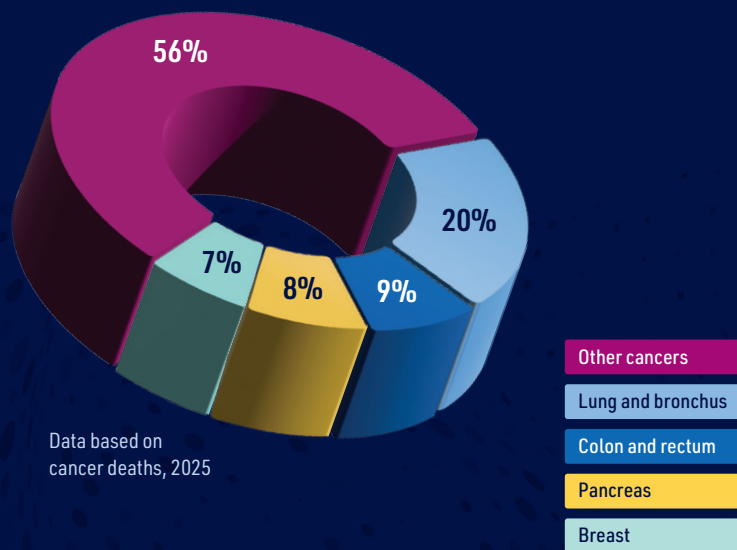




ONCOLOGY + PROGNOSIS

# When Hospice Involvement Matters Most

Making the most out of hospice care when time is short.



## Nearly 40% of people will be diagnosed with cancer in their lifetime<sup>1</sup>.

Many patients living with cancer will reach a point where the focus of care shifts from treating disease to prioritizing comfort, quality of life, and personal goals.

<sup>1</sup>Source: American Cancer Society, Cancer Facts & Figures (lifetime risk estimates).

# Advanced Cancer Changes the Conversation

Cancer treatment continues to evolve. A patient with advanced cancer can often be provided with palliative treatments even knowing the intent of treatment is not curative.

Yet when disease progresses despite therapy, the clinical focus shifts from treating the disease to maximizing quality of life when time is short.

Prognosis is the expected course or timeline of a disease process.

Prognosis is often overestimated.

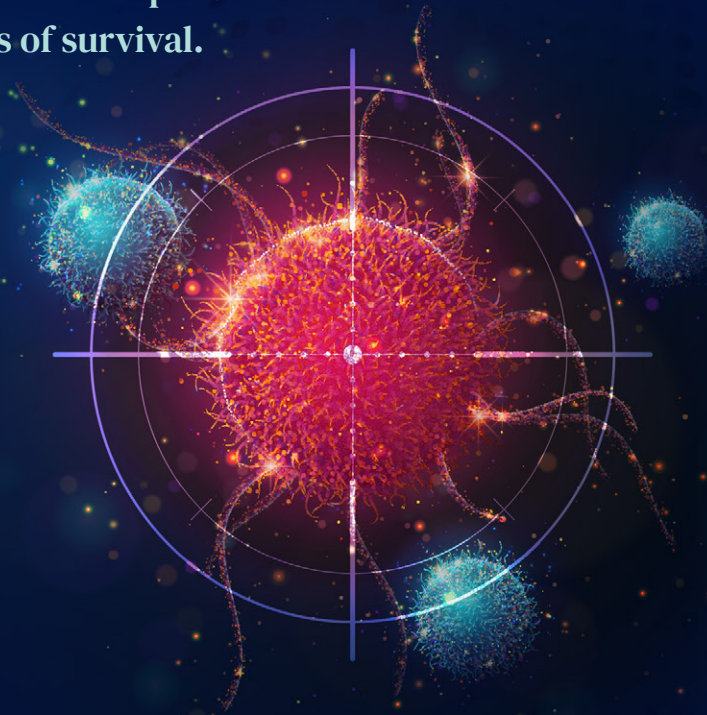
Understanding prognosis and recognizing decline earlier allows patients to receive the right level of support at the right time.

# What Influences Prognosis in Oncology Patients?

## Prognosis in advanced cancer is influenced by

- Stage of disease
- Cancer type
- Symptom burden
- Performance status
- Presence of cachexia or hypercalcemia of malignancy

Although multiple factors affect prognosis, performance status is among the most powerful predictors of survival.



# Stage Matters, But It Is Not Enough

Stage describes the extent of disease spread at diagnosis.

## STAGE I

Localized disease, usually curable

## STAGE III

Regional spread, sometimes curable

## STAGE II

Larger involvement, usually curable

## STAGE IV

Metastatic disease, usually not curable

Stage influences prognosis. It does not determine survival.



# Disease Progression Follows a Recognizable Pattern

## Cancer often follows

- A period of relative stability
- Followed by rapid functional decline

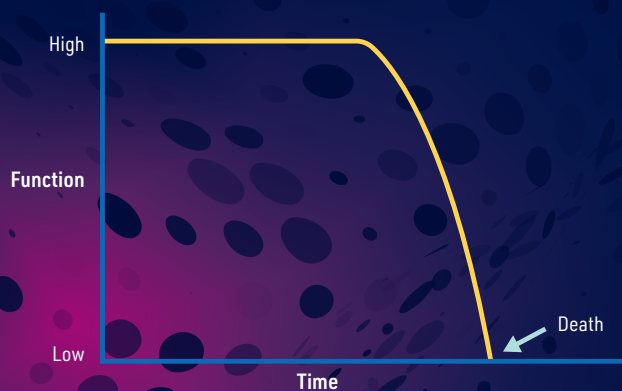
The steep decline phase often represents the final months of life. Referral timing should align with trajectory, not diagnosis alone.

