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USING THE SERIOUS ILLNESS CONVERSATION GUIDE TO IMPROVE THE QUALITY OF LIFE OF HEMATOLOGY-ONCOLOGY PATIENTS: A PILOT STUDY

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INTRODUCTION

Hematology-oncology patients are more likely to receive high intensity care (HIC), including ICU admission and active cancer treatment, than solid cancer patients near end of life (EOL). This prevents patients and their families from realistically planning for the future and diminishes quality of life (QOL). We previously conducted a retrospective study to understand factors influencing HIC outcomes at EOL in hematology patients at McGill-affiliated hospitals. While non-curative goals, early level of intervention (LOI) discussions and palliative care (PC) involvement lowered the likelihood of HIC at EOL, the median time of LOI discussion and PC involvement to death was 22 and 9 days respectively. We

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hypothesize that a timely discussion aligning patient perspectives and goals with their treating team could improve QOL at EOL.

METHODS

We are conducting a pilot study looking at the impact of using the Serious Illness Conversation Guide (SICG), a validated conversation tool in the general oncology population, on the QOL of hematology patients. Participants are identified by their treating doctor or nurse practitioner to be at risk of dying in the next year. The primary aim is to decrease death in acute care. Secondary aims include reporting other HIC outcomes, time from LOI discussion and PC consult to death, and the short term benefit to QOL. In addition, qualitative analysis will explore participant perspectives on benefits of the SICG and areas to improve and explore EOL QOL topics relevant to hematology patients. We have currently enrolled 2 patients. Interim analysis is projected for September 2023. ■