

Conclusion. Although there is some consistency in POLST forms, significant variation exists in treatment categories and choices.

Implications for Research, Policy, or Practice. Varied POLST forms create differences in life-sustaining treatment options given to patients and/or surrogates based on their state of residence. Greater discussion is needed among healthcare providers, policymakers, and researchers to reconcile this variation.

Impact of Palliative Care Interventions on Health-Related Quality of Life (HRQOL): A Secondary Analysis of the Promoting Resilience in Stress Management (PRISM) Randomized Controlled Trial (RCT) (S870)



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Objectives

1. Review the concept of health-related quality of life as a study outcome.
2. Evaluate the effectiveness of an intervention using patient-reported health-related quality of life as an outcome.

Original Research Background. PRISM is a novel resilience-building intervention for adolescents and young adults (AYAs). Primary analysis of the RCT in AYAs with cancer showed PRISM improved HRQOL.

Research Objectives. Secondary analysis explored changes in HRQOL domains and differences between patient groups.

Methods. English-speaking AYAs (12-25 years) were randomized to PRISM or usual care (UC) from 1/2015 – 10/2016. Surveys were completed at enrollment and six months later, using the Pediatric Quality of Life Inventory (PedsQL) Generic Short Form (SF-15) and Cancer Module to assess HRQOL. We compared change scores (PRISM vs UC) by domain (PedsQL SF-15: physical, emotional, social, school; Cancer: pain, nausea, procedure anxiety, treatment anxiety, worry, cognition, perceived appearance, communication). Participants were stratified by age (12-17 years vs 18-25 years) and advanced cancer status (yes/no).

Results. 74 patients (36 PRISM, 38 UC) completed 6-month assessments. 72% were 12-17 years old. 23% had advanced cancer at enrollment. PRISM improved patient-reported communication (UC: median [interquartile range, IQR] 0 [-17, 8]; PRISM: 8 [0, 25]). Younger patients benefited more, especially in PedsQL SF-15 school (12-17: UC 0 [-8, 0], PRISM 13 [0, 17]; 18-25: UC 0 [-33, 17], PRISM 0 [-25, 17]) and social domains (12-17: UC 0 [-33, 0], PRISM 0 [0, 8]; 18-25: UC 0 [-25, 4], PRISM -17 [-25, 8]), and cancer-specific perceived appearance (12-17: UC -4 [-25, 0], PRISM 8 [-8, 25]; 18-25: UC 0 [-21, 0], PRISM -8 [-25, 17]). Patients with advanced cancer benefited more in cancer-specific domains nausea (no: UC 0 [-10, 15], PRISM 10 [-10, 40]; yes: UC 6 [-15, 25], PRISM 35 [25, 50]) and pain (no: UC 13 [-13, 25], PRISM 6 [-13, 25]; yes: UC -13 [-25, 0], PRISM 6 [-13, 25]).

Conclusion. With PRISM, younger AYAs coped better with age-appropriate challenges and AYAs with advanced cancer improved physical symptom HRQOL.

Implications for Research, Policy, or Practice. Efficacious psychosocial intervention for AYAs.

Recruitment Outcomes Among African-American and Rural Populations with Heart Failure to an Early Palliative Care Clinical Trial (S871)



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