USING THE PALLIATIVE PROGNOSTIC (PaP) SCORE: DOES THE CLINICAL ESTIMATE OF SURVIVAL MATTER?

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The PaP Score is a simple yet reliable and valid method for predicting survival in patients with end-stage cancer, combining symptom scores, performance status and haematological parameters with the clinician's estimate of survival (CES), to group heterogeneous patients into those with high **(A)**, intermediate **(B)**, or low **(C)** risk of surviving one month. As the accuracy of CES is known to improve with experience, the aim of this study was to see if PaP performed differently when used by palliative medicine registrars, compared to a consultant, and how it would perform for a non-clinician using 6 weeks as a "default value" (representing the typical median survival after palliative care referral). The PaP score was determined in 100 consecutive hospitalised cancer patients referred to the Central Sydney Palliative Care Service. The consultant and the registrar independently predicted the patient's likely duration of survival (in two-week intervals). The estimated median survival for all 100 patients was 42.5 days (95% CI 33-55 days). The consultant's CES were slightly more accurate than the registrars', though neither performed well (weighted κ 0.41 v. 0.34). The median survival (days) & 95% confidence interval for each PaP group, according to the consultant, registrars and default are shown in the Table. The default value resulted in poor survival discrimination between the three groups resulting in 84% of the patients being assigned to group B.

	Consultant		**Registrar**		**Default**	
Group	**N**	**Days**	**N**	**Days**	**N**	**Days**
A	44	57.5 (46-107)	40	57.5 (43-107)	5	107 (46, -)
B	36	37.5 (32-74)	39	53 (33-70)	84	47 (37-58)
C	20	5.5 (3-11)	20	6 (4-13)	11	4 (3-14)

These results indicate that PaP performed well for clinicians independent of their experience, but not when a default value was used. The CES, though inaccurate in absolute terms, contains important independent prognostic information.