Independent prospective validation of the PaP Score in terminally ill patients referred to a hospital-based palliative medicine consultation service

P Glare, K Virian. J Pain Symptom Manage 2001; 22:891-898.

Prepared by: : Dr. Pablo Amigo

Received during: RPCP Bus Rounds

Abstract:

The aim of this prospective study was to validate the Palliative Prognostic (PaP) Score in a population of hospitalized patients in Australia in order to determine its applicability in a different setting to that in which it was originally developed. Individual PaP scores were calculated for 100 terminally-ill patients consecutively referred to a palliative medicine consultation service based in a university teaching hospital. The PaP score was able to subdivide this heterogeneous patient population into three groups, the differences being highly statistically significant. Median survivals for the three groups were, respectively, 60 days (95% confidence interval 41-89 days), 34 days (95% confidence interval 25-40 days), and 8 days (95% confidence interval 2-11 days). The percentage survival at 30 days for the three groups was 66%, 54% and 5% respectively. These data suggest that the PaP scoring system is a reasonably robust method for prognostication in advanced cancer that appears to be independent of the setting. The short survival of the third group in this study, which is consistent with the presence of a subset of gravely ill patients within the hospital setting who are referred to specialist palliative care service very late in the course of their illness, raises important issues for the care and treatment of this individuals.

Comments:

Strengths/Uniqueness:
This article helps to validate a prospective tool(which was initially developed for use in different setting) for prognostication in the palliative care setting. Survival estimation raises many concerns and has many different implications in the palliative population, whether for patient placement, family information or therapeutic reasons. Validated tools like this one, which help physicians to accurately predict patient's survival, are very useful and needed in palliative care.

Weaknesses:
This tool includes a subjective parameter that is influenced by the observers (clinician's estimate of survival), and therefore can impact on the accuracy of the PaP score. Although this was adressed by the authors, it didn't seemed to impact on the ability of the instrument to accurately identify subgroups of patients. The usefulness of this tool is limited by the training and experience of the clinician.
The authors do not mention that the score might be affected by the treatment, and we do not know the medication the patients are receiving (opioids might decrease dyspnea perception, steroids might impact anorexia.)

Relevance to Palliative Care:
Instruments which accurately identify subgroups of patients with different life expectancies will have a big impact on the decision making process, including treatment, placement decisions and family information.