of palliative care-trained APRNs and clinical pharmacists represents an opportunity.

Palliative Care Physician Comfort (and Discomfort) with Discussing Prognosis in Hematologic Diseases: Results of a Nationwide Survey (SA528B)

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Objectives

- Recognize wide variability in palliative care physicians' comfort in discussing prognosis of patients with hematologic diseases.
- Identify common reasons why palliative care physicians feel comfortable or uncomfortable discussing prognosis in these diseases.
- Discuss opportunities to improve palliative care physicians' comfort in discussing prognosis with hematology patients.

Original Research Background. Palliative care specialists provide supportive care for patients with hematologic diseases. Prior investigations have surveyed hematologists to characterize barriers to delivery of palliative care to these patients, but palliative care physicians' perspectives remain unclear.

Research Objectives. This research is part of a larger study aimed to examine the beliefs, comfort levels, and attitudes of palliative care physicians toward their interactions with the field of hematology.

Methods. A survey was mailed to a random sample of the AAHPM physician contact list in 2017. Results were anonymized. Participants were asked about their comfort in discussing prognosis regarding hematologic malignancies. Written responses were analyzed, themes were identified, and individual topics within responses were coded in a binary fashion (ie, conveying comfort or discomfort).

Results. Four-hundred fifty-nine of 1,000 surveys included a written response. Fifty-point-eight percent of respondents were male. Community (34.9%), academic (38.5%), and hospice (26.7%) physicians were represented. In discussing prognosis of hematologic malignancies, 41.1% of responses contained only topics expressing comfort, 40.5% contained only topics expressing discomfort, 16.6% responses were mixed, and 2% were not applicable. Commonly cited explanations for comfort were training and clinical experience (47.9%), strong relationships with hematologists (37%), and clear trajectory given likely imminent death (12.8%). Nine-point-eight percent reported fellowship training in or practicing hematology as a reason for comfort. Commonly cited reasons for discomfort were lack of clinical exposure (51.9%), uncertainty of disease trajectories (22.9%), poor relationships with hematologists (17.2%), limited knowledge of hematologic diseases (13.7%), and rapidly-changing treatments (9.2%).

Conclusion. Palliative care physicians report varying comfort in discussing prognosis in hematologic diseases. This may be a function of clinical exposure to these diseases in practice and training, as well as strong relationships with hematologists.

Implications for Research, Policy, or Practice. These findings will help identify opportunities to improve palliative care physicians' comfort in discussing prognosis with hematology patients, leading to better provision of supportive care.

Natural Language Processing to Assess End-of-Life Quality Indicators in Breast Cancer Patients with Leptomeningeal Disease (SA528C)

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Objectives

- Describe that leptomeningeal carcinomatosis is a marker of serious illness in patients with breast cancer.
- Recognize the relationship between palliative care involvement and serious illness conversations in patients with leptomeningeal disease.

Background. Leptomeningeal carcinomatosis is a sign of poor prognosis in patients with metastatic breast cancer, and serious illness conversations have been recommended for patients with this diagnosis.

Objectives. Natural language processing (NLP) was used to (1) identify a population of breast cancer patients with leptomeningeal disease and (2) assess documentation of end-of-life process measures in the electronic health record.

Methods. Retrospective cohort analysis of patients with breast cancer and leptomeningeal disease based on administrative billing coding followed at 2 tertiary hospitals in Boston between 2010 and 2016. NLP was used to confirm leptomeningeal disease in magnetic resonance imaging reports. Subsequently, NLP was used to assess specialist palliative care involvement and three serious illness process measures: goals of care discussions, code status limitations, and hospice assessment. Regression analysis was performed to assess the impact of palliative care involvement on subsequent documentation of each process measure.

Results. NLP-assisted MRI review yielded 183 patients with leptomeningeal disease. The mean age was