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**Measures of clinical benefit response to standardized symptom interventions at different timepoints along the terminal decline model**

**[This is a longitudinal study to define clinical benefit response at different timepoints along the terminal decline model (TDM) in advanced cancer patients and to study the impact of standardized symptom assessment and management of the TDM]**

The goals of palliative care in advanced cancer patients are to palliate cancer related symptoms and to improve quality of life. However, the lack of sensitive and appropriate outcome measures, which can reflect quality of palliative care, is a well-documented obstacle. Advanced cancer patients usually present with several different severe symptoms at given time point. How to measure and define multiple symptom response is even more of a challenge. Our previous study, and the National Hospice Study suggest that there probably is a transition point in the advanced cancer trajectory, which might be 2-3 months prior to death. Before this time point, palliative care outcomes may be associated with physical independence and activity. After this time point, outcomes may be more closely associated instead with the patient's psychological status. If true, different definitions might be needed at different time points depending upon the patient's status.

In this study we will test whether this is true in a second group of patients. The results would influence how health professionals set the goals of care for terminally ill cancer patients.

A second major issue is the management and assessment of multiple symptoms. By defining the clinical or symptomatic benefit response to standardized symptom interventions. We may be able to establish a palliative outcome multiple symptom measure for the advanced cancer patients. One new thing we will look for will be how long symptoms are improved after treatment.

The study will be conducted at VA New Jersey Health Care System for the veterans resident in New Jersey.

This is a feasibility study for the incorporation of different types of patient rated data into an overall model of palliative care in advanced cancer patients. If the results are promising, then the proposed concept can be extended to the non-veteran population in the state of New Jersey.