Background: Dignity Therapy (DT) is a psychotherapeutic intervention which allows people to create a permanent document containing their life story. This serves to validate and immortalize their existence. In patients no longer receiving active anti-neoplastic therapy, this intervention helped the majority of patients and improved their sense of dignity, purpose, and meaning as well as reducing depression and suffering. We are evaluating the acceptability of this intervention in patients receiving active anti-neoplastic therapy.

Objective: The objective of the study entitled New Use of Dignity Therapy in Stage IV Colorectal Cancer Patients is to apply a successfully tested medical intervention, known as dignity therapy, to patients with metastatic colorectal cancer (mCRC). Dignity therapy has been shown to improve depression and suffering among populations with advanced incurable and untreatable diseases. The study hypothesized that dignity therapy in patients with mCRC would demonstrate the same directional trends toward improvements in dignity, hopelessness, