

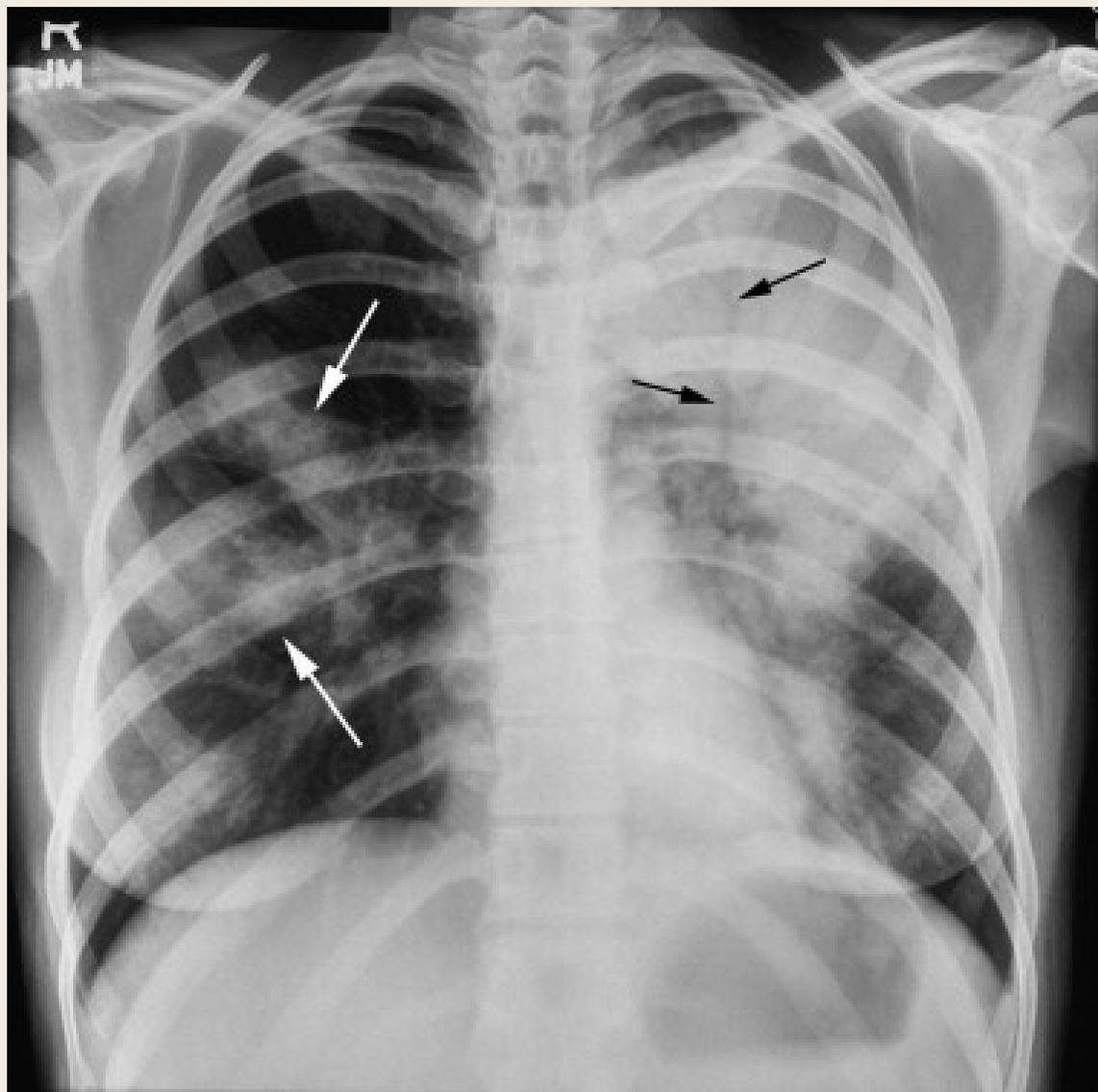
**Associació entre**  
**Informació Pronòstica i Presa de Decisions**  
**en Pacients amb Càncer Avançat:**  
**Revisió Sistemàtica de la Literatura**

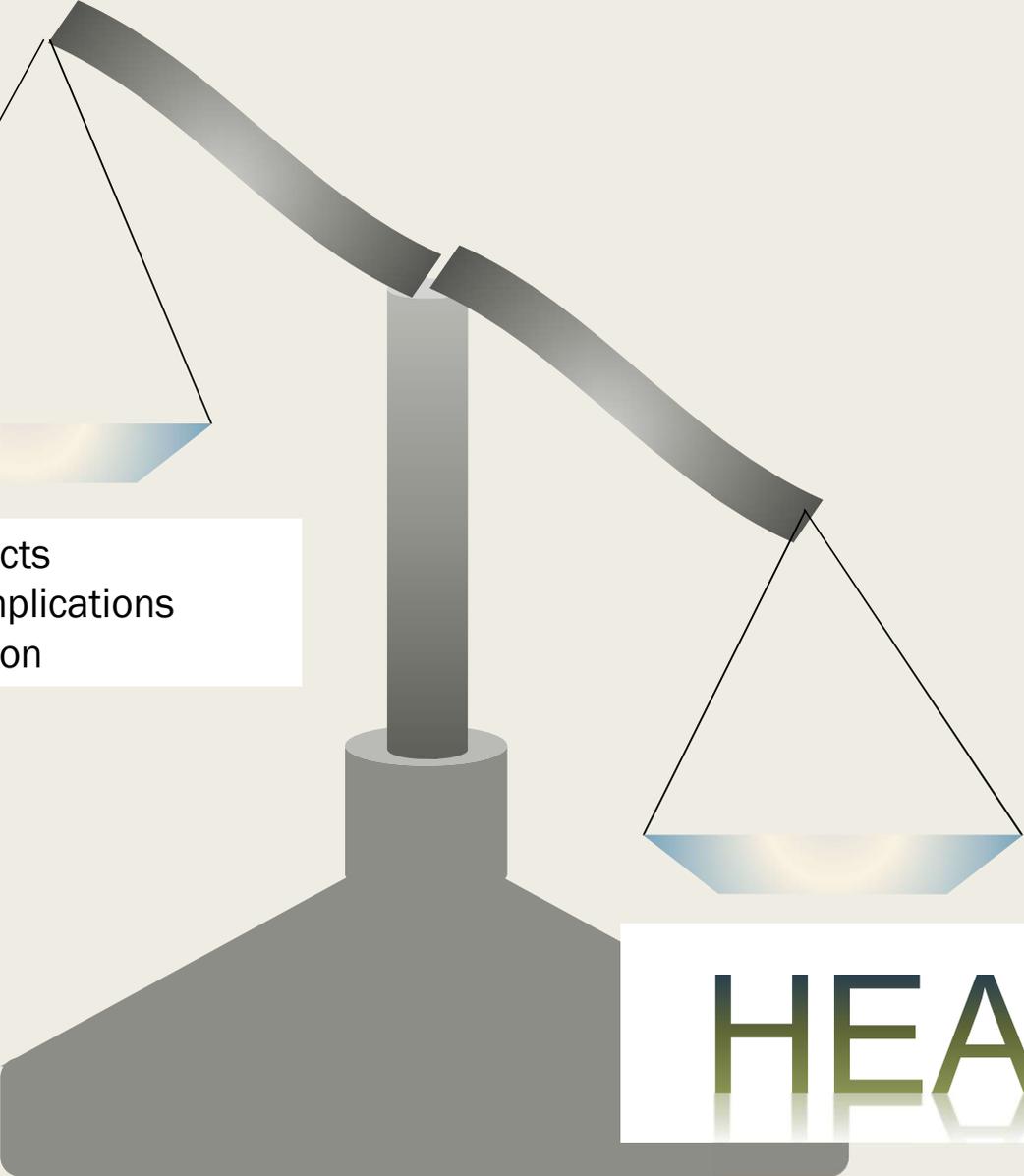
Dr. M Pascual, Dr. D Moreno-Alonso, Dr. C Royo-Cebrecos, Dr. M Longo

