

Background/aims: Advance Care Planning (ACP) and Advance Directives (AD) were developed in high-income countries and are considered important means to achieve goal-concordant end-of-life care. However, it is unclear how low- and middle-income countries have incorporated (or not) ACP/AD. We aimed to map and compare the current state of ACP/AD in Latin America.

Methods: We contacted all existing national palliative care associations from the 20 Latin American countries and asked them to appoint a key informant regarding the state of ACP/AD in their countries. We conducted online interviews with each informant using a pre-tested questionnaire and asked them to confirm the accuracy of the information that we recorded.

Results: According to the key informants from the 18 participating countries, the highest-ranked barriers for the implementation of ACP/AD are lack of credibility, the dearth of regulatory guidance, and healthcare professionals' expectations that patients should start those conversations. Only 7 countries have some type of ACP/AD regulation; none of the 18 countries provide adequate training for healthcare professionals in that area; in only 5 countries healthcare professionals feel legally secure to honor patients' treatment preferences documented in an AD; in 9 countries, patients react positively to ACP conversations; in 6 countries, patients often allow their families to change their choices documented in AD; the majority of the population from the 18 countries are not aware of the aims of ACP/AD; and in 9 countries, patients' preferences regarding medical treatments at the end of life are usually respected through various means not necessarily involving AD.

Conclusions: The design of future public policies in palliative care in Latin America must take into account challenges with low regulation, mixed attitudes towards ACP/AD, as well as high heterogeneity with regards to honoring patients' care preferences at the end of life that are present in that region.

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P 11.007 Missing Data on Where People Die: A Death Certificate Study by World Region, Age, Gender and Cause of Death

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Background/aims: Improving the quality of data on place of death (PoD) provides better evidence to assess if people's preferences are respected and where palliative care is most needed. We aimed to examine recent trends in the level and type of missing data on PoD, by world region, age, gender and cause of death.

Methods: We sought national PoD data from vital registries of 47 countries varied in United Nations (UN) regions and Quality of Death Index. We describe the distribution of ill-defined PoD categories (unknown, unrecorded, "other") from 2012 to 2021, examining variations by UN region, age, gender and cause of death (ICD-10).

Results: Among 26.1 million deceased (57.2% aged 70y or more) across 22 responding countries (covering 8 UN regions in 4 continents), information on PoD was missing for 7.0%, with a decreasing trend from 2012 (8.0%) to 2021 (6.7%). In 0.7% of cases, PoD was recorded as unknown, in 1.1% it was unrecorded and in 5.1% it was coded as "other". Per UN region, ill-defined PoD data ranged from 1.1% to 9.8%. It was highest in those aged 11-17y (16.2%), and people dying from dementia (5.3%; compared to cancer, and COVID-19 for 2020-21).

Conclusions: Globally, there is a considerable share of people dying in places not captured by current classifications and/or unknown. Since this event is not equally distributed, a more comprehensive global PoD

classification must include categories responsive to groups of deceased for which PoD is comparatively less known.

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P 11.008 Translation and Cross-cultural Adaptation of the Chinese Version of Integrated Palliative Care Outcome Scale:

Expert Reviews and Cognitive Interviews

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Background/aims: Despite the burden of advanced cancer in China, there were no reliable and validated patient-reported outcome measures for use to measure the care needs and outcomes of patients with advanced cancers. The Integrated Palliative care Outcome Scale (IPOS) is a psychometrically sound and multidimensional measure that has been used worldwide for patients with advanced illnesses including cancer. This study aimed to translate and cross-culturally adapt IPOS to the Chinese context in advanced cancer care.

Methods: Chinese versions of IPOS Patient and IPOS Staff were translated and culturally adapted following the Rothrock guidance and the Palliative care Outcome Scale family of measures Manual for cross-cultural adaptation and psychometric validation. Five phases were included:

- (I) Conceptual definition;
- (II) Forward translation (translation from English to Chinese);
- (III) Backward translation (translation from Chinese to English);
- (IV) Expert review;
- (V) Cognitive debriefing.

Results: One new item was developed, and changes were made, agreed upon by the expert review meeting. The comprehension and judgement difficulties identified in the pre-final patient and staff versions were successfully solved during the cognitive interviewing process. IPOS was well accepted by both patients and staff, none of the items in the Simplified Chinese versions of IPOS was inappropriate, and all questions were judged relevant and important.

Conclusions: In this study, we translated and culturally adapted the patient and staff versions of IPOS and demonstrated content validity and acceptability of the scale through expert review and cognitive interviews with patients and staff.

P 11.009 A Person-centred Outcome Measure in Advanced Illness: Psychometric Validation of the Chinese Version of the Integrated Palliative Care Outcome Scale

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