

of professionals and the existence of guides to good practices were of particular interest.

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1463P Improvement of the Barretos Prognostic Nomogram (BPN): New prognostic models for advanced cancer outpatients

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Background: Prognostic tools have been used in clinical practice helping to estimate survival in advanced cancer patients. The Barretos Prognostic Nomogram (BPN) is an instrument composed of 5 variables: sex, metastasis, leukocytes, KPS and albumin. Although accurate, it has some limitations such as the variable 'metastasis' as dichotomous and KPS as functionality evaluation, less used in the oncologist's clinical routine. We aimed at improving the BPN by reclassifying the variable 'metastasis' and assessing functional performance by ECOG-PS (BPN v2.0 model) and developing an alternative version without laboratorial variables (BPN vClin model).

Methods: This was a reanalysis of the data from the BPN's 497 advanced cancer patients when referred to Palliative Care (development sample n=221; validation sample n=276). Site-volume combinations were tested for the 'metastasis' variable and KPS was replaced by ECOG-PS to assess functional performance. Prognostic variables were selected for multivariable Cox regression analyses; the most accurate final models were identified by backward variable elimination. Calibration and discrimination properties of the new models for BPN were evaluated in the validation sample.

Results: BPN v2.0 model was composed of 6 parameters: sex, locoregional disease present, metastasis sites (liver; bone; CNS; peritoneum; adrenal and/or spleen and/or kidney; muscle and/or subcutaneous), ECOG-PS, white blood cell (WBC), and albumin. The C-index was 0.78. The values of the area under the curve (AUC) of the receiver operating characteristic (ROC) curve were 0.79, 0.74, and 0.73 at 30, 90, and 180 days, respectively. The BPN vClin model was composed of 5 parameters: as compared with the v2.0 model there was the inclusion of 'antineoplastic treatment' and exclusion of laboratorial variables. The C-index was 0.74. The values of the AUC of the ROC curve were 0.77, 0.74, and 0.71 at 30, 90, and 180 days, respectively. Both versions presented good calibration results according to the Hosmer-Lemeshow test.

Conclusions: The new models are refined prognostic tools with adequate calibration and discrimination properties. It could be used to assist health professionals in estimating the survival of advanced cancer outpatients.

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1464P Clinical factors associated with survival time from the last administration of systemic anticancer therapy to death in patients with advanced cancer

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Background: In recent years, the use of systemic anticancer therapy (SACT) includes molecular targeting agents (MTAs) and immune-checkpoint inhibitors (ICIs) tend to extend overall survival in advanced cancer patients. But the life expectancy in patients with advanced cancer who have discontinued SACT was unclear.

Methods: We analyzed 700 patients who died of advanced cancer from August 2011 to August 2019 retrospectively at Mitsubishi Kyoto Hospital. The primary endpoint of

this study was to identify clinical factors of the survival time from the last administration to death by using the Cox-proportional Hazard model. The clinical factors were analyzed using age, sex, the primary site of cancer, metastatic site of cancer, the use of MTAs, and the use of ICIs.

Results: As a background, the median age is 73 years old, 391 males, 309 females, 145 gastroesophageal cancers, 137 biliary pancreatic cancers, 13 hepatocellular carcinomas, 118 colorectal cancer, 127 lung cancers, 44 breast cancers, 25 urological malignancies, 35 gynecological malignancies, 17 head, and neck cancer. In a multivariate analysis, age (Hazard Ratios 0.823, 95% Confidential Interval 0.698-0.970), colorectal cancer (HRs 0.710, 95%CI 0.518-0.974), peritoneal metastasis (HRs 1.405, 95%CI 1.156-1.707) and the use of ICIs (HRs 2.660, 95%CI 1.727-4.098) were independent clinical factors. The median survival time from the last administration of SACT to death was 89 days in all patients, 104 in over 73 years old patients, 114 with colorectal cancer, 77 with peritoneal metastasis, and 54 in the use of ICIs.

Conclusions: Age, colorectal cancer, peritoneal metastasis, and the use of ICIs were significant associated factors of expecting time from the last administration of SACT to death. Information on these factors may aid clinical decision-making in referral to palliative care institutes. Information on these predictors is useful to explain the timing of referral to palliative care institutes.

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1465P Exploring the spiritual needs of palliative care patients and their caregivers

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Background: Diagnosing chronic or life-threatening illnesses can lead to spiritual struggles for patients and their caregivers. The aim of this study is to determine the spiritual needs of palliative care patients and their caregivers.

Methods: The study is a qualitative study conducted with patients and their caregivers in the palliative care unit of a foundation hospital in Ankara. A semi-structured qualitative interviews were conducted with six patients and six caregivers; will continue until reaching data saturation. These questions are about patients' issues and challenges with their health, strategies of dealing with challenges, valuable things in their life and change in belief during illness. Similarly, four semi-structured questions are asked to obtain caregivers' data. Questions are about challenges as a caregiver, strategies of dealing with challenges, valuable things in their life and changes in their belief as a caregiver. Individual in-depth interviews are conducted by two instructors and the average interview duration is 40-60 minutes. Six patients have been interviewed so far.

Results: The average age of the patients is 68 and two of them are married. Three patients had cancer (ovarian cancers and skin cancer), two patients had end-stage renal disease, and one patient had a spinal cord injury. Duration of the diseases were between 2 and 10 years. The average age of the caregivers who have participated in the study is 45; three were married and five were relatives of the patients (spouse, daughters, son and sister). In analyzing the data of the patients, three main and two sub-themes were determined. These themes were; "Functional Insufficiency"; "Transcendence and Family-Friends" and "Acceptance". Two sub-themes of functional disability theme have emerged as 'Pain' and 'being dependent'. In analyzing the data of caregivers; five main themes were determined. These main themes were "Physical Problems related with caregiving burden", "Economic Problems", "Lack of Information"; "God" and "Glory of Caring".

Conclusions: The preliminary results of this qualitative study show that spiritual values are indispensable for the patients and caregivers, and they perceive support from god, family, and friends even in the most difficult times.

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