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FAMILY CENTERED ADVANCE CARE PLANNING FOR TEENS WITH CANCER (FACE-TC): 3-MONTHS OUT: ADVANCE DIRECTIVES, PSYCHOLOGICAL ADJUSTMENT, AND QUALITY OF LIFE

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Background Teens with cancer want to talk about their goals/values for end-of-life care. Yet, advance care planning rarely occurs for them.

Aim To pilot-test 3-month outcomes of the FACE-TC Advance Care Planning (ACP) intervention (n=17 dyads) versus Treatment As Usual (TAU) control (n=13 dyads) regarding advance directives, psychological adjustment, and quality of life.

Methods A 2-group, randomised, controlled trial in hospital-based inpatient/outpatient oncology units clinics from 2009–2012 with teens with cancer aged 14 to 21 years and their family (N=30 adolescent/family dyads). FACE-TC consist of three, weekly, 60 min sessions in a dyadic format with a trained/certified interviewer: (1) Lyon Advance Care Planning Survey©; (2) Respecting Choices Interview; (3) Five Wishes©. Three 60 min sessions were conducted 1 week apart. Three-month outcome measures were: advance directive; Beck Depression-II (BDI-II) and Anxiety Inventories (BAI); and Pediatric Quality of Life (Peds QL). Two teens did not complete follow-up (1 died, 1 host-graft disease), so 3-month analysis was with 28 dyads.

Results Adolescents' mean age was 16; 60% male; 43% Black. Advance directives documented in medical record at 3-month follow-up were 100% for intervention teens, 0% for controls (16 vs 0, $p<0.0001$). Measures of anxiety, depression and quality of life at 3-month follow-up did not significantly differ between FACE-TC and TAU groups for teens or their families, controlling for corresponding baseline measures.

Discussion/Conclusion The FACE-TC dyads completed ACP without harm. FACE-TC was not inferior to TAU. Three-month follow-up was too short and sample size too small to determine if FACE-TC was beneficial.