EXPLANATORY ANALYSIS OF ADVANCE CARE PLANNING FOR STAGE IV NON-SMALL CELL LUNG CANCER

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Background: ASCO published the goals of individualized care including advance care planning (ACP) for advanced cancer patients in 2011, but there are no data on the ACP implementation status.

Methods: We retrospectively reviewed the electronic medical records and informed consent forms of consecutive stage IV non-small cell lung cancer (NSCLC) patients treated with chemotherapy between January 2010 and December 2012 at our institution. Two outcomes were defined to investigate the ACP implementation status: C-D, the duration from the last day of chemotherapy to death, and D-D, that from the day of confirming DNAR to death. We used the Kaplan-Meier method to estimate the endpoints and Cox regression models to analyze explanatory factors associated with those.

Results: In total, 136 patients were eligible (median age, 67 years; 89 men; 105 current/ever smokers). Of 103 patients with adenocarcinoma, 30 had EGFR mutations, and 110 patients had PS 0 or 1. Of the 136 patients, 71 received 1 regimen, 39 received 2 regimens. The main status of implementation of ACP was followed: information provided ‘incurable disease before first-line chemotherapy’ was 96 cases (70%), ‘supportive care’ was 69 cases (50%) and ‘prognosis to patient’ was 43 cases (32%). DNAR reflected patient will were 29 cases (21%). The median C-D was 64 days. Received ≤2 chemotherapy regimens and provision of prognosis information to patients were significantly associated with C-D in multivariate analysis. The median D-D was 25 days. Provision of information regarding supportive care before first-line chemotherapy and provision of prognosis information to the patient were significantly associated with D-D in multivariate analysis.

Conclusions: Investigation of the ACP implementation status in NSCLC patients at our institution showed that providing information on supportive care before first-line chemotherapy and informing the patient about prognosis is beneficial in prolonging supportive care.