field of hospice and palliative medicine in their countries of origin.

PC-FACS—Year in Review (TH331)



Mellar Davis, MD FCCP FAAHPM, Geisinger Medical Center, Danville, PA. Robert Arnold, MD FACP FAAHPM, University of Pittsburgh, Pittsburgh, PA.

Objectives

- Update session participants on *PC-FACS* processes and “Vital Statistics.”
- Highlight implications of cutting edge research of clinical value to American Academy of Hospice and Palliative Medicine members.

PC-FACS (Fast Article Critical Summaries for Clinicians in Palliative Care), the highest rated member benefit of the American Academy of Hospice and Palliative Medicine, offers busy clinicians an efficient way to stay on top of pertinent literature in a field that is growing exponentially. Now in its twelfth year, *PC-FACS*, published in the *Journal of Pain and Symptom Management* and delivered in a convenient format to the email box of Academy members, provides topical summaries of just published research from more than 100 journals that are not specifically dedicated to hospice and palliative medicine and might not otherwise come to the attention of our readership. Editorial Board members, peer experts selected from Academy membership through a competitive process, author succinct, thought provoking commentaries that have practical implications for practice and for the field. Published reviews and commentaries span the gamut from Basic Science through Bioethics, Humanities, and Spirituality; Geriatrics and Care Transitions; Hospice, Hospice and Palliative Medicine Interface, and Regulatory Issues; Pediatrics; Psychosocial; to Symptom Assessment and Management. This past year, we have piloted a new process for retrieving literature that has yielded articles from an expanded repertoire of journals and have broadened our editorial board to a greater number of disciplines. In this session, Editor-in-Chief Mellar P Davis and Associate Editor-in-Chief Robert Arnold will take you on a tour of some of the most impactful literature reviewed the past year, connecting each paper to a case scenario to highlight its clinical relevance. Session participants will have an opportunity to contribute their own perspectives of the literature for an enriched discussion of the clinical implications of this research.