Background

The structure of the survey is based on the survey Prof. Dr. Steffen Eychmüller, director of the palliative care center at university hospital Bern, ran in Switzerland: „Swiss national survey of most frequent medication in off-label-use/ application in specialist Palliative Care (SwissPall-OLU)“.

Primary aim of the survey is to identify discrepancies between clinical routine and best available evidence of relevant off-label-applications in palliative care. To this end, relevant off label applications in palliative care have to be identified. In addition to recording the clinical routine of frequent off-label therapies in palliative care, reasons for discrepancies between clinical practice and the best available evidence will also be recorded. Based on these findings, strategies will be developed to provide care providers with good access to relevant data for the best possible and safe care of palliative care patients.

Methods

Study design

Cross-sectional study with web-based online survey in Limesurvey version 5.6.68+240625.

The reporting is carried out in accordance to the CHERRIE-Guidelines (Improving the Quality of Web Surveys: The Checklist for Reporting Results of Internet E-Surveys)

Participation

Participation in this study is dedicated to physicians, which are working in outpatient and inpatient palliative care and pharmacists which are part of the medication process in palliative care.

Participation in this study is voluntary. The survey can be canceled at any time. Once the questionnaire has been completed and sent off, the answers

provided can be revoked verbally or in writing at any time without any disadvantage.

For any inquiries please contact the project team via mail or phone.

As appreciation for your participation in the survey a thank you will be raffled among all participants who have completed and sent in the questionnaire.

Questionnaire

The questionnaire contains questions regarding socio-demographic data as well as questions regarding assessment and own experience with relevant off label applications of the experts in palliative care to capture the comparison of best available evidence and clinical routine.

Backwards navigation will be not allowed. With using cookies, it will be secured that every participant can only participate once. IP-addresses are transferred anonymously and shortened. Transferred browser information will only be evaluated if support is needed.

This survey contains six topics with the associated substances and routes of administration (s.c.= subcutaneously, i.v. = intravenously): hyoscine butylbromide s.c. or i.v. and glycopyrrolate s.c. or i.v. for brochial secretion, dexamethasone s.c. or i.v. and octreotide s.c. or i.v. for intestinal obstruction, haloperidol s.c. or i.v. and levomepromazine s.c. or i.v. for nausea, haloperidol s.c. or i.v. for hyper- or hypoactive delirium, levomepromazine s.c. or i.v. for agitation and midazolam s.c. and intranasally for anxiousness.

Evidence S3 – Guideline for palliative medicine in patients with incurable cancer

Each presented evidence of the **S3 – Extended Guideline palliative care for patients with uncurable cancer** includes on the one hand off-label-recommendation with level of evidence and grading of the recommendation included, on the other hand the corresponding background text. The background text is reproduced and translated literally and regarding the meaning but has been shortened to include only the information needed for the certain off-label-use. With the link presented in the presentation of each evidence you can access the S3-Guideline directly.

Evidence pall-OLU.de

Each presented evidence of **pall-OLU.de** includes recommendations based on expert consensus on the one hand and the S3-Guideline for palliative medicine on the other hand. The evidence grading is based on the Scottish Intercollegiate Guidelines Network (SIGN). The background text is reproduced and translated literally and regarding the meaning but has been shortened due to its length. With the link presented in the presentation of each evidence you can access pall-OLU.de directly.

Level of Evidence after SIGN

1++ High quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias

1+ Well-conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias

1- Meta-analyses, systematic reviews, or RCTs with a high risk of bias

2++ High quality systematic reviews of case control or cohort or studies
High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal

2+ Well-conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal

2- Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal

3 Non-analytic studies, e.g. case reports, case series

4 Expert opinion

Grade of recommendation

pall-OLU.de: The recommendations involve assigning grades of recommendations by the authors followed by a formal consensus procedure. Therefore, the grading of the recommendations can be changed through the delphi-procedure. The grade of recommendation was initially established through the collaboration of pharmaceutical staff of the "Kompetenzzentrum Palliativpharmazie" of the LMU Munich and experienced palliative care specialists.

AMWF- set of rules for guidelines

https://www.awmf.org/regelwerk/formulierung-und-graduierung-von-empfehlungen

Recommendation levels grading system in the S3 Guideline Palliative care for patients with incurable cancer

Extended S3 Guideline Palliative care for patients with incurable cancer

Erweiterte S3-Leitlinie Palliativmedizin für Patienten mit einer nicht-heilbaren Krebserkrankung

Grade of recommendation A = strong recommendation (means SHALL)

Grade of recommendation B = recommendation (means SHOULD)

Grade of recommendation 0 = open recommendation (means CAN)

Liability of recommendations pall-OLU.de

When evaluating the liability of the recommendation gradings for the clinical practice it must be considered that there is no liability of 100% - neither for positive (shall, should, can) nor for negative (shall not, should not, can not) recommendations. Taking individual patient factors into account even strong recommendations in favor or against a therapy in the clinical practice can get rejected. We kindly ask you to consider that.

Timeframe

The participation will take around 30 minutes.

Data protection

The survey is anonymously. There will be no questions regarding personal information. The analysis of the survey is only determined for science purposes. Further information in the attached data protection information.

Evaluation of the questionnaire

The answers of the questionnaire will be analyzed on science and statistical purposes in excel and SPSS. The results will be published. Both incompletely and completely filled in questionnaires will be evaluated.

Contact

In case of any inquiries regarding background, methods, questionnaire or publication please contact Isabelle Pichlmaier (Isabelle.Pichlmaier@med.uni-muenchen.de) or PD Dr. Constanze Rémi (Constanze.Remi@med.uni-muenchen.de).