

## **Prognostic Significance of the “Surprise” Question in Cancer Patients**

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### **Abstract:**

**Background:** Physicians consistently overestimate survival for patients with cancer. The “surprise” question—“Would I be surprised if this patient died in the next year?”—improves end-of-life care by identifying patients with a poor prognosis. It has not been previously studied in patients with cancer.

**Objective:** To determine the efficacy of the surprise question in patients with cancer.

**Design:** Prospective cohort study.

**Setting:** Academic cancer center.

**Patients:** 853 consecutive patients with breast, lung, or colon cancer.

**Measurements:** Surprise question classification and patient status at 12 months, alive or dead, by surprise question response.

**Results:** Oncologists classified 826 of 853 prospective patients with cancer (97%) with 131 (16%) classified into the “No” group and 695 (84%) into the “Yes” group. In multivariate analysis, a “No” response identified patients with cancer who had a seven times greater hazard of death in the next year compared to patients in the “Yes” group (HR 7.787,  $p < 0.001$ ). Limitations: Single center study.

**Conclusion:** The surprise question is a simple, feasible, and effective tool to identify patients with cancer who have a greatly increased risk of 1-year mortality.

### Strengths/uniqueness:

Good number of patients and quick and simple screening question to prompt clinicians to think about palliative interventions.

Useful to have the physician’s prediction of survival without any external influence.

### Weaknesses:

Inception point is unclear (e.g. are all these patients pre-chemotherapy, receiving chemo or post chemo).

It is also unclear if these patients are new consults in the Oncology clinic.

Functional assessment was not done and it is difficult to say if the 'yes' group has the same level of function compared to the 'no' group .  
The 'yes' group had more patients with an earlier cancer staging.  
The study was only limited to breast, lung and colonic cancer patients and hence may or may not be applicable to other cancer groups.  
The paper does not address whether these patients were receiving chemotherapy.  
Under the multi-variate analysis, it was not clear if gender was included in the analysis.

Relevance to Palliative Care:

May be a simple starting question/ tool to prompt both cancer and non-cancer subspecialties to start identifying their palliative patients , as prognostication is very difficult in non-cancer palliative patients.  
Most probably useful for a busy outpatient based population.