Managing Symptoms When “the First Step or Two Isn’t Working”: Provider and Patient Perceptions of the Role of Specialty Palliative Care in Symptom Management in Gynecologic Oncology (FR435-A)

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Objectives
• Identify patient- and provider-perceived barriers to the integration of specialist palliative care within gynecologic oncology.
• Identify patient- and provider-perceived facilitating factors for the integration of specialist palliative care within gynecologic oncology.

Original Research Background: Despite recommendations to integrate palliative care (PC) within the management of patients with gynecologic cancers, research describing provider and patient factors that may influence PC uptake is missing.

Research Objectives: Describe gynecologic oncology (GO) providers’ and patients’ knowledge, attitudes, and preferences related to utilization of specialist palliative care (SPC) for symptom management.

Methods: Semistructured interviews with 19 GO providers (7 physicians, 2 nurse practitioners, 4 physician assistants, 6 nurses) and 30 patients with advanced or recurrent gynecologic cancer from an academic medical center. Interview domains included perceived role of oncology team in symptom management, familiarity with SPC, and barriers and facilitators to SPC for symptom management. Two investigators independently coded and analyzed data in NVivo10, using template analysis, a qualitative thematic technique.

Results: Findings indicate shared beliefs between providers and patients, including an interest in involving SPC in symptom management. Although providers feel comfortable initially managing common symptoms, they expressed interest in involving SPC for complex or multiple symptoms. Patients do not expect GO providers to manage severe symptoms, expressing concerns that complex symptom management may be burdensome to the GO team. Barriers to involving SPC include patients’ perceptions of SPC as synonymous with end-of-life care, financial issues (eg, additional out-of-pocket expenses), and logistical issues (eg, scheduling). When a distinction was drawn between SPC for symptom management and end-of-life care, patients were open to seeing SPC for symptom management.

Conclusions: GO patients’ and providers’ perception of the role of oncology providers in symptom management reflects the concept of a primary PC provider, delivering initial management of common symptoms. SPC is seen as complementary to the GO provider’s skill set and particularly useful for severe or multiple symptoms.

Implications for Research, Policy, or Practice: Our research underscores the importance of ensuring that oncology provider training includes dedicated attention to symptom management to enable them to optimally function as primary PC providers.