**Benefit**

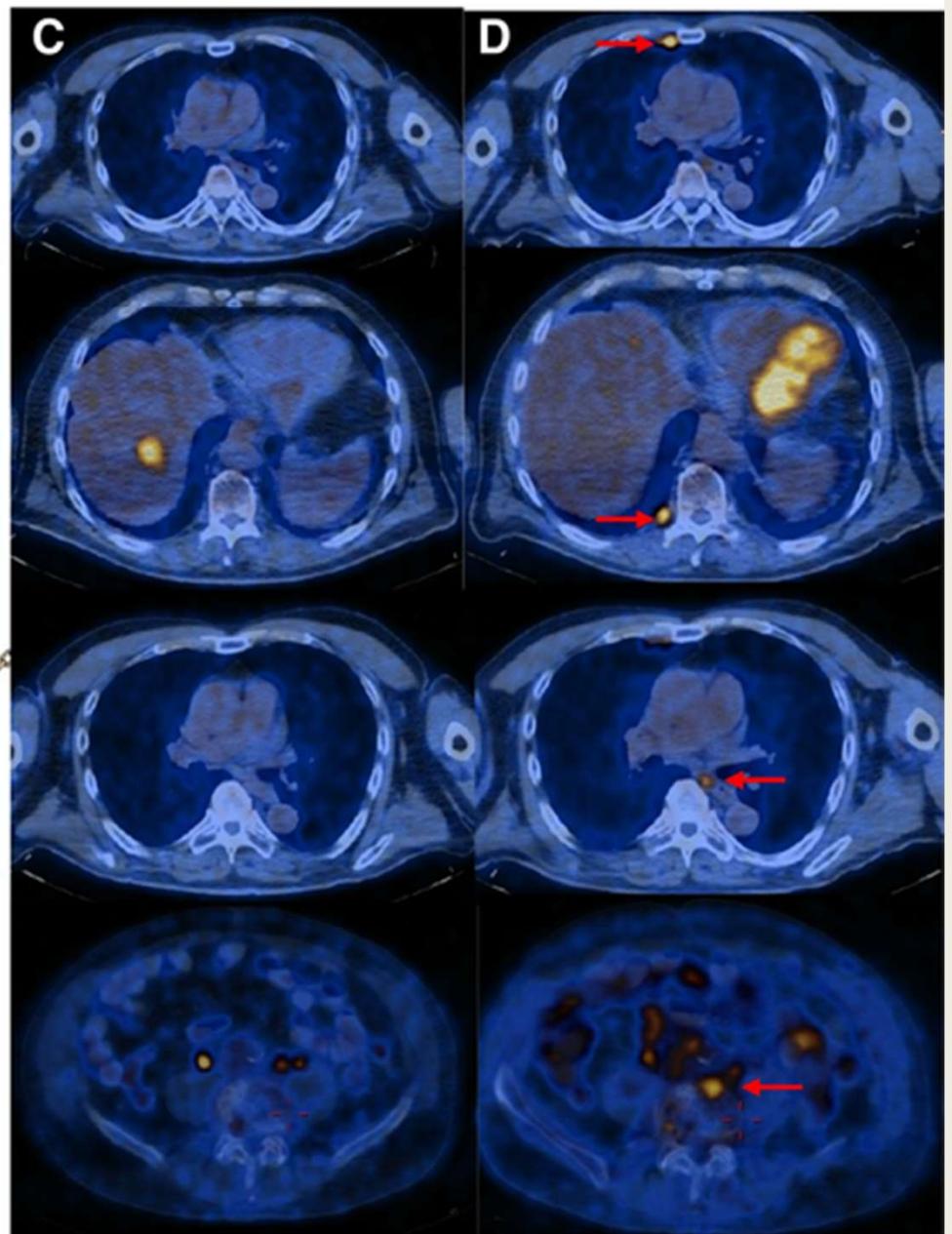
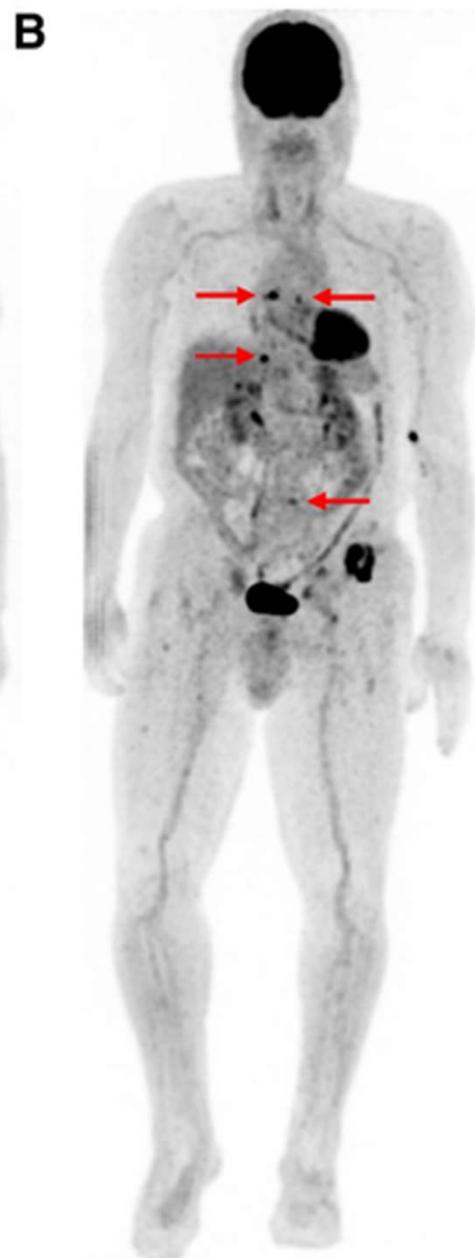
**Risk**

