

symptom of limb weakness. We set out to review and strengthen the assessment of hospice inpatients with lower limb neurological deficits and identify if this was a contributing factor to falls.

Methods Retrospective case-note review of patients admitted over a 4-month period to a hospice inpatient unit (IPU) to identify patients who have a neurological assessment as part of their admission and following an inpatient fall. Data was collected in 2021 and repeated in 2022.

Results 30% (15/47) patients admitted in 2021 had known spinal cord, nerve root or peripheral nerve involvement. 25% patients were identified to have a neurological deficit on admission to the IPU. 28% patients had a lower limb neurological deficit on examination during admission. 7/10 falls incidents involved a patient with a background of known neurological deficit with 2/10 falls incidents identifying neurological deficit as a contributing factor. The percentage of falls incidents reports with neurological assessments improved from 0% in 2021 to 50% in 2022.

Conclusion Hospice patients are more likely to present with widespread disease burden including involvement of the spinal cord with neurological deficit to the lower limbs increasing the risk of inpatient falls. This review has highlighted the importance of a neurological assessment in patients who have inpatient falls in the hospice setting. Increased awareness amongst staff on importance of neurological assessment and effective documentation on falls incidents is an important role in interdisciplinary approach to falls prevention.

157

ACCEPTANCE OF A MOLECULAR PROGNOSTIC PANEL FOR PERITONEAL CARCINOMATOSIS (PC): EXPECTATIONS AND PERSPECTIVES OF PATIENTS AND CAREGIVERS

Gillian Ng, Hong Yuan Zhu, Ying Liu, Qiu Xuan Tan, Joey Wee-Shan Tan, Josephine Hendrikson, Clara Yieh Lin Chong, Wen Kai Darryl Juan, Hui Jun Lim, Irene Wen Hui Tu, Jolene Si Min Wong, Yee Pin Tan, Irene Eng Ai Teo, Patricia Soek Hui Neo, Jimmy So, Clara. *National Cancer Centre Singapore, National University Hospital*

10.1136/spcare-2023-PCC.177

Introduction Peritoneal carcinomatosis (PC) is a late-stage manifestation of abdominopelvic malignancies. Our team recently demonstrated the prognostic relevance of key paracrine factors in the PC fluid microenvironment that can be inferred via a point-of-care biomarker panel. This study aimed to evaluate the receptivity of patients and their caregivers in utilising this biomarker panel regarding their prognosis and surgical management plan.

Methods 30 pairs of patients and their caregivers were interviewed through a 15-minute questionnaire created specifically for our local population to determine their receptivity towards the panel.

Results 83.3% of respondents were receptive to a panel with a 90% accuracy rate, with 51.6% of respondents stating that the results may influence their initial decisions to undergo palliative surgery. 70% of patients and 93.3% of caregivers gave a score of 3 or more on a scale of 5 when asked about the importance of learning about the panel results, based on the confidence it would provide them to pursue palliative surgery. This was understandable as 95% of respondents will undergo a medium to high-risk surgery

and preferred additional assurance to stand by their decisions. 83.3% of respondents were adverse towards taking a chance with surgery despite the possibility of receiving poor panel results (poor overall survival outcome), with 61.6% of respondents affirming their wish to be well-informed regardless of the outcome. Cost and emotional stress could prevent the panel's use. 40% were keen to pay ≤\$300 while 48.3% preferred not to pay. 23% resonated that they may be predisposed to emotional issues should they know too much, even if it enlists better decision-making and care management.

Conclusion Our study suggests a synchronous care plan with sound translational research such that PC patients' and caregivers' expectations and needs are appropriately addressed prior to the implementation of molecular prognostic testing in the context of palliative surgery.

158

A PROSPECTIVE STUDY ON SURVIVAL PREDICTION OF PATIENTS IN PALLIATIVE CARE

Sylvie Bouchard, Andreea Iancu, Elena Neamt, François Collette, Sylvie Dufresne, Patricia Guercin, Desanka Kovacina, Laurie Musgrave, Marilisa Romano, Jenny Wong, Talia Malagón. *Montreal Institute for Palliative Care, Teresa Dellar Palliative Care Residence, Cancer Department McGill University*

10.1136/spcare-2023-PCC.178

Introduction Prediction of life expectancy in terminally ill patients is an important end-of-life care issue. Amongst the most used validated tools for prognostication are the Palliative Performance Scale (PPS) and the Palliative Prognostic Index (PPI). There is no reliable tool to evaluate the prognosis of patients when life expectancy is less than 3 weeks. The objective is to improve the accuracy of the survival prediction of terminally ill patients (with or without cancer) in a palliative care residence setting: short and intermediate-term life expectancy.

Methods This was a prospective open study on all patients admitted at the Teresa Dellar Palliative Care Residence (TDPCR) during a period of 1 year. PPI and PPS scores were assessed at admission (Day 0), Week 1, 2, 3, and monthly thereafter or until patient death. We also systematically documented daily, 7 physical signs of impending death (Designated Short Term Prognosis Signs: DSTPS). A questionnaire was used to determine if families/patients wanted to know the prognosis and reasons for it. Primary endpoints included the prognosis determination using PPI and PPS scores at every time point vs the actual survival time; and the number of days between the first date of occurrence of each of the DSTPS item and the actual date of death.

Results/Application 285 patients were included in this study (217 with cancer): 44% males; 56% females. Median age: 82 years old, median survival: 8 days. Most families (83%) found usefulness of prognosis. At admission, most patients had a PPS of 20 or 30%. Almost all patients exhibited the totally bedbound DSTPS item (200 patients) which was associated with the longest survival time. The other DSTPS items were also present in most patients associated with various survival times.

IMPACT A prognostic model is being prepared based on the results of this study.