

Primary outcome was the score on a decision self-efficacy scale after the decision-making consultation with the oncologist.

Results Inclusion ends on 1 January 2019. Results are not yet available but we will present the first results during the conference.

Conclusion The OPTion-study provides information about the effect of a consultation, about preferred treatment goals, between GPs and older patients with non-curable cancer on self-efficacy.

P62

THE DISTRESS THERMOMETER AS A PROGNOSTIC TOOL FOR ONE-YEAR SURVIVAL AMONG PATIENTS WITH LUNG CANCER

¹O Geerse*, ¹D Brandenburg, ²H Kerstjens, ¹J Hoekstra-Weebers, ¹S Duijts, ¹H Burger, ³G Holtman, ¹A Berendsen, ¹T Hiltermann. ¹University Medical Center Groningen, Groningen, Netherlands; ²University Medical Centre Groningen, GRONINGEN, Netherlands; ³University of Groningen, Faculty of Medical Sciences, Groningen, The Netherlands

10.1136/spcare-2019-ACPICONGRESSABS.144

Introduction Use of patient-reported outcome measures is advocated to support high-quality cancer care. We investigated the added value of the Distress Thermometer (DT) when combined with known predictors to assess one-year survival in patients with lung cancer.

Methods Patients had newly diagnosed or recurrent lung cancer, started systemic treatment, and participated in the intervention arm of a previously published randomised trial. A Cox proportional hazards model was fitted based on five selected known predictors for survival. The DT-score was added to this model and contrasted to models including the EORTC-QLQ-C30 global QoL score or the HADS total score. Model performance was evaluated through improvement in the -2 log likelihood, Harrell's C-statistic, and a risk classification.

Results In total, 110 patients were included in the analysis of whom 97 patients accurately completed the DT. Patients with a DT score ≥ 5 (N=51) had a lower QoL, more symptoms of anxiety and depression, and a shorter median survival time (7.6 months vs 10.0 months; P=0.02) than patients with a DT score < 5 (N=46). Addition of the DT resulted in a significant improvement in the accuracy of the model to predict one-year survival (P<0.001) and the discriminatory value (C-statistic) marginally improved from 0.69 to 0.71. The proportion of patients correctly classified as high risk (385% risk of dying within one year) increased from 8% to 28%.

Conclusions Use of the DT allows clinicians to better identify patients with lung cancer at risk for poor survival, further explore sources of distress, and personalize care accordingly.

P63

RECRUITING PATIENTS IN DIFFICULT ENVIRONMENTS – PRACTICAL EXPERIENCES FROM A GERMAN CACP TRIAL

J Koch*, C PD Dr Seifart, P Von Blanckenburg. Philipps-University Marburg, MARBURG, Germany

10.1136/spcare-2019-ACPICONGRESSABS.145

Background Researchers recruiting patients for clinical - non-pharmacological - studies in palliative cancer settings face multiple problems. Patients life expectancy is limited, physical and

psychological wellbeing can be volatile and medical treatment tends to be challenging and tiring for patients. Rejection and dropout rates for scientific trials in general are therefore high, especially if concerning advance care planning (ACP).

Aim Recruitment is often assigned to few members of staff who then gain a lot of experience in the matter, formal transition of knowledge can be difficult if

- a.) theoretical framework about recruitment; and
- b.) practical examples how to handle difficult recruitment conversations; are missing.

To address and overcome b.), we have developed “mini-interventions”. These aim to change perspective of patients on participation in our randomized controlled ACP trial, and can be applied generally.

Results We developed several interventions covering the following topics:

-Misconceptions towards “psychological” support and academic research

-Physical and emotional wellbeing and therefore no need to partake in the trial

-Time constraints, unwillingness to invest more time in “treatment” than necessary

-Fear of burdening care givers with psychological involvement

With these “mini interventions” delegation of recruitment and training of recruitment staff is eased and the recruitment process and success does not rely solely on single experienced staff members.

Conclusion Interventions in recruitment conversations may have several effects, including improvement of patient decision making, increase of recruitment numbers and better transition of knowledge in research teams.

We seek to cross-link with other international groups facing similar challenges concerning recruiting.

P65

DEVELOPMENT OF A PEDIATRIC ADVANCE CARE PLANNING INTERVENTION

¹J Fahner*, ²J Rietjens, ²A van der Heide, ¹J van Delden, ¹M Kars. ¹University Medical Center Utrecht, Utrecht, Netherlands; ²Erasmus MC, Rotterdam, Netherlands

10.1136/spcare-2019-ACPICONGRESSABS.146

Background ACP-conversations in pediatrics seem to occur too late and infrequent. Standards to conduct ACP-conversations are lacking. This study describes the development of an evidence-based pediatric ACP-intervention.

Methods The Medical Research Council framework for development and evaluation of complex interventions was used to structure the developmental process. The process included a systematic review, expert review, a survey among pediatricians and qualitative research among parents, adolescents and health care professionals (HCPs). Behavioral theories and theories of coping with bereavement and loss underpinned the intervention.

Results ACP was seen as an ongoing communicative process, where children and their families work together with HCPs to discover, discuss and document values, preferences and goals of care. The intervention supports ACP by 1) educational materials, 2) an ACP conversation guide and 3) a training for HCPs. Educational materials prepare children and parents by clarifying the concept of ACP and providing preparation