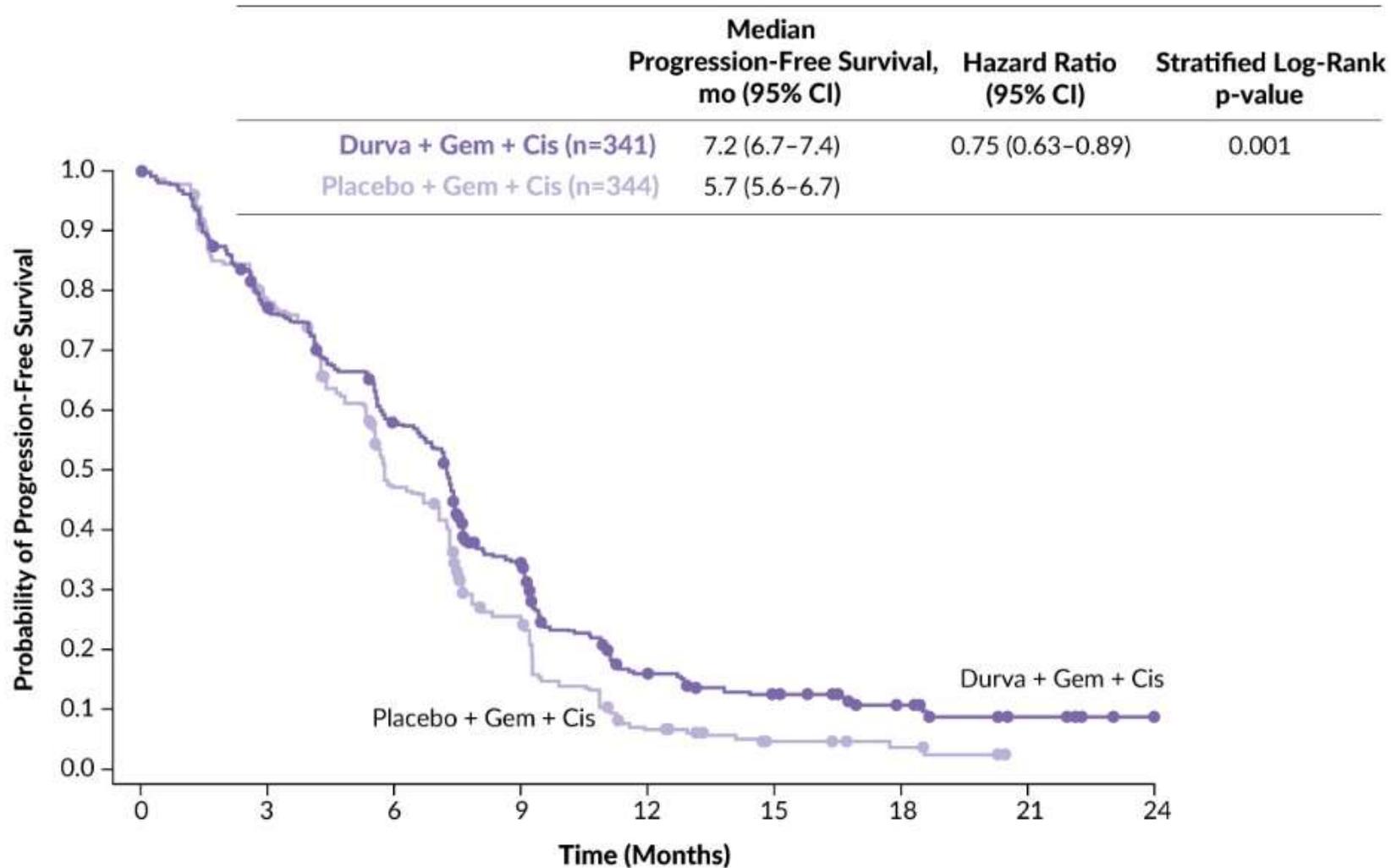




- 
- A balance scale is shown against a light beige background. The scale is tilted to the right, indicating that the right pan is heavier. The left pan is empty, while the right pan contains the word 'HEALING'. A list of adverse effects is positioned to the left of the scale.
- Adverse effects
  - Surgical complications
  - Hospitalisation

HEALING





No. at Risk	0	3	6	9	12	15	18	21	24																
Durva + Gem + Cis	341	326	296	258	245	221	189	174	106	100	62	54	38	31	27	25	23	16	15	7	7	5	4	1	0
Placebo + Gem + Cis	344	327	280	255	237	197	149	137	80	71	39	31	17	14	11	7	7	5	4	2	2	0	0	0	0

# Chemotherapy Side Effect



*Intravenous (IV) Chemotherapy*



*Patient*



*Fatigue*



*Hair Loss*



*Kidney Problems*



*Mood Changes*



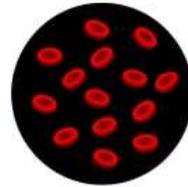
*Weight Changes*



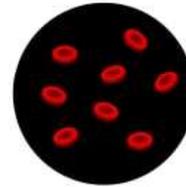
*Increase Risk of Bleeding and Bruising*



*Infection*



*Normal*



*Anemia*



*Dry Skin*



*Brain Fog*



*Nausea*



*Vomiting*



*Constipation/ Diarrhea*



*Difficulty Swallowing*



*Muscle Pain*



*Loss of Libido*



*Fertility Problems*

To treat ...

... or not to treat



~~HEALING~~

- Extended Survival
- Symptom control
- Hope

- Adverse effects
- Time toxicity
- Health system-related anxiety

**CONEIXEMENT  
PRONÒSTIC**

# Informació pronòstica

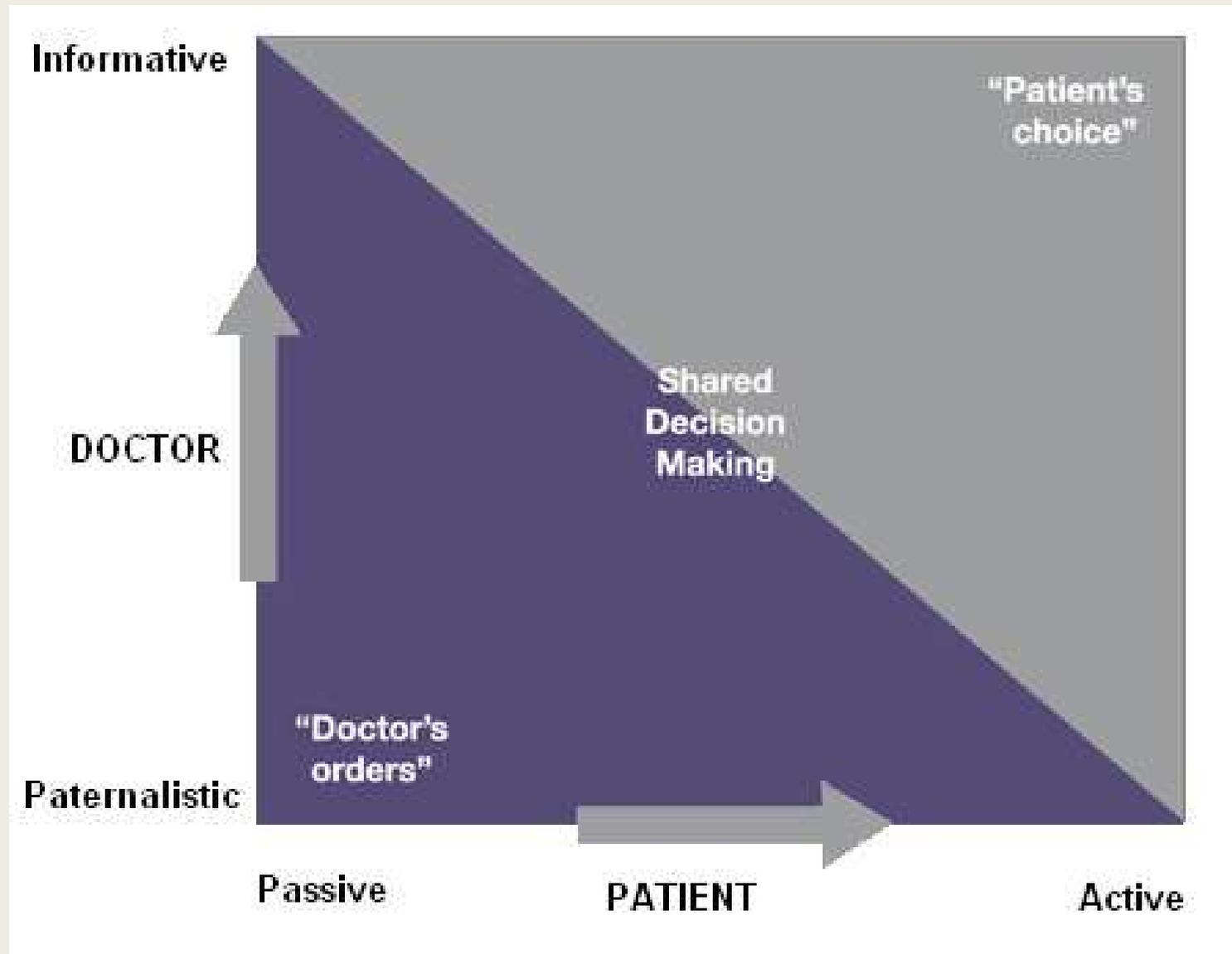


Decisions  
informades



Impacte emocional







(cancer[Title/Abstract]) AND ((prognostic[Title/Abstract]) AND (((awarene: X

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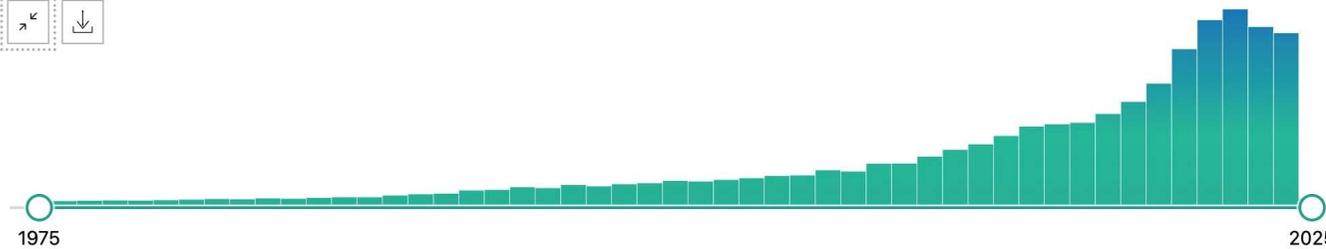
Display options



RESULTS BY YEAR

17,075 results

<< < Page 1 of 1,708 > >>



MY CUSTOM FILTERS

PUBLICATION DATE

1 year



Clinicopathological and prognostic factor analyses of primary fallopian tube carcinoma and high-grade serous ovarian cancer: a single-institution retrospective study.

