

DEVELOPMENT OF A CORE OUTCOME SET FOR INOPERABLE MALIGNANT BOWEL OBSTRUCTION

Alison Bravington¹, Elin Baddeley², Elaine Boland¹, David C Currow³, Miriam Johnson¹, Fliss EM Murtagh¹, Annmarie Nelson², George Obita⁴, Kathy Seddon², Alfred Oliver⁵, Simon Noble² & Jason W Boland¹

¹Wolfson Palliative Care Research Centre, Hull York Medical School, UK; ²Marie Curie Palliative Care Research Centre, Cardiff University School of Medicine, Cardiff, UK;

³University of Technology, Sydney, New South Wales, Australia; ⁴Dove House Hospice, Hull, UK; ⁵Trans-Humber Consumer Research Panel, Hull, UK

BACKGROUND

Malignant bowel obstruction is experienced by 15% of people with advanced disease. Palliative options for inoperable malignant bowel obstruction (IMBO) include:

- ✚ Drainage of intestinal contents using stents or decompression tubes
- ✚ Reduction of secretions and further symptom control using medication
- ✚ Administration of parenteral nutrition

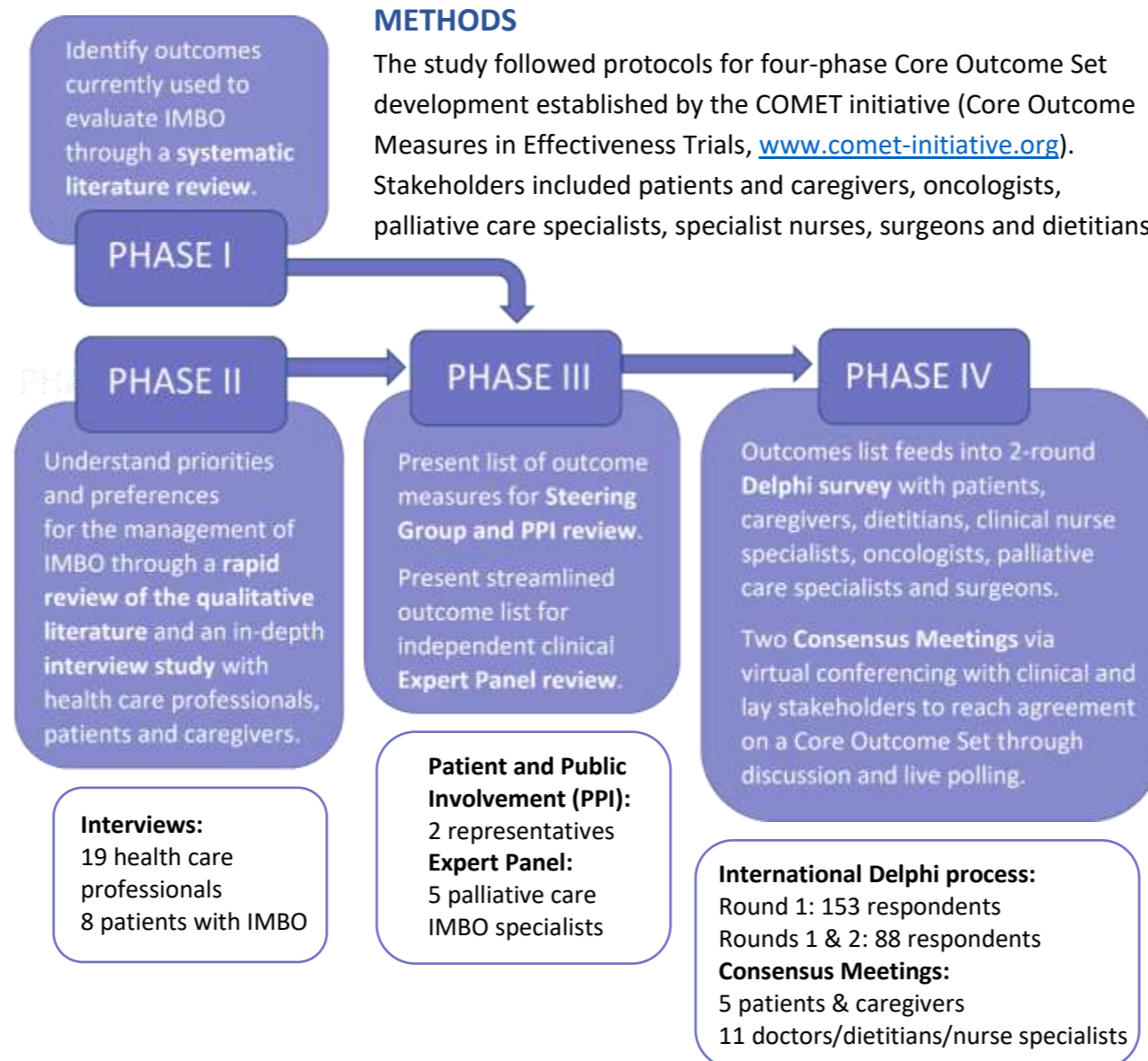
Synthesis of evidence is crucial in gaining a better understanding of how to manage IMBO. However, the heterogeneity of outcome measures used render meta-analysis impossible. Further, we do not know which outcomes are important for patients or their informal caregivers.

AIM

To develop a Core Outcome Set (COS) for the assessment of IMBO through a consensus process with patients, caregivers and clinicians.

METHODS

The study followed protocols for four-phase Core Outcome Set development established by the COMET initiative (Core Outcome Measures in Effectiveness Trials, www.comet-initiative.org). Stakeholders included patients and caregivers, oncologists, palliative care specialists, specialist nurses, surgeons and dietitians.



Interviews:
19 health care professionals
8 patients with IMBO

Patient and Public Involvement (PPI):
2 representatives
Expert Panel:
5 palliative care
IMBO specialists

International Delphi process:
Round 1: 153 respondents
Rounds 1 & 2: 88 respondents
Consensus Meetings:
5 patients & caregivers
11 doctors/dietitians/nurse specialists

RESULTS

PHASE I: 500 verbatim outcomes pooled into 141 standardised terms; outcomes not patient-relevant or specific to MBO dropped, leaving 72 outcomes.

PHASE II: Identified ambiguities surrounding treatment and communication; 5 outcomes added.

PHASE III: 12 outcomes dropped (overlapping terminology, not patient-centred, intervention-specific); 17 outcomes added.

PHASE IV: 82 outcomes taken forward to Round 1 Delphi, 24 to Round 2 Delphi. Consensus reached on 16 core outcomes across four domains.

CORE OUTCOME SET: KEY DOMAINS

- SYMPTOM CONTROL**
 - overall symptom control
 - pain (intensity)
 - nausea (intensity)
 - vomiting (frequency)
- SUCCESS OF TREATMENT**
 - resolution of obstruction
 - ability to go home from hospital
 - readmissions related to bowel obstruction
 - success of treatment as defined by patient support from health care professionals
- COMMUNICATION AND PATIENT PREFERENCES**
 - patient's understanding of treatment
 - communication between health care professionals and patients
 - communication between health care professionals and patients
 - goals of care agreed
- LIFE IMPACT**
 - distress
 - overall wellbeing
 - quality of life

CONCLUSION

The COS produced by this study will enable a consistent approach to research and clinical assessment.

Poster presentation by Dr Alison Bravington

Research Assessment Measures for Malignant Bowel Obstruction

Dr Bravington alison.bravington@hyms.ac.uk Dr Boland jason.boland@hyms.ac.uk

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