

are used to assess ACP as an endpoint, results are often misleading, or too location-centric.

Methods In an ongoing Cochrane Review, we attempt to elucidate primary and secondary outcomes of ACP for ESRD patients, by evaluating not only clinical outcomes, but also outcome measures that are relevant to patients, policy drivers, and the general populace. Because such objectives are difficult to evaluate with RCTs, the inclusion of observational studies is most meaningful. Therefore, a systematic review that will include non-RCTs as well as RCTs will be conducted. Contextual factors such as quality of life, social determinants of health, and cultural values, which influence prognoses will be examined. Specific domains will be applied to grade the strength of the evidence.

Results Preliminary data extracted from these studies indicate that ACP is beneficial to the ESRD patient and may lower the likelihood of intractable conflicts between relevant parties. Furthermore, the inclusion of non-RCTs points to a more robust and logistically feasible analysis.

Discussion This study will add to the evidence base and will highlight the importance of ACP in ESRD. It will also lay out the rationale for conducting systematic reviews of non-RCTs, in order to adequately capture the concerns of patients, their caregivers, policy makers, and gatekeepers.

Morning Breakout 3—Chronic Disease

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DEVELOPING MEANINGFUL OUTCOME MEASURES FOR ADVANCE CARE PLANNING IN THE CONTEXT OF END STAGE RENAL DISEASE (ESRD): GOING BEYOND RANDOMISED CLINICAL TRIALS (RCTS)

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Background Despite the prevalence of aggressive end-of-life care for ESRD patients, there is paucity of data from RCTs of ACP interventions for ESRD patients. This is due in part to the dearth of RCTs utilising ACP as an outcome measure. Even when RCTs