

Palliative Prognostic Score (PaP)

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).

Performance status/Symptoms	Partial score
Dyspnea	
No	0
Yes	1
Anorexia	
No	0
Yes	1
KPS	
≥50	0
30–40	0
10–20	2.5
Clinical Prediction of Survival (weeks)	
>12	0
11–12	2.0
9–10	2.5
7–8	2.5
5–6	4.5
3–4	6.0
1–2	8.5

Performance status/Symptoms	Partial score
Total WBC	
Normal (4,800–8,500 cell/mm ³)	0
High (8,501–11,000 cell/mm ³)	0.5
Very high (>11,000 cell/mm ³)	1.5
Lymphocyte percentage	
Normal (20.0–40.0%)	0
Low (12.0–19.9%)	1.0
Very low (0–11.9%)	2.5
Risk groups	Total score
A. 30-day survival probability >70%	0–5.5
B. 30-day survival probability 30–70%	5.6–11.0
C. 30-day survival probability <30%	11.1–17.5

PaP score = Dyspnea score + Anorexia score + KPS score + CPS score + Total WBC score + Lymphocyte percentage score.

Reprinted from Journal of Pain and Symptom Management, Vol. 17, No. 4, Maltoni, M, Nanni, O., Pirovano, M., Scarpi, E., Indelli, M., Martini, C., et al., Successful Validation of the Palliative Prognostic Score in Terminally Ill Cancer Patient, 240–247., Copyright (1999), with permission from Elsevier.

Appendix E: Clinical Indicators of Decline

Diseases such as chronic obstructive pulmonary disease or congestive heart failure run a more fluctuating course and result in death in a less predictable timeframe than diseases such as renal disease or dementia. Each exacerbation can lead to remission (and future exacerbation) or death; knowing which will occur on any given admission is extremely challenging.

General indicators of poorer prognosis (life expectancy of only weeks to many weeks) include poor performance status, impaired nutritional status and a low albumin level.