Journal Watch

Prepared by: Pablo Amigo

Date: July 14th 2009.

Location: Tertiary Palliative Care Unit

Title: Use of the Palliative Performance Scale (PPS) for End-of-Life Prognostication in a Palliative Medicine Consultation Service.

Authors: Francis Lau, PhD, Vincent Maida, MD, Michael Downing, MD, Mary Lesperance, PhD, PStat, Nicholas Karlson, PhD, and Craig Kuziemsky, PhD.

Abstract: This study examines the use of the Palliative Performance Scale (PPS) in end-of-life prognostication within a regional palliative care program in a Canadian province. The analysis was done on a prospective cohort of 513 patients assessed by a palliative care consult team as part of an initial community/hospital-based consult. The variables used were initial PPS score, age, gender, diagnosis, cancer type, and survival time. The findings revealed initial PPS to be a significant predictor of survival, along with age, diagnosis, cancer type and site, but not gender. The survival curves were distinct for PPS 10%, 20%, and 30% individually, and for 40%-60% and ≥ 70% as bands. This is consistent with earlier findings of the ambiguity and difficulty when assessing patients at higher PPS levels because of the subjective nature of the tool. We advocate the use of median survival and survival rates based on a local cohort where feasible, when reporting individual survival estimates. J Pain Symptom Manage 2009; 37:965-972.

Strengths:
    Well described study,
    Validated tools were used ,
    Sound statistical analysis.
    Findings clearly conveyed, with useful tables and figures.

Weaknesses:
    Weaknesses are reported by the authors, including sample size, subjectivity of PPS score assignment, "other cancer" group, lack of cohort to validate survival estimates, and difficulties generalizing these findings in other populations. Also, the number of patients who were unable to provide consent (and therefore were not included in the study) is not reported, which is a potential source of bias.

Relevance to palliative care: This article builds on previous work using the PPS as a useful tool to assist clinicians estimate survival in patients with life-threatening illnesses. Hopefully, more accurate survival prediction will allow palliative care teams to provide adequate support at the end of life and wise resource allocation when choosing treatment options and discharge sites.