

14

**ASSESSING PATIENT VALUES FIRST: CREATING A PLATFORM FOR ADVANCE CARE PLANNING (ACP) IN THE ADULT ONCOLOGY POPULATION**

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10.1136/bmjspcare-2013-000491.14

**Background** Patients, families and health care providers can be apprehensive about having end-of-life (EOL) conversations in Oncology. However, asking

patients about personal values regarding their health-care goals creates a platform for more in depth conversations.

**Aim** To test a structured process for identifying eligible patients for upstream advance care planning (ACP) conversations through development and validation of a quantitative instrument.

**Methods** Recruitment was conducted at seven cancer centres in the US Oncology Network over a 90-day pilot study. A cross-sectional descriptive design was used in 301 metastatic cancer patients. Sixty-three participants completed the questionnaire. The 13-item instrument was created after a literature review regarding EOL choices and interventions using a 5-point Likert scale. Descriptive statistics were examined, in addition to analysis of the relationships between items using Pearson's  $r$  correlations.

**Results** 59% of participants were female, predominantly Caucasian, with a mean age of 66 years. 68% reported the importance of being told by their oncologist when dying. Additionally, 76% reported the importance of selecting who would make medical decisions for them. Lastly, 62% reported the importance of choosing where their EOL medical care occurs. There was a significant association between discussing feelings about dying and being told by a physician when dying, ( $r=0.373$ ,  $p<0.01$ ).

**Discussion and Conclusion** The instrument allows for healthcare providers to understand the patient's needs, creating a segue for patient collaboration during EOL care. ACP conversations can be further developed through review of the validated instrument in adults with life-limiting illness in Oncology.