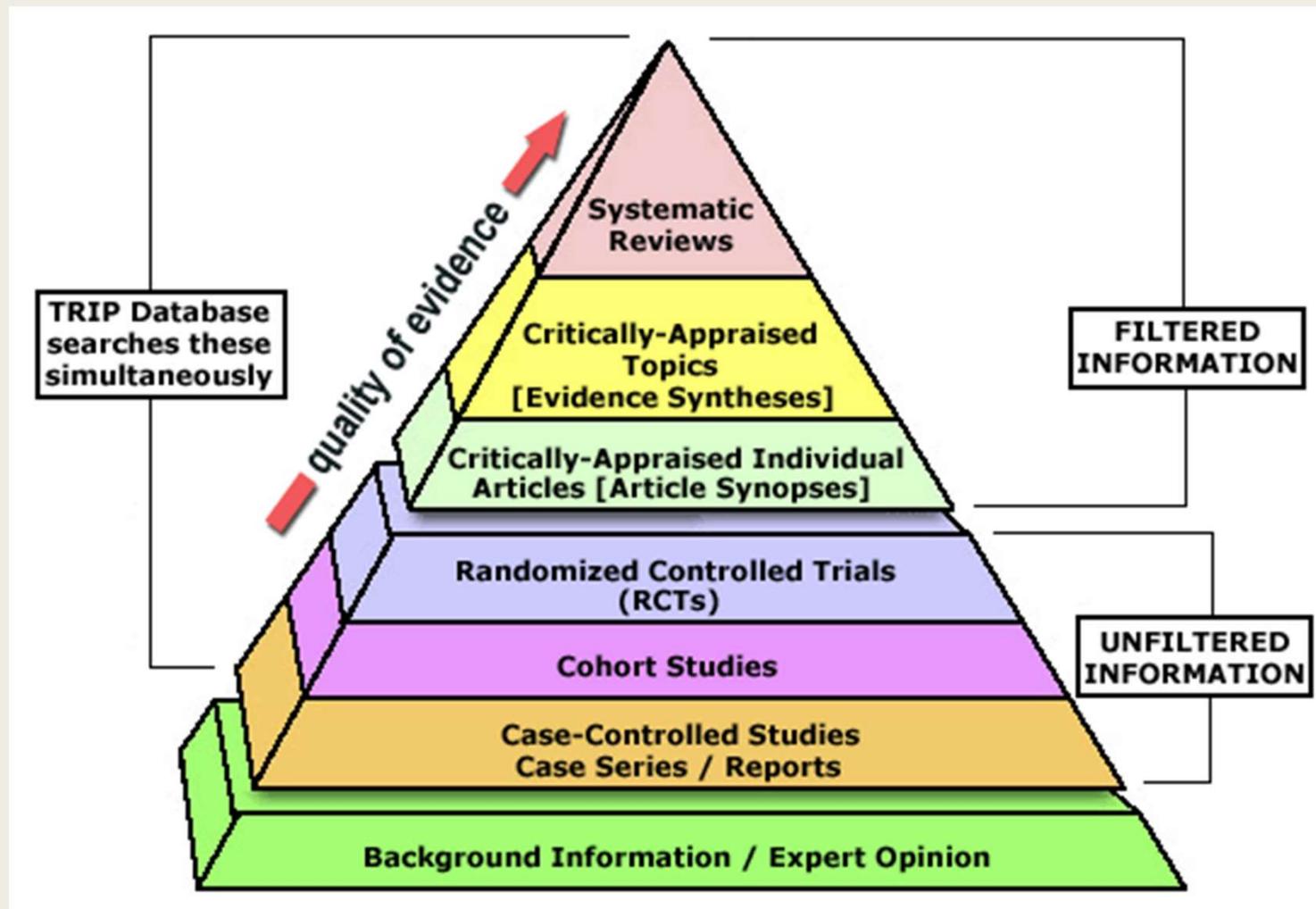
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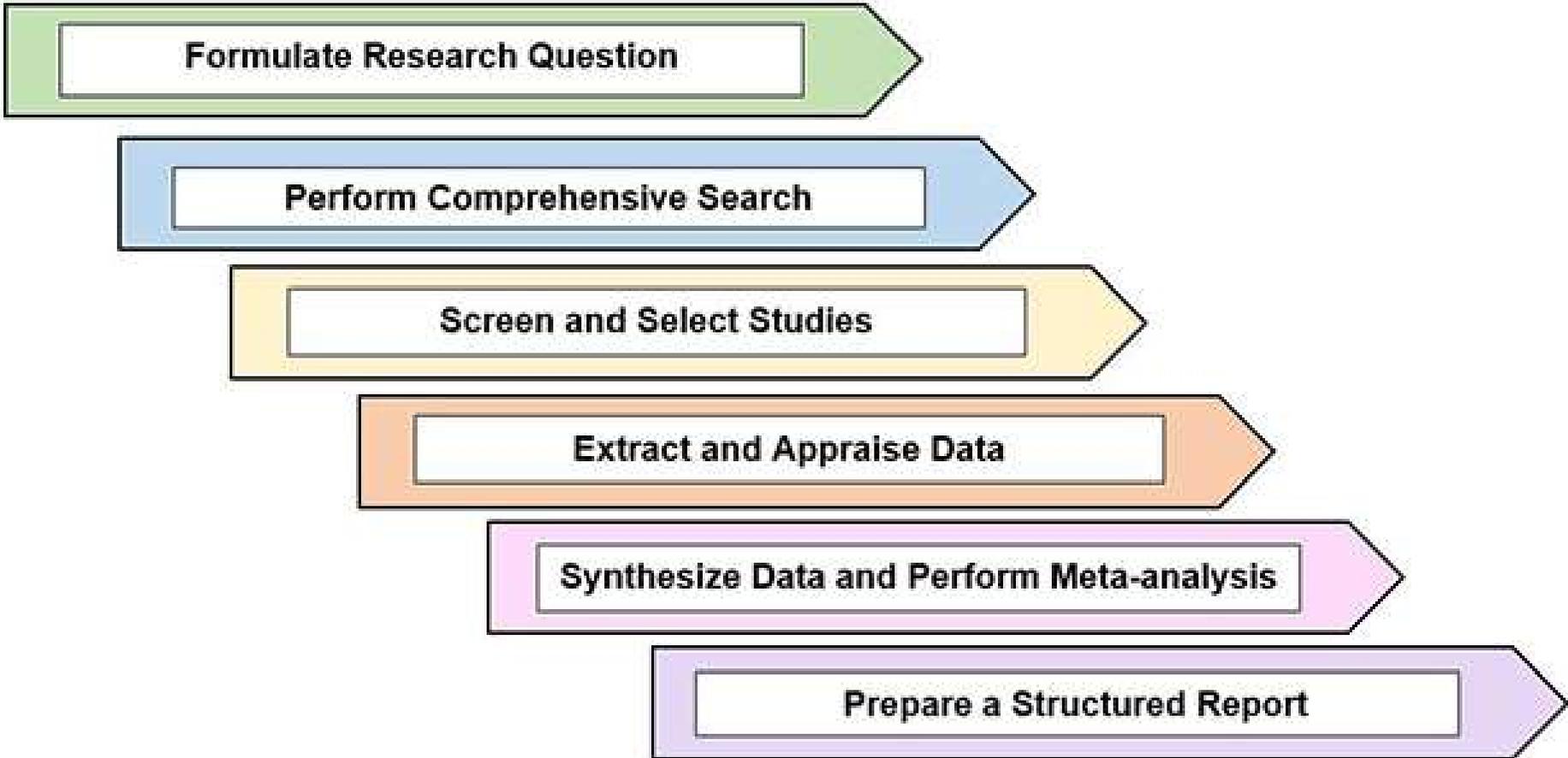
Cite

Tu M, Gao X, Guo T, Lu W, Xu J.

