

Prognostic models of survival in patients with advanced incurable cancer: the PiPS2 observational study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

The PiPS2 observational study

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Plain English summary

A prognosis is a prediction about how long someone will live after a diagnosis of illness. The Prognosis in Palliative care Study (PiPS) tools [PiPS-A (Prognosis in Palliative care Study – All) and PiPS-B (Prognosis in Palliative care Study – Blood), respectively] were designed to predict survival in patients with incurable cancer. Previously, they were found to be as accurate as health-care professionals. The purpose of this study was to find out whether PiPS was more accurate at prognosticating than health-care professionals, to evaluate other prognostic tools and to ask patients, their carers and health-care professionals what they thought about using them.

We studied 1833 patients with advanced cancer and calculated their PiPS score and other prognostic scores. We asked health-care professionals to estimate how long the patients would live. We then followed up the patients to find out how long they actually lived and if the predictions made by health-care professionals were as accurate as the predictions made by the prognostic tools. We interviewed patients, their carers and health-care professionals to ask them what they thought about using these prognostic tools.

We found that PiPS-B was as accurate as the combined wisdom of a doctor and a nurse at predicting whether patients would live for ‘days’, ‘weeks’ or ‘months+’. We found that PiPS-A predictions were not as accurate as predictions made by health-care professionals. We found that (where direct comparisons could be made) PiPS-B was better than other prognostic tools. Finally, we found that patients, carers and health-care professionals thought that PiPS tools could be helpful in clinical practice because they would be less subjective than clinicians’ intuition.

This means that PiPS-B could be considered as a tool to support clinician predictions of survival and may lead to patients and families being able to take more control at the end of their lives. Further research will be required to investigate whether or not this approach actually leads to improvements in care.

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This report

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