

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) 

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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) 

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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