Life and Treatment Goals of Patients with Advanced Cancer

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To improve the care of patients with advanced cancer who may be near the end of life, there is a pressing need to better understand their life and treatment goals, and how these relate to psychological adjustment. Patients (N=63) with incurable advanced lung or gastrointestinal cancers completed self-report measures of hope, optimism, and symptoms of anxiety and depression. Patients also participated in a semi-structured interview and were asked to list their current life and treatment goals. Then, they selected five “priority goals” from among both lists and ranked them in order of importance. Subsequently, priority goals were coded into categories such as: Life-Fulfillment (“To go to the beach”), and Life Prolongation, (“To live another 20 years”). The three most common categories were: 1) Life Fulfillment (49% of patients); 2) Social Connection (43%); and 3) Life-Prolongation (29%). Interestingly, a sizable portion of patients (22%) listed cure as a priority goal, with several (13%) indicating it was their most important goal. Counterintuitively, patients who had cure as a priority goal were neither more hopeful nor optimistic than those who did not have cure as a priority goal. Patients who listed cure as their most important goal reported significantly greater depressive symptoms, t(62) = 2.79, p = .007. In order to examine the robustness of this association a regression analysis was conducted predicting depressive symptoms. After controlling for patient age, gender, ECOG performance status, physician-rated prognosis, and patient-rated prognosis, having cure as the most important goal remained a significant predictor of greater depressive symptoms (β = .367, p = .017). These results suggest that patient life and treatment goals may have important implications for patients’ psychological adjustment. Specifically, holding on to cure as an important goal in the face of advanced disease may place patients at risk for greater psychological distress.

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