

Cardiopulmonary resuscitation (CPR) is an important advance directive (AD) topic in patients with progressive cancer; however such discussions are challenging. Whether video educational information about CPR engenders broader advance care planning (ACP) discourse is unknown. We studied patients with progressive pancreas or hepatobiliary cancer by randomising them to an educational CPR video or narrative. The primary endpoint was differences in ACP documentation 1 month post-test between randomisation arms. Secondary endpoints included impressions of the study information; and, pre- and post-intervention knowledge of and preferences for CPR and mechanical ventilation (MV). Fifty-six subjects were consented and analysed. ACP documentation (either a formal AD or a documented discussion about patient wishes) within 1 month post-test was not significantly higher (OR = 3.583 [95% CI: 0.886 – 17.937], $p = 0.074$) in the video arm (12/30, 40.0%) than in the narrative arm (4/26, 15.4%). Knowledge increased in both arms after the intervention ($p < 0.001$; 95% CI: 1.173 – 2.069 for video and $p < 0.001$; 95% CI: 0.854 – 1.946 for narrative). Preferences regarding CPR changed in the video arm ($\chi^2 = 5.143$, $p = 0.023$) but not in the narrative arm. Preferences regarding MV did not change in either arm. The majority of subjects in both arms reported the information as helpful, comfortable to discuss, and recommended to others. We conclude that video educational information about CPR only results in a trend towards more ACP documentation in these patients. Future studies investigating this trend and other applications of video education are needed and ongoing.

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