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World J Surg Oncol. 2025 Jan 4;23(1):8. doi: 10.1186/s12957-024-03636-7.





**Formulate Research Question**

**Perform Comprehensive Search**

**Screen and Select Studies**

**Extract and Appraise Data**

**Synthesize Data and Perform Meta-analysis**

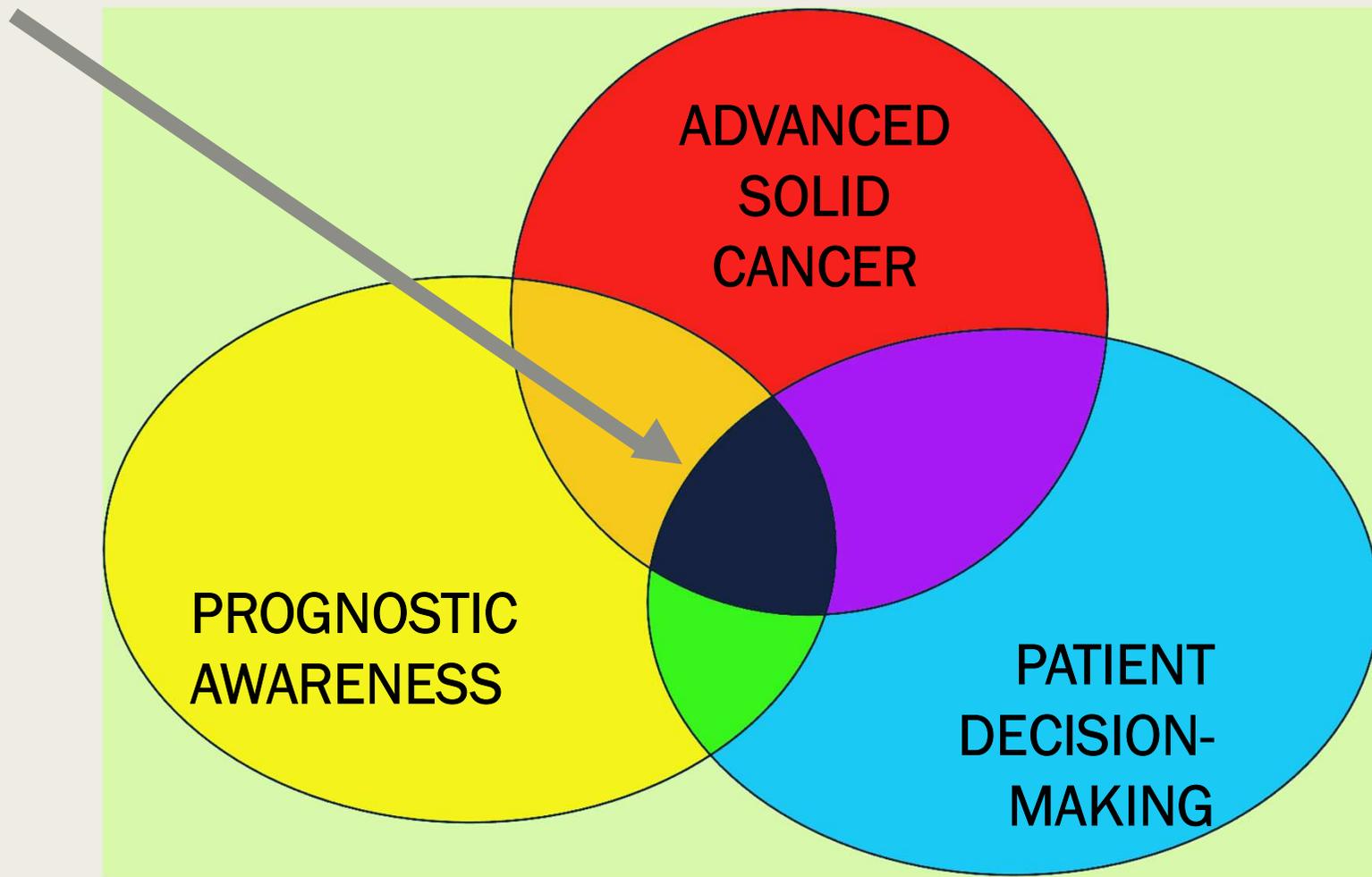
**Prepare a Structured Report**

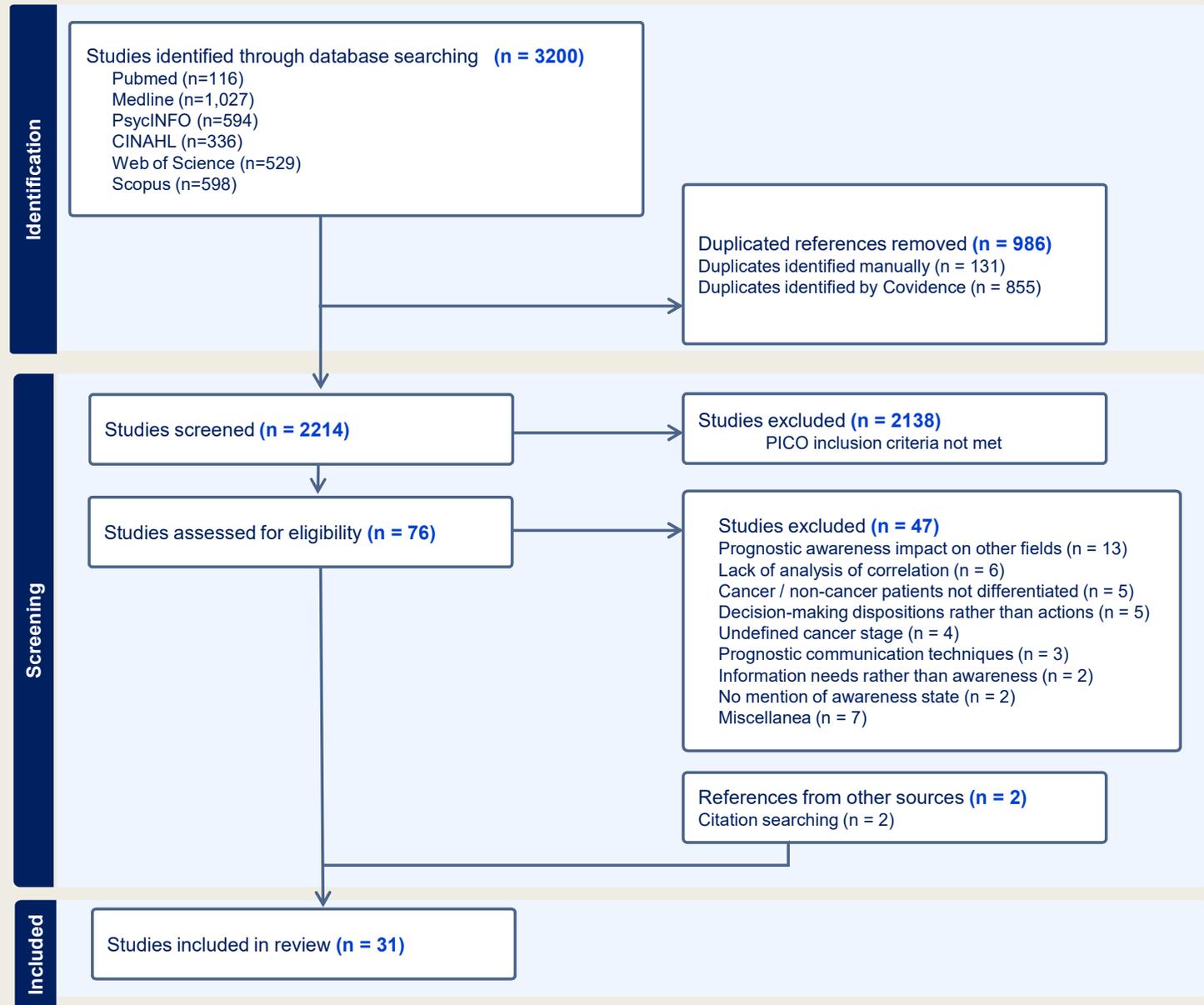
<b>Patient</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Outcome</b>
Adult patients with advanced solid cancer	Prognostic awareness	Lack of awareness of prognosis	Patient decision-making: treatment, medical care, other life domains