## Aggressive disease shortens the timeline

Some cancers progress more rapidly once advanced.

- Glioblastoma
- Lung cancer
- Pancreatic cancer
- Widely metastatic disease

This pattern is often illustrated through the typical trajectory of advanced cancer.



Source: Proposed Trajectories of Dying. Reprinted with permission from Lunney, Lynn & Hogan, 2002.

# Prognostic Indicators of Functional Decline

## Complications associated with shorter survival

- Malignant effusions
- Brain metastases
- Carcinomatosis
- Hypercalcemia

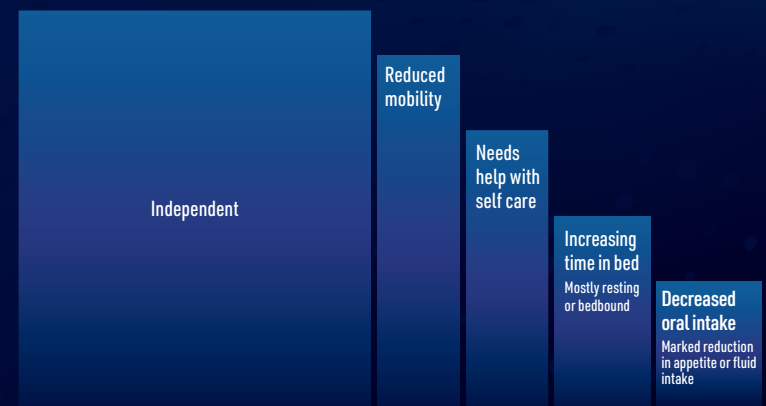
## Early signs of functional decline

- Increasing time in bed
- Reduced mobility
- Decline in self-care
- Decreased oral intake

These changes are common triggers for hospice referral.

Decline in daily function is often the earliest signal that a patient may benefit from hospice support.

## Progression of functional decline



# Measuring Functional Decline

The Palliative Performance Scale (PPS) guides hospice eligibility

- Ambulation
- Activity level
- Self-care
- Intake
- Level of consciousness

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Levels of Conscious
100	Full	Normal, no disease	Full	Normal	Full
90	Full	Normal, some disease	Full	Normal	Full
80	Full	Normal with effort, some disease	Full	Normal or reduced	Full
70	Reduced	Can't perform job or work, some disease	Full	As above	Full
60	Reduced	Can't do hobbies or housework, significant disease	Occasional assistance necessary	As above	Full or confusion
50	Mainly Sit/Lie	Can't do any work, extensive disease	Considerable assistance required	As above	Full or confusion
40	Mainly in bed	As above	Mainly assistance	As above	Full, drowsy, or confusion
30	Totally bed bound	As above	Total care	Reduced	As above
20	Totally bed bound	As above	As above	Minimal	As above
10	Totally bed bound	As above	As above	Mouth care only	Drowsy or coma
0	Death	-	-	-	-

## Palliative Performance Scale Guides Hospice Eligibility

- Cancer with PPS  $\leq$ 70%
- Serious illness with PPS  $\leq$ 50%
- >50% of time in bed with progressive disease

# Hospice Eligibility in Advanced Cancer

Indicators supporting hospice eligibility may include

- Progressive or metastatic disease
- Declining performance status
- Limited life expectancy

Supporting conditions may include

- Hypercalcemia (high calcium)
- Cachexia (weight loss)
- Recurrent disease despite treatment
- Malignant ascites or pleural effusion (fluid accumulation)



# Why Earlier Referral Matters

Delays in hospice introduction often cause symptom control delays, increased family and caregiver distress, and more crisis admissions.

## Earlier referral allows

- Better pain and symptom management
- Coordinated interdisciplinary care
- Improved quality of life
- More time at home
- Greater support for patients, families, and caregivers wherever they call home

## Consider referral for a hospice information visit when the patient:

- Has an incurable cancer diagnosis
- Has a prognosis of less than one year at diagnosis
- Declines disease-directed treatment
- Is too frail or medically limited for further treatment

Hospice provides expert clinical support when care shifts from treating disease to prioritizing comfort, quality of life, and patient goals.

# Hospice Focus in Advanced Cancer

## Hospice provides

- Aggressive symptom management
- Medication oversight
- Ongoing monitoring of functional decline
- Interdisciplinary clinical support
- Support for patients and families

## Recognizing the right time to enroll in hospice

- Progression despite therapy
- Declining performance status
- Increasing time in bed
- Escalating symptom burden

These changes often signal that it is time to enroll in hospice. Earlier involvement allows patients and families to receive the full benefit of hospice support.

**Hospice does not replace oncology care. It works alongside your care team to support patients as the focus transitions to comfort.**

# Special thanks and attribution to

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