

refer to symptoms via medications (e.g., “Pulmicort”), whereas patients used colloquial verbiage to describe symptoms (e.g., “huffing and puffing”).

**Conclusion(s).** This rudimentary keyword library manages to capture most “symptom talk.”

**Impact.** Patients may verbalize symptoms using different language than clinicians, which clinicians should take care to recognize. In algorithms to recognize symptom talk, supplementing standardized clinical terms with patient-centered terms may better capture symptom burden in cancer and work toward the mitigation of symptom-related suffering in this seriously ill population.

***An Evidence-Informed Cancer Care Communication Tool to Support Patients, Family, and Cancer and Palliative Care Clinicians During the COVID-19 Pandemic (RP314)***

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**Outcomes.**

1. Understand the challenges of cancer care communication during the pandemic

2. Learn about a new tool for improving cancer care communication during the pandemic

**Importance.** The COVID-19 pandemic transformed the landscape of cancer care. Changes were not always communicated to cancer patients, and it is unknown how it impacted patient decision making.

**Objective(s).** Develop an evidence-informed communication tool to support patients, family, and cancer and palliative care clinicians navigating cancer care during a pandemic.

**Method(s).** Interviews with 71 participants (48 patients, 4 caregivers, 19 clinicians) between August 2020 and July 2021 at four U.S. academic cancer centers. Four focus groups with five professionals representing oncology and palliative care advisory organizations. A 3-hour virtual Stakeholder Summit with 25 attendees representing patients and family, cancer and palliative care clinicians, researchers, and advocacy organizations.

**Results.** The initial tool had five domains based on focus group and interview data, reduced to three domains during iterative discussion at the stakeholder summit: COVID-19-related changes and concerns, coping with cancer during the pandemic, and telehealth preferences. Conversations about COVID-19 between patients, caregivers, and clinicians can be emotionally

stressful or even taboo in some locales. Stakeholders advised building a tool to facilitate deeper discussions about COVID-19 while allowing patients to opt out and, if preferred, defer pandemic decision making to clinicians. Stakeholders noted that the tool should list only content and preferences that can actually be accommodated by cancer clinicians. Telehealth has different limitations and benefits, which created different preferences for clinicians, patients, and caregivers. Stakeholders agreed that a domain that captured patients' preferences for its use should be kept.

**Conclusion(s).** A stakeholder-developed and evidence-informed communication tool that outlines pandemic-related changes and existing options for care may help patients and caregivers be more knowledgeable and active in decision making related to their care during the pandemic.

**Impact.** A communication tool can illuminate and potentiate patient, family, and clinician discussion about care preferences, even during a pandemic.

***Nephrology and Palliative Care Providers' Experiences and Beliefs in Engaging American Indian Patients in Palliative Care Conversations (RP315)***

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**Outcomes.**

1. Describe nephrology and palliative care providers' beliefs and experiences in engaging in palliative care conversations with American Indians

2. Examine the role of provider stereotypes in cultivating American Indian trust, engaging with family members, evaluating end-of-life preferences, and negotiating community resources

**Importance.** American Indians with chronic kidney disease are twice as likely to develop end-stage renal disease. Palliative care is underused by American Indian patients, although studies show that it is not due to an unwillingness to engage in conversations about the end of life.

**Objective(s).** The aim of our study was to explore the experiences and beliefs of nephrology and palliative care providers of one tribal community with respect to engaging patients and family members in palliative care.

**Method(s).** Using an interview guide, individual, in-depth interviews were conducted between March and August 2019 with eligible participants. We used constant comparative analysis of interview transcripts.

**Results.** Our study sample included 8 participants, including 4 nephrology providers and 4 palliative care providers. We identified five themes: providers' stereotypes, patients' mistrust of providers, patients' end-of-life preferences, available community resources, and patients' family dynamics. Stereotypes were present in every theme, although most participants did not acknowledge the role that the stereotypes played in establishing trust and building therapeutic relationships conducive to end-of-life discussions.

**Conclusion(s).** Providers who serve American Indian patients with kidney disease should consider training in trauma-informed care and cultural sensitivity. Stereotypes of American Indian patients may impact providers' ability to build trust, a key component of end-of-life conversations, and contribute to misperceptions related to family dynamics, end-of-life preferences, and available community resources.

**Impact.** Our findings illustrate the need to develop and test culturally appropriate approaches to palliative care for American Indian patients. Future research efforts should adopt a community-based approach that engages tribal members and incorporates traditional approaches, cultural sensitivity training, and education about the role of provider stereotypes and implicit biases. Efforts to increase palliative care access to American Indians should be expanded to other specialties such as oncology, pulmonology, and cardiology.

### *Manifestations of Opioid Stigma in Patients with Advanced Cancer (RP316)*

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#### **Outcomes.**

1. Conceptualize stigma surrounding prescription opioids by using the Opioid Stigma Framework
2. Describe manifestations of opioid stigma in patients with advanced cancer
3. Describe potential management approaches to mitigate the impact of opioid stigma in patients with advanced cancer

**Importance.** Patients with advanced cancer are routinely prescribed opioids for pain management. However, high-profile efforts to address the opioid epidemic contribute to a widespread negative view of opioids. As a consequence, emerging evidence suggests that stigma surrounding prescription opioids, or opioid stigma, may complicate cancer pain management. However, little is known about how opioid stigma manifests in the experiences of patients with advanced cancer.

**Objective(s).** Explore manifestations of opioid stigma in patients with advanced cancer.

**Method(s).** Our study took a qualitative description approach. Qualitative interviews were conducted between 02/2020 and 05/2021. Participants were patients with advanced cancer and pain, prescribed or recommended opioids for their pain, identified by their oncologist; and patient-identified support people (family member or friend). Interviews were coded by two experienced qualitative analysts, using a codebook developed inductively from the content of the interviews, and content and thematic analyses were conducted.

**Results.** A total of 20 patients and 11 support people participated. Three themes emerged. First, participants described direct experiences with opioid stigma and opioid-related discrimination in healthcare settings, generally in settings outside of their oncology clinic (e.g., pain clinics, pharmacies). Second, participants endorsed concerns about opioid stigma impacting patient care in the future. Finally, patients displayed opioid-restricting attitudes and behaviors that may reflect internalized stigma and fear of addiction.

**Conclusion(s).** These results suggest that opioid stigma is a central challenge for patients with advanced cancer. Participants described specific, addressable manifestations of opioid stigma, including internalized and anticipated stigma and experiences of discrimination. Interventions to address opioid stigma at the clinician/systems level and mitigate the consequences of opioid stigma for patients with advanced cancer are needed to improve cancer pain treatment.

### *A Validated Spiritual Screening Tool for Serious Illness: The PC-Spirit (RP317)*

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#### **Outcomes.**

1. Understand the importance of spiritual screening
2. See evidence of the PC-Spirit internal and external validity
3. Discuss the usefulness of implementing the PC-Spirit in clinical practice

**Importance.** Spiritual and existential beliefs, for those religious and not, are associated with improved quality of life, reduced suffering, and preferences for care. Yet tools that systematically assess need; link those needs with intervention, treatment recommendations, and outcomes; and communicate needs with other