- Recognize that the rate of resolution of malignant bowel obstruction with conservative management (sometimes labeled "spontaneous resolution") is relatively high, about 30-40% in some reports.

Original Research Background. Malignant bowel obstruction (MBO) is a complication of advanced malignancy. For inoperable patients, symptoms are often treated using analgesics, anticholinergics, and anti-emetics. There are, however, few published guidelines or algorithms for the medical management of MBO.

Research Objectives. To measure the effect of the combination of dexamethasone, octreotide, and metoclopramide ("triple therapy") in patients with MBO, compared to patients who received none of the three medications ("no drug therapy").

Methods. A retrospective cohort study was done of patients with malignant bowel obstruction admitted between 1/1/2015 to 12/31/2018. The outcome measures were a patient having de-obstruction, (defined as toleration of oral intake and resolution of nausea and vomiting) as well as time to de-obstruction.

Results. Medical staff identified 34 patients who received triple therapy and 34 patients who received no drug therapy. Patients who received triple therapy were more likely to reach de-obstruction, compared to patients who had no drug therapy (OR: 9.02 [1.43, 56.99], p=0.0194), after adjusting for related covariates (i.e. length of stay and percutaneous endoscopic gastrostomy [PEG] placement). Patients who reached de-obstruction in the triple therapy arm, however, took longer to reach de-obstruction than those in the no drug therapy arm (5.4 days versus 3.4 days, p=0.045).

Conclusion. Triple drug therapy with dexamethasone, octreotide, and metoclopramide leads to higher rates of de-obstruction in patients with inoperable MBO, compared to patients who received none of the three drugs, though time to de-obstruction is longer.

Implications for Research, Policy or Practice. This study suggests that triple therapy may be effective in the management of inoperable MBO and prompt initiation of triple therapy should be considered in high grade MBO. Further prospective studies with the ability to standardize and randomize patient cohorts and use standardized dosing in the treatment arm are required.

Feasibility and Acceptability of Recruiting Very Young Hospitalized Children Receiving Palliative Care to an Integrative Therapy Study (S743)

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Objectives

- Discuss whether the Reiki intervention was feasible to implement with this population of very young hospitalized children receiving palliative care.
- Discuss why parents thought the Reiki intervention was helpful to their child.

Original Research Background. Previous work showed Reiki was feasible and acceptable to children ages 7-16 receiving palliative care at home. Because they are in a challenging developmental stage, very young children are seldom studied, especially when examining a hands-on intervention such as Reiki, a light touch therapy.

Research Objectives. To assess the feasibility and acceptability of implementing a Reiki therapy intervention with children ages 1 to 5 years.

Methods. This was a quasi-experimental one-group pilot study involving children ages 1-5 years, receiving palliative care, and expected to be hospitalized for three or more weeks. Children were excluded if they turned 6 during the study, were in foster care, or were critically ill. Children were screened and families approached if appropriate. At follow up, parents were asked if they would participate again and if they would continue Reiki sessions. Feasibility was calculated by the proportion of families approached who enrolled and completed at least 5/6 Reiki sessions and all measures.

Results. Between March 2017 and July 2019, 90 children were screened, 28 families approached, and 16 families (57%) consented. Reasons for declining included concern that Reiki might interfere with other treatments, and the child didn't like unfamiliar staff. Of those who consented, 14/16 (87.5%) completed at least 5/6 sessions and all measures. Halfway through the study, one child became critically ill and died due to their illness and another parent withdrew. Of the 14 that completed data collection,

100% said they would participate in the study again and continue the Reiki sessions if they could.

Conclusion. Reiki was feasible and acceptable to parents of young children. Only one parent dropped out intentionally, and all that completed felt that Reiki had helped their child.

Implications for Research, Policy or Practice. Parents of young hospitalized children found Reiki to be an acceptable intervention. This and other integrative therapies should be examined with this age group.

Short-Term Mortality Risk for Patients with Stage IV Cancer and Acute Illness Hospitalization (S744)

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Objectives

- Describe characteristics of patients with cancer who have high short-term risk for death.
- Identify gaps in prognosis and goals of care communication for patients with Stage IV cancer and acute illness and opportunities to fill these gaps.

Original Research Background. Limited prognostic data guide cancer care when major goals of care decisions are made—as Stage IV disease progresses and acute complications develop.

Research Objectives. For patients with Stage IV cancer plus acute illness, we sought to 1) describe predictors of 60-day mortality, and 2) compare treatment decision-making for survivors and decedents.

Methods. We followed a cohort of patients with Stage IV cancer and acute illness hospitalization for 60 days. Demographics, health status, treatment decision making and deaths were ascertained from structured health record and obituary review.

Results. Among 492 patients with Stage IV cancer and acute illness hospitalization, 156 (32%) died within 60 days; median survival was 28 days and only 16 patients died during initial hospitalization. Patients' average age was 60.2 years, 51% female and 38% minority race/ethnicity. Nutritional insufficiency diagnosis (OR 1.83), serum albumin (OR 0.47) and hospital days (OR 1.04) predicted mortality in multivariable models; age, gender, race, cancer type and acute illness condition did not.

At hospitalization 79% of patients were Full Code. During 60-day follow-up clinicians addressed prognosis (46%) and goals of care (42%) for a minority of patients; discussions were usually in hospital and rarely involved primary oncologists (10%). Goals of care discussions were more common for decedents than survivors (70% vs 28%, $p<0.001$). Decedents were more likely to accept a DNR/DNI order (68% vs 24%, $p<0.001$), to make an explicit decision to stop cancer-directed therapy (29% vs 10%, $p<0.001$), to transition to a purely palliative treatment plan (72% vs 11%, $p<0.001$), and to elect hospice (68% vs 14%, $p<0.001$).

Conclusion. Acute illness hospitalization is a sentinel event for persons with metastatic cancer. Short-term morality risk is high, particularly if nutritional decline is present.

Implications for Research, Policy or Practice. Unplanned hospitalization is an opportunity to address gaps in prognosis and goals of care communication for patients with advanced cancer.

Collaborative Oncology Palliative Care for Patients with Stage IV Cancer (S745)

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Objectives

- Describe components of the Collaborative Care Model.
- Recognize the impact of collaborative oncology palliative care on patient communication and treatment outcomes.

Original Research Background. Despite evidence for improved outcomes for patients with Stage IV cancer, nationwide expansion of concurrent oncology palliative care is limited by personnel shortages and delays in referral.

Research Objectives. To 1) adapt the evidence-based Collaborative Care Model for Oncology Palliative Care, and 2) test effect on decision-making and treatment.