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RESULTS

INTRODUCTION
- Spinal tumors represent a significant source of disability, and can significantly impair patient health-related quality of life (HRQOL)1-3
- Despite the high morbidity and mortality associated with spinal tumors, no prior study has quantified the priorities or expectations of this patient population with respect to aspects of their own HRQOL
- We sought to characterize these aspects of spine tumor patient experiences, given the role that they play in both outcomes and shared treatment decisions

METHODS
- In-person surveys were administered to 57 primary and metastatic spine tumor patients at the time of neurosurgical appointment
- Patient priorities were assessed via a 5-point Likert scale, ranging from Most Important (5) to Unimportant (1)
- Patient expectations were assessed using a modified Spine Oncology Study Group outcomes questionnaire to assess future HRQOL
- Patient perceptions of the risk associated with various treatment modalities were assessed via 5-point Likert scale, from Extremely Risky (5) to Not Risky (1)

RESULTS
- Priorities: Tumor Control was the priority most often rated “Most Important” (70.2% of patients)
  - Walking had the highest mean importance (4.68)
  - Treatment Affordability and Sexual Function were variably important: 13 patients rated Affordability “Most Important” while 5 rated this “Unimportant”; 11 patients rated Sexual Function as “Most Important” and 10 as “Unimportant”
- Expectations: Nine patients (15.8%) expected to be “Cured” in 3 months, 57.9% expected tumor to “Improve” in 3 months
- Treatment Risk: On average, patients considered “No treatment” to be the riskiest (3.38/5), followed closely by Surgery (3.06/5).

CONCLUSIONS
- Patient priorities, expectations, and preconceived understanding of treatment risk are highly variable within a spine tumor population
- Further prospective work is warranted to continue to elucidate factors that impact treatment decision making and outcomes in this population

REFERENCES

Poster 2476