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## BACKGROUND & AIM

### Background

Understanding the range of scores at study enrolment (baseline) is important for knowing whether outcome measures have potential to show intervention effects in outpatient palliative care among oncology patients.

### Study Aim

To describe the statistics of outcome measures at baseline and associations with covariates among elderly cancer patients receiving outpatient palliative care.

### Hypothesis

Responses on a new measure of the impact of Dignity Therapy, a life review intervention, will show sufficient variability at baseline to avoid a ceiling effect during a randomized clinical trial (RCT).

## METHODS

### Design

Stepped-wedge RCT  
6 sites across the U.S.: UF, Emory University, Rush University, Northwestern University, MD Anderson Cancer Center, & University of California, San Francisco

### Measure

Dignity Impact Scale (DIS); Quality of life at the end of life scale (QUAL-E-- Preparation for death & Life closure measures); Edmonton Symptom Assessment Scale-revised (ESAS-r); and Demographic data.

### Data Analysis

Descriptive & association analyses conducted in R. Benjamini-Hochberg procedure was used for multiple comparison adjustment.

## RESULTS

Measure	Mean	SD	Max Score	Range	Cronbach's alpha	p
DIS	26.1	4.2	35	9-35	.79	
Preparation for death	11.5	3.2	20	4-16	.64	.01
Life closure	26.9	5.1	35	11-35	.82	.01

- DIS scores were not significantly associated with demographic variables or ESAS-r scores.
- Preparation for death (p=.01) and life closure scores (p=.01) were significantly associated with ESAS-r scores but not with demographic variables.

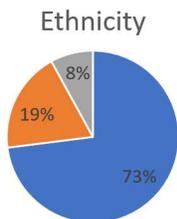
## SUBJECTS

### Setting

6 sites across the U.S.: UF, Emory University, Rush University, Northwestern University, MD Anderson Cancer Center, & University of California, San Francisco

### Sample

130 adults with cancer (mean age 69±7 years); 70 (54%) female



■ Caucasian ■ African American ■ Other Races



## CONCLUSIONS

- The mean scores for the primary and two secondary outcome measures are high, but not so high as to jeopardize possibility of detecting sensitivity to the Dignity Therapy intervention.
- Baseline data analyses indicate that there is sufficient room for improvement in outcomes and support continuing the RCT.
- At the 2nd step, two sites will begin to deliver the Dignity Therapy intervention as planned.

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