

focused on the management or treatment for fatigue in end-of-life, hospice or palliative care were included. Review articles or those that did not meet minimum quality score were excluded. Twenty-seven articles were included in the analysis.

Data Extraction and Synthesis. Study purpose, sample, design and results were extracted from each article. Using the matrix method, commonalities were further analyzed both within and across the sample.

Results. 85% of the articles were quantitative and focused on describing presentation of the symptom and/or treatment. Ten of the papers focused on symptom clusters with the diagnosis of cancer to be the most common illness antecedent associated with fatigue. Both pharmacological and non-pharmacological approaches were identified but few randomized control trials focusing exclusively on fatigue management were found.

Conclusion and Implications for Practice, Policy, and Research. Research aimed at addressing best practices for fatigue management at the end of life are lacking, particularly those involving randomized trials. Few papers focusing exclusively on fatigue were found, and this symptom is most widely included in papers that examine symptom clusters, most often in cancer patients. Studies focused on examining and comparing fatigue treatment in cancer and non-cancer illnesses should be considered.

Pediatric Cardiothoracic Surgeons and Palliative Care: A National Survey Study (S851)



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Objectives

1. Outline pediatric cardiothoracic surgeons' understanding and use of pediatric palliative care.
2. Describe the barriers perceived by pediatric cardiothoracic surgeons to palliative care consultation.

Original Research Background. Among children with heart disease who die in the hospital, the majority occur within the first year of life in an intensive care setting. Discrepancies in understanding of prognosis and perceptions of suffering between parents and physicians caring for children with heart disease have been identified. While pediatric cardiology and

palliative care (PC) provider attitudes towards PC have been described, no studies have assessed the perspectives of pediatric cardiothoracic surgeons (CTS).

Research Objectives.

- Evaluate pediatric CTS understanding and use of PC.
- Describe barriers perceived by pediatric CTS to PC consultation.

Methods. A survey was distributed electronically to pediatric CTS in the United States. Subjects were excluded if they did not have a pediatric component to their practice. The survey consisted of 22 primarily closed-ended questions with multiple choice answers.

Results. Of the 220 CTS who were mailed the survey, 36 opened the survey and 5 did not meet inclusion criteria (n=31). Median years of practice was 23.5 and 87.1% were male. Almost all (90%) reported that they had experience consulting PC. While 68% felt PC consultation was initiated at the appropriate time, 29% felt it occurred too late. When asked the appropriate timing for PC consultation in patients with hypoplastic left heart syndrome, 45% selected "at time of prenatal diagnosis" and 30% selected "when surgical and transcatheter options have been exhausted." Common barriers to PC involvement included the perception of "giving up" (40%) and concern for undermining parental hope (36%).

Conclusion. While a majority of pediatric CTS are familiar with PC, there is variation in perception of appropriate timing of consultation and significant barriers to consultation still exist.

Implications for Research, Policy, or Practice. This is a preliminary study to better understand the attitudes of pediatric CTS regarding PC. Results will help inform future research and educational efforts for physicians caring for children with advanced heart disease.

Patterns of Anti-Cancer Therapy Use in the Last 14 Days of Life in a Community Cancer Institute (S852)



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Objectives

1. Define the costs of providing aggressive end of life care.