Patients with advanced gynecological cancers who are approaching the end of life (EOL) have a high symptom burden and a low likelihood of response to further anti-cancer treatment. Despite this, 20-30% received chemotherapy in the last 30 days of life, with potentially detrimental effects on health and quality of life. Little is known about patients’ and careers’ perceptions and preferences in this palliative situation. Eliciting patients’ values and preferences for EOL care and shared decision-making are central elements of GCIG SB-001/NSGO-CTU-PEACE with the aim of improving patient-centered EOL care.

**PRIMARY OBJECTIVES**

To assess
- Feasibility of collecting data on patient satisfaction and shared decision making towards EOL.
- Patient compliance with completing ePROs

**SECONDARY OBJECTIVES**

To assess
- Carers compliance with completing ePROs
- Patients’ satisfaction of care near the end of life
- Documentation of interventions near end of life

**METHODS**

**Design:**
- Prospective observational cohort study

**Study population:**
- Patients with gynecological cancer and with a predicted life expectancy of approximately 4 months.
- Must be able to complete patient-reported outcome measures independently
- Patients are encouraged to appoint a carer for participation (non-mandatory)

**Procedures:**
- Patient and carer satisfaction with care and shared decision-making and the importance of the different domains will be assessed with CANHELP-Lite individualized and FACIT at baseline and every 8th weeks.
- Carer’s perception of the bereavement period and the quality of the patient’s death will be assessed with the CANHELP Lite bereavement and the Quality of Death and Dying questionnaire.
- Additional patient satisfaction assessments will be triggered by ceasing anti-cancer therapy, changing in anti-cancer treatment, and at the discharge of unplanned hospital admissions.

**Power calculation:**
- A sample size of 65 patients would have at least 80% power with 95% confidence to rule out a 60% completion rate in favor of the more interesting 75% rate. Assuming a 10% drop-out rate, PEACE will enroll 73 patients. Enrolment commenced in December 2022.

- ClinicalTrials.gov Identifier: NCT05142150

**STUDY INFORMATION**

**Sponsor:** NSGO-CTU, Copenhagen, Denmark
**ENGOT-model:** A
**Study Chair:** Kristina Lindemann
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*Triggers: Change in anti-cancer treatment and at discharge of unplanned hospital admissions*