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ORAL ABSTRACT

WAGO
Western Association of Gynecologic Oncology

Palliative care needs in outpatients with advanced gynecologic malignancies: Bridging the gap in advance care planning

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Objectives
Advance care planning (ACP) is an important but often overlooked part of care for patients with cancer that can increase quality of life and goal-concordant care while decreasing health care costs. There are limited data informing practice guidelines for effective implementation of ACP within gynecology oncology. We aimed to 1) screen patients proactively for ACP needs, 2) connect patients to ACP resources, and 3) describe successful ACP implementation and documentation patterns for patients with advanced gynecologic malignancies.

Methods
Outpatients with stage 3 or 4 gynecologic malignancies received electronic surveys assessing ACP needs (i.e. absence of an advance directive (AD) or Physician Orders for Life-Sustaining Treatment (POLST) form at home or no preferences documented in writing). ACP resources (i.e. ACP websites/workshops and advance directive workbooks) were offered. Thematic content analysis of ACP documentation in the electronic medical record (EMR) was performed. ACP implementation factors (i.e. documentation format, type of provider involved, time spent, setting) were abstracted from the EMR.

Results
Overall, 129/287 (45%) patients completed the survey. Eighty-six (67%) reported no ACP documentation. Seventy-seven (60%) did not have an ACP note in the EMR, 112 (87%) did not have an AD, and 126 (98%) did not have a POLST form. Forty (47%) patients with ACP needs accepted an interactive ACP website, 23 (27%) an ACP workshop, and 31 (36%) an AD workbook via mail. Of the 52 patients with ACP documentation, the 3 most common ACP topics addressed were surrogate decision maker, values/priorities, and illness understanding/prognostic awareness. Documentation was most often in a templated (85%) bullet point format (81%), completed most often by specialty palliative care providers (71%) and non-trainees (85%) in an outpatient setting (81%) via a telehealth format (77%) with an average of 10 minutes (minimum 2, maximum 30 minutes) spent documenting (54% reported).

Conclusions
Despite recommendations from leading societies for implementation of ACP early on for patients with advanced gynecologic malignancies, ACP needs remain high. Patient receptivity to ACP resources is incomplete and remains an area of quality improvement. Further characterization of current ACP implementation and documentation within GO is warranted to help create effective practice guidelines tailored to this population.

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