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#### FAST FACTS AND CONCEPTS #124

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**Background** Accurate prognostic information is important for patients, families and physicians. This Fast Fact reviews the **Palliative Prognostic Score (PaP)**; see *Fast Fact #125* The Palliative Performance Scale for another prognostic tool used in palliative care patients. The PaP uses the Karnofsky Performance Score (KPS) and five other criteria to generate a numerical score from 0 to 17.5 to predict 30 day survival (higher scores predict shorter survival).

**Validation and Use of the PaP** The PaP was originally developed for use in cases of solid tumors and has been validated in large prospective studies in such patients. More recently, the PaP has been shown to be reliable in patients with various non-cancer diagnoses (e.g. organ failure syndromes, AIDS, and neurological diseases) but large-scale validation studies have not been published. There are no published data regarding the accuracy of the PaP either beyond the 30 day time frame or in direct comparison to other prognostic scoring systems.

**The Palliative Prognostic Score (PaP)**

CRITERION	ASSESSMENT	PARTIAL SCORE
Dyspnea	No	0
	Yes	1
Anorexia	No	0
	Yes	1.5
Kamofsky Performance Status	≥30	0
	10 - 20	2.5
Clinical Prediction of Survival (weeks)	>12	0
	11-12	2
	7-10	2.5
	5-6	4.5
	3-4	6
	1-2	8.5
Total WBC (x10 <sup>9</sup> /L)	≤8.5	0
	8.6 - 11	0.5
	>11	1.5

Lymphocyte Percentage	20 - 40%	0
	12 - 19.9%	1
	< 12%	2.5
<b>RISK GROUP</b>	<b>30 DAY SURVIVAL</b>	<b>TOTAL SCORE</b>
<b>A</b>	<b>&gt; 70%</b>	<b>0 - 5.5</b>
<b>B</b>	<b>30 - 70%</b>	<b>5.6 - 11</b>
<b>C</b>	<b>&lt; 30%</b>	<b>11.1 - 17.5</b>

**References**

1. Glare P, Eychmueller S, Virik K. The use of the palliative prognostic score in patients with diagnoses other than cancer. J Pain Symp Manage. 2003; 26(4):883-885.
2. Glare P, Virik K. Independent validation of Palliative Prognostic Score in terminally ill patients referred to a hospital-based palliative medicine consultation service. J Pain Symp Manage. 2001; 22(5):891-898.
3. Maltoni M, Nanni O, Pirovano M, et al. Successful validation of the palliative prognostic score in terminally ill cancer patients. J Pain Symp Manage. 1999; 17(4):240-247.
4. Pirovano M, Maltoni M, Nanni O. A new Palliative Prognostic Score: a first step for the staging of terminally ill Cancer patients. J Pain Symp Manage. 1999; 17(4):231-239.

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