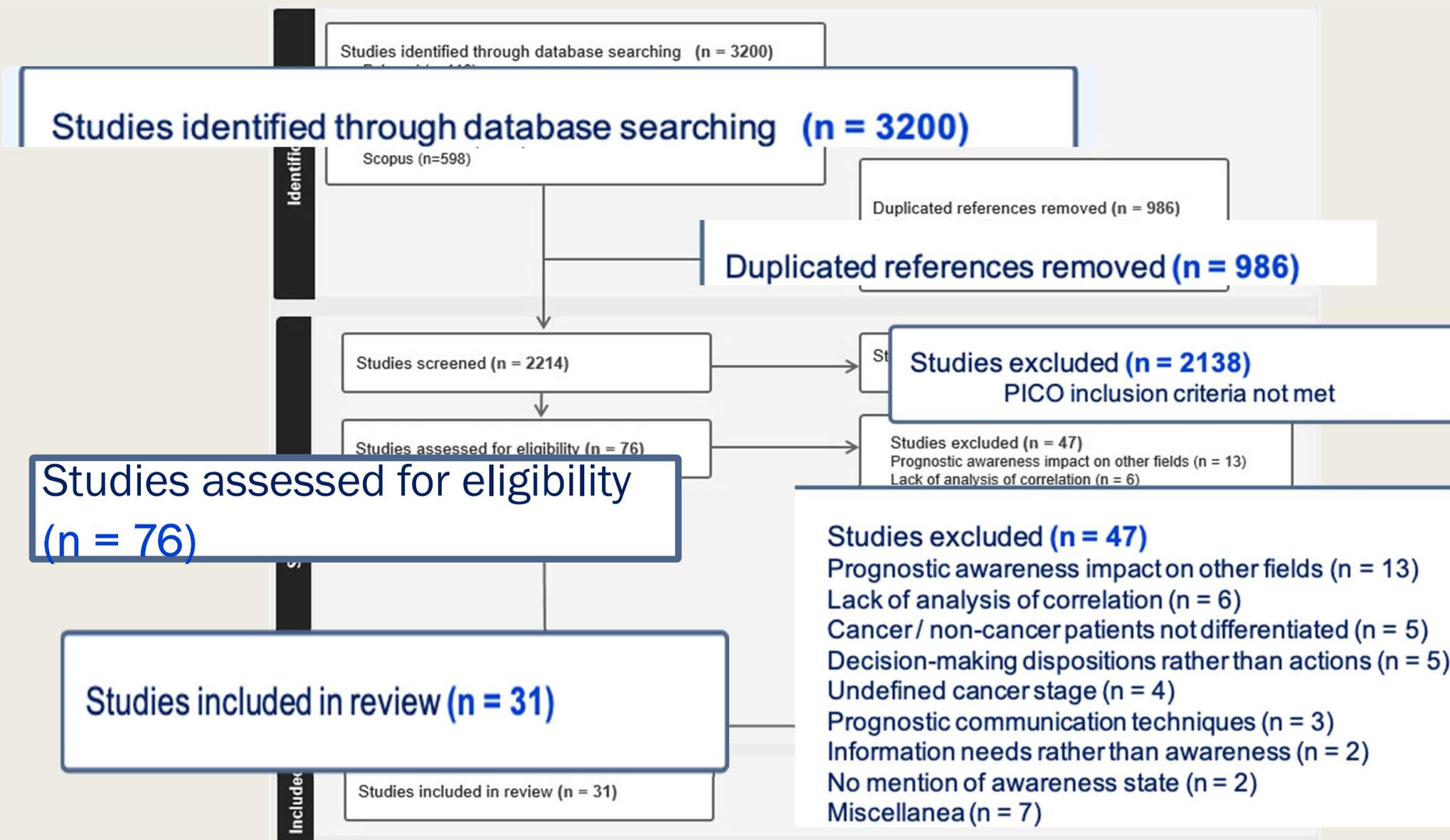


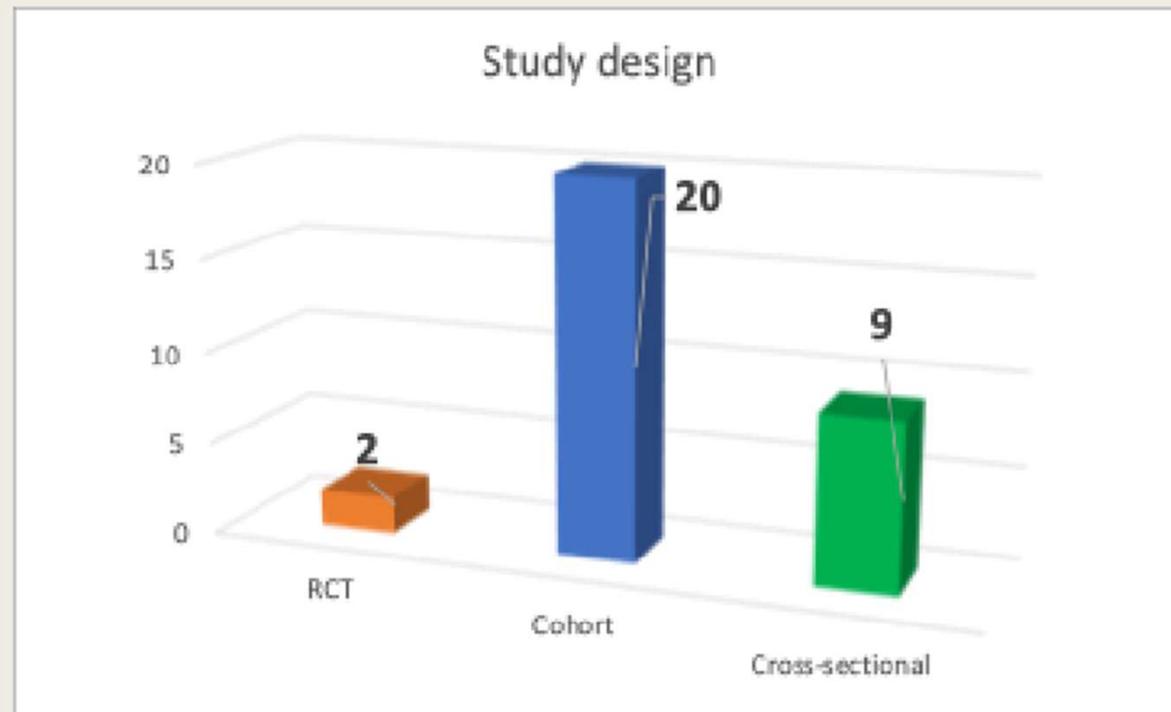
→ Feb 2024



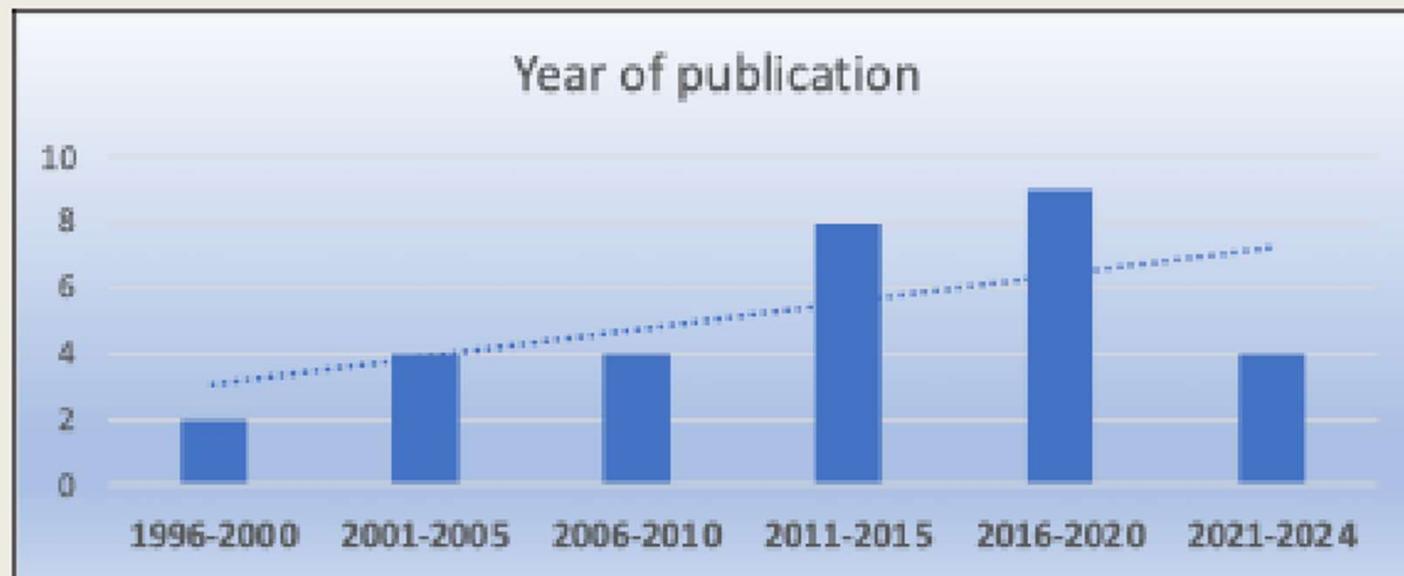












Characteristics	Study aim	Intervention	Outcomes of interest	Limitations and summary of JBI quality assessment
<p>Temel 2011</p> <p>USA</p> <p>n=151</p> <p>Outpatient oncology clinic</p>	<p>Explore <b>perceptions of prognosis and goals of therapy</b> in patients with metastatic non–small-cell lung cancer (NSCLC) and to examine the effect of early palliative care on these views over time</p>	<p>Early palliative care integrated with standard oncology care versus standard oncology care alone</p>	<p>Within the standard-care group, the percentage of patients receiving chemotherapy did not differ according to changes in perceptions of prognosis over the 6-month study period.</p> <p>Patients receiving early palliative care who reported an accurate perception of their prognosis were less likely to receive intravenous chemotherapy near the EOL (three [9.4%] of 32 patients v four [50%] of eight patients; p=.02).</p>	<p>Some key questions yielded blank answers, e.g., the “goal of therapy is to get rid of all my cancer,” suggesting that the wording may have been difficult to interpret. Chemotherapy receipt, rather than preference, was analysed.</p> <p>JBI: Yes 9/13, Unclear 3/13, No 1/13</p>
<p>Wen 2020</p> <p>Taiwan</p> <p>n=392</p> <p>Hospital setting</p>	<p>Examine whether an <b>ACP intervention facilitating accurate prognostic awareness (PA)</b> for patients with advanced cancer was <b>associated with earlier use of DNR orders</b>.</p>	<p>Participants in the intervention and control arms had each received an intervention tailored to their readiness for ACP/prognostic information and symptom-management education, respectively</p>	<p>DNR order issued:</p> <p>Experimental group vs control arm</p> <p>. at enrolment 9 (4.6%) vs 8 (4.1%)</p> <p>. before death 168 (85.7%) vs 164 (83.7%)</p> <p>No significant between-arm differences (chi-square 0.315; df=1; p=.575)</p> <p>Patients in the experimental arm with accurate PA (87.7%) were significantly more likely than participants in the control arm <i>without</i> accurate PA (77.0%) to have issued a DNR order before death (AOR, 2.264; 95% CI, 1.036–4.951; p=.041).