2. Describe population most likely to receive anti-cancer therapy at end of life in a community cancer center.
3. Discuss implications and potential application of these findings.

Original Research Background. Studies have shown that aggressive cancer care at end of life is associated with decreased quality of life, decreased median survival, and increased cost of care.

Research Objectives. This study describes the patients most likely to receive aggressive anti-cancer therapy at the end of life in a community cancer institute.

Methods. We performed a retrospective review of 213 patients who received anti-cancer therapy in our institution and died between July 2016 and April 2017. Data collected included primary malignancy, death date, date of last anti-cancer treatment, hospice enrollment, healthcare utilization, Oncology Care Model (OCM) enrollment, and clinical assessments at last office visit prior to a treatment decision before death. Data were analyzed using univariate logistic regression to determine feature importance.

Results. Of the 201 patients who died of cancer, 36(17%) received anti-cancer therapy within the last 14 days of life. Several factors were significantly positively correlated with receiving anti-cancer therapy at end of life, including enrollment in OCM ($p < 0.001$), frequency of hospital utilization ($p < 0.001$), death in hospital ($p<0.001$), referral to hospice ($p<0.001$), and hematologic malignancy ($p = 0.014$).

Conclusion. In our community cancer institute, enrollment in OCM, frequency of hospitalizations, death in a hospital, referral to hospice, and hematologic malignancy diagnosis were predictive of receiving aggressive anticancer therapy at the end of life, suggesting that these factors should have greater importance in our clinic.

Implications for Research, Policy, or Practice. Taken as a whole, these data will help inform clinicians and patients in choices regarding care near the end of life.

Palliative Care Education in U.S. Adult Neuro-Oncology Fellowship Programs (S854)

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Objectives

1. Describe the current need for palliative education in neuro-oncology fellowship programs as identified by program directors.
2. List the preferred education methods and tools of neuro-oncology fellowship program directors for teaching palliative care to fellows.
3. Know which barriers program directors face when providing palliative care education for neuro-oncology fellows.

Original Research Background. Palliative care (PC) for patients with neuro-oncological diseases positively impacts morbidity and mortality. No studies have evaluated whether neuro-oncology fellows receive formal PC education during fellowship.

Research Objectives. The purpose of this study was to describe the PC education and identify education needs of US neuro-oncology fellowship programs.

Methods. Program directors (PDs) of US neuro-oncology fellowships were surveyed. The electronic survey included qualitative and quantitative questions.

Results. Of 26 programs fellows, 17 completed surveys (65% response rate) of which 3 (18%) offered no formal PC education. The methods most utilized were formal didactics (seminars/conferences) and self-directed reading materials. One-third of programs have developed their own teaching materials. Communication was the domain identified as most important, the domain fellows were most well-trained in, and the domain PDs felt most comfortable providing for their own patients. Addressing spiritual distress and initiating life-prolonging therapies were the domains PDs identified as being least important, fellows were least well trained in, and PDs were least comfortable providing for their own patients. Most programs (83%) were satisfied with the PC education available at their program. Time for teaching and faculty availability were the most common barriers.

Conclusion. Neuro-oncology PDs recognize the need for PC education, which is currently offered in some form by most programs, but the content and methods of delivery are heterogeneous. Interdisciplinary educational teams and nationally-available PC educational material may improve implementation of PC education in neuro-oncology.

Implications for Research, Policy, or Practice. This study implies the need for a dedicated neuro-oncology palliative education curriculum.

Patient and Family Caregiver Perspectives on Palliative Care Needs in End-Stage Liver Disease: A Qualitative Study (S855)

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