

education than schools with smaller Black student populations.

**Objective.** To describe the impact of a palliative care educational intervention at two historically Black universities.

**Methods.** We administered a palliative care educational intervention in family and internal medicine residency programs at Morehouse School of Medicine and Howard University. The intervention consisted of weekly Fast Facts, monthly case reports, Zoom didactic lectures on core palliative care topics, and visiting professorships. Preintervention and postintervention surveys were sent to residents assessing attitudes toward their palliative care education and their perceived confidence in specific palliative care domains. The results were analyzed using chi-square analysis.

**Results.** A total of 105 (response rate 55%) residents completed preintervention surveys and 101 (42%) completed postintervention surveys. Before the intervention, 50% of residents rated their overall preparedness in palliative care as  $\geq 7$  (0-10 Likert scale); among postintervention responses, 78% ( $p < 0.01$ ) of respondents reported  $\geq 7/10$ . Although postintervention residents did not feel better prepared to treat symptoms, a higher percentage reported feeling well prepared to give bad news (41% postintervention vs 23% preintervention) and conduct a family meeting (44% postintervention vs 27% preintervention) ( $p < 0.05$ ). Preintervention, 14% of residents felt their overall palliative care education was very good or excellent, and postintervention ratings increased to 30% ( $p < 0.01$ ). Residents also reported increased confidence in ability to teach palliative care topics, from 26% preintervention to 57% postintervention ( $p < 0.01$ ).

**Conclusion.** Implementation of a palliative care education program at two historically Black universities increased residence confidence in palliative care preparedness and communication skills.

**Impact.** Palliative care is an integral part of caring for chronic illnesses, many of which disproportionately affect African Americans. Training Black residents in palliative care is needed to reduce health disparities.

### ***Managing Opioids in Cancer Patients at High Risk for Substance Use Disorders: Experience from an Outpatient Palliative Care Clinic (RP311)***

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#### **Outcomes.**

1. Explain the benefits of universal screening for substance use disorder

2. Formulate a plan to manage cancer patients on opioids with, or at high risk of, substance use disorder

**Importance.** There are few guidelines on how to manage substance use disorder (SUD) in cancer patients taking opioids. The urine drug screen (UDS) and the opioid risk tool (ORT) have been used, usually randomly or when clinicians suspect SUD. There is a lack of data on the longitudinal outcome of cancer patients with SUD and opioids managed by a palliative clinic.

**Objective(s).** This study explored the longitudinal management and outcome of cancer patients on opioids in a palliative care clinic that universally screened for SUD with UDS and ORT

**Method(s).** A retrospective chart review was performed on patient visits to a palliative care clinic in September 2019. We evaluated all UDS results, abnormal drug behaviors, changes to treatment plans after abnormal behaviors or UDS results, and their longitudinal outcomes.

**Results.** 204 patients met inclusion criteria (cancer diagnosis, currently prescribed opioids, and had UDS results). 187 (91.6%) patients had no abnormal UDS results, 17 patients (8.3%) had at least one abnormal UDS result, and 6 of the 17 patients had persistently abnormal UDS results. Mean ORT score for patients with abnormal UDS results was 7.4 and 2.8 for patients without abnormal UDS results. Treatment plan changes included frequent clinic visits and UDS, small supplies of opioids, and weaning or rotating opioids. Patients with advanced or incurable cancers remained on higher-dose opioids, and those being treated with curative intent were transitioned to buprenorphine or weaned from opioids. No patients were noted to have overdosed or needed other emergency medical care for SUD.

**Conclusion(s).** In the setting of universal screening, less than 3% of patients had persistently abnormal UDS results. These patients were safely managed with a standardized protocol.

**Impact.** Universal UDS and ORT can be used to screen for SUD in cancer patients in a palliative clinic. Standardized protocols including decreased amount of opioids, frequent visits, and opioid rotation may be useful tools for patients with serious SUD and cancer-related pain.

### ***Racial Differences in Advance Care Planning and Preferences for End-of-Life Care: Has COVID-19 Changed Anything? (RP312)***

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#### Outcomes.

1. Determine whether the COVID-19 pandemic changed patients' perceived willingness to talk about advance care planning and preferences for care in the event of severe COVID-19 illness

2. Determine whether the preferences for care changed during COVID-19 for Black and White patients

**Importance.** Rates of advance care planning (ACP) are lower and preferences for life-prolong therapies are higher among Black patients than White patients.

**Objective.** To examine whether the COVID-19 pandemic, which has disproportionately affected Black patients, has changed racial differences in beliefs about ACP or preferences for end-of-life (EOL) care.

**Methods.** We used data from EQUAL ACP, a comparative effectiveness trial of 2 ACP interventions in seriously ill patients  $\geq 65$  years old seen in 10 primary care clinics in the South. We asked about COVID-19-related ACP and preferences for care. We used chi-square tests to examine racial differences in responses.

**Results.** The sample included 164 Black and 109 White patients. The mean age was 75 years; 63% were female. Similar proportions of Black and White patients (15.9% and 16.8%) reported being "more willing to talk to family/friends/doctors" about wishes for medical care as a result of the pandemic, although most (81.7% and 82.6%) reported "no change in willingness" ( $p = 0.85$ ). A greater proportion of White than Black patients (26.6% vs. 20.7%) reported talking to family or friends about their wishes for COVID-19-related medical care. There were significant racial differences ( $p < .001$ ) in EOL care preferences in the event of severe COVID illness. Black patients (36% vs. 12%) were more likely to want all treatments to keep them alive as long as possible, and White patients (75% vs. 55%) were more likely to only want a time-limited trial of life-prolonging measures.

**Conclusion.** In this sample, most patients reported that the COVID-19 pandemic has not changed their willingness to participate in ACP discussions. Black patients were more likely than White patients to want life-prolonging measures in the event of severe COVID illness.

**Impact.** Further studies should identify disparities in the quality of palliative care for patients with COVID-19 and determine potential drivers.

#### *"Huffing and Puffing" vs. "Shortness of Breath": Including Colloquial Expressions in a Keyword Library for Detecting Symptoms (RP313)*

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#### Outcomes.

1. Contrast examples of symptom expressions and examine the implications of not understanding certain expressions

2. Describe the importance of capturing patient-centered language in developing algorithms to detect symptoms

**Importance.** Among seriously ill patients, symptom burden is often unrecognized. Computational methods can be used for attending to this burden; these tools can assist with symptom identification for patient monitoring and quality improvement. A natural language processing keyword library can be used as a rudimentary tool to detect "symptom talk" and assist the development of more advanced algorithms.

**Objective(s).** To build a PRO-CTCAE symptom keyword library inclusive of the various verbal expressions by which patients and their physicians describe symptoms.

**Method(s).** A keyword library was drafted using transcription data from the Communication in Oncologist-Patient Encounters (COPE) trial, which includes audio-recorded outpatient oncology encounters between patient-oncologist dyads. In 93 conversations, three human annotators determined whether symptoms were discussed in each speaker turn, on a scale of 0 (not relevant) to 3 (relevant). For a subset of 48 conversations, words in all turns coded as 3 were extracted and relevant terms added to the developing library. This library was supplemented with language from a prior study extracting symptoms from clinical notes and with a priori additions. The library was tested on 45 additional conversations.

**Results.** The current library comprises 738 terms, including 137 symptom-related medications and 46 colloquialisms. In the test sample of 45 conversations coded as 3, keywords captured PRO-CTCAE symptom-containing turns with a sensitivity of 78.2%, a specificity of 95.3%, and an accuracy of 83.8%. Preliminary qualitative observations suggest that clinicians more often