</p>	<p>Repeated assessments of participants’ CPR/DNR preferences may have sensitised and motivated participants in the control arm to prepare for EOL care (compromised internal validity of the study and minimising the intervention’s effectiveness in facilitating DNR orders).</p> <p>Asian background gives strong weight on families in EOL care decisions.</p> <p>Results only marginally relevant from the clinical point of view, with comparison of very specific subgroups.</p> <p>JBI: Yes 9/13, Unclear 3/13, No 1/13</p>

## Distribution of studies based on their outcome themes

Outcome	(number of studies)*	
Decisions on treatment	4	(Baek S 2012, Mack J 2015, Figueroa Gray 2018, Carmona-Bayonas 2023)
EOL-care preferences	12	(Weeks 1998, Rose 2004, Mack 2010, Wright 2010b, Tang 2014, Enzinger 2015, Liu 2015, Tang 2016b, Wen 2019, Liao 2020, Yoo 2020, Hasegawa 2022)
EOL-care planning / Advance directives	7	(Bradley 2001, Ray 2006, Enzinger 2015, Tang 2018, Ingravallo 2019, Yoo 2020, Torres Blasco 2023)
Resuscitation preferences	8	(Haidet 1998, Rose 2004, Ray 2006, Tang 2014, Enzinger 2015, Shen 2018, Liao 2020, Wen 2020)
Place of care	7	(Chen 2003, Aabom 2005, Chen 2014, Tang 2014, Mack 2015, Gramling 2019, Hasegawa 2023)
EOL care received	2	(Temel 2011, Ahluwalia 2015)

\* Some studies addressed multiple themes

# 1. Treatment decisions



Image generated using Plus AI

- Four studies (n=1,377) analysed treatment decision patterns
- General trend: Patients aware that treatment was non-curative more often avoided chemotherapy, radiotherapy, and targeted therapies

(Baek S 2012, Mack J 2015, Figueroa Gray 2018, Carmona-Bayonas 2023)

## 2. End-of-life care preferences

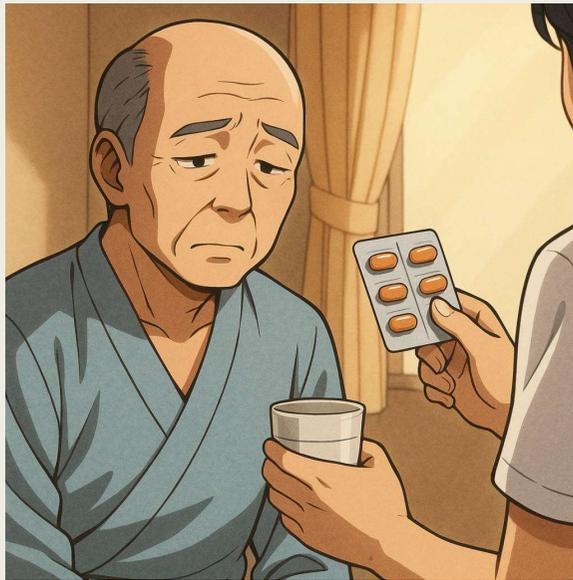
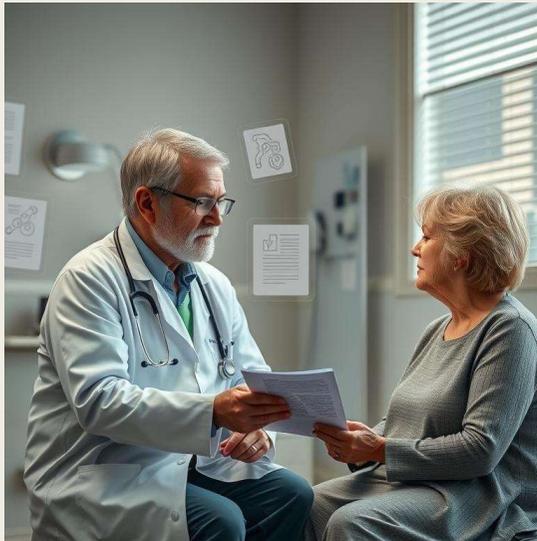


Image generated by ChatGPT (DALL-E)

- Twelve studies (n = 9,557) from North America and Asia
- Consistent preference for comfort-oriented care over life-sustaining therapies among patients aware of their prognosis

(Weeks 1998, Rose 2004, Mack 2010, Wright 2010b, Tang 2014, Enzinger 2015, Liu 2015, Tang 2016b, Wen 2019, Liao 2020, Yoo 2020, Hasegawa 2022)

# 3. EOL Care Planning & Advance Directives



- Seven studies (n = 2,681)
- Patients with **accurate prognostic awareness** were more likely to complete **advance directives** such as living wills and **healthcare proxies**
- **Engagement in end-of-life care discussions** with healthcare providers **increased with prognostic awareness**

(Image generated using Plus AI  
(Bradley 2001, Ray 2006, Enzinger 2015, Tang 2018, Ingravallo 2019, Yoo 2020, Torres Blasco 2023))

## 4. Resuscitation preferences



Image generated by ChatGPT (DALL-E)

- Eight studies (n = 5,796)
- Patients with **clear prognostic understanding** tended to **refuse aggressive life-sustaining treatments** such as CPR, mechanical ventilation, ICU admission
- Wen et al. (2020) RCT did not find a causal link between ACP interventions increasing DNR orders, highlighting complexity beyond observational findings

(Haidet 1998, Rose 2004, Ray 2006, Tang 2014, Enzinger 2015, Shen 2018, Liao 2020, Wen 2020)

## 5. Place of Care preferences

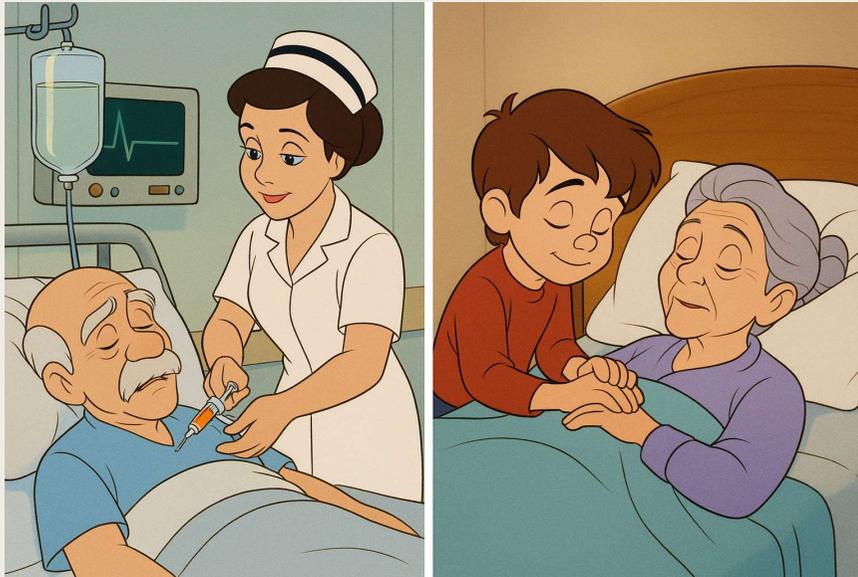


Image generated by ChatGPT (DALL-E)

- Seven studies (n = 9,419)
- Positive correlation between accurate prognostic understanding and choosing hospice
- Heterogeneity in study methods and definitions limits definitive conclusions about home death preferences
- Variability in patient cultural and healthcare system contexts impacted place of care decisions

(Chen 2003, Aabom 2005, Chen 2014, Tang 2014, Mack 2015, Gramling 2019, Hasegawa 2023)

## 6. Received End-of-Life Care

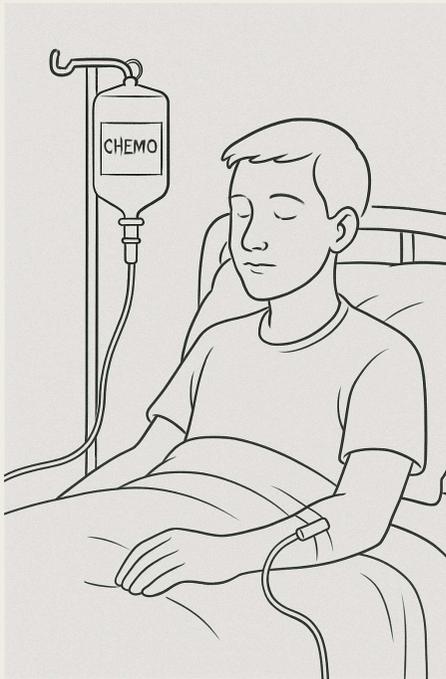


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- Two studies (n = 716)
- Association between prognostic awareness and opting out of non-curative therapies in the EOL

(Temel 2011, Ahluwalia 2015)

## Categorisation of studies based on their findings regarding the association between prognostic awareness and decision-making

Effect of prognostic awareness	Life-sustaining / aggressive treatments	Mixed or neutral results	Comfort-oriented treatments
Treatment decisions	<b>1</b> (Figueroa Ray 2018)	<b>1</b> (Mack 2015)	<b>2</b> (Baek 2012, Carmona-Bayonas 2023)
EOL-care preferences			<b>12</b> (Weeks 1998, Rose 2004, Mack 2010, Wright 2010b, Tang 2014, Enzinger 2015, Liu 2015, Tang 2016b, Wen 2019, Liao 2020, Yoo 2020, Hasegawa 2022)
EOL-care planning / Advance directives <i>(comfort-oriented treatments = issuance of advanced directives)</i>		<b>3</b> (Bradley 2001, Yoo 2020, Torres Blasco 2023)	<b>4</b> (Ray 2006, Enzinger 2015, Tang 2018, Ingravallo 2019)
Resuscitation preferences		<b>1</b> (Wen 2020)	<b>7</b> (Haidet 1998, Rose 2004, Ray 2006, Tang 2014, Enzinger 2015, Shen 2018, Liao 2020)
Place of care <i>(comfort-oriented treatments = prognostic awareness related to non-hospital care; i.e., hospice enrolment or home death)</i>		<b>2</b> (Tang 2014, Hasegawa 2023)	<b>5</b> (Chen 2003, Aabom 2005, Chen 2014, Mack 2015, Gramling 2019)
EOL care received			<b>2</b> (Temel 2011, Ahluwalia 2015)
	<b>1</b>	<b>7</b>	<b>32</b>

# Conclusions



Pacients amb coneixement del pronòstic són més propensos a:

- Rebutjar tractaments amb objectiu no curatiu
- Demanar tractaments orientats a millorar confort
- Encetar PDA i escriure DVA
- Rebutjar mesures invasives
- Preferir seguiment per CCPP / hospice i tenir final de vida a domicili

# Limitacions

- 29/31 estudis observacionals
- Heterogeneïtat de la definició de consciència pronòstica
- Naturalesa dinàmica del coneixement pronòstic
- Influències culturals i socioeconòmiques
- Absència d'estudis sobre decisions no mèdiques

CS604851



"Give me something to hope for, doctor.  
Tell me it's serious."

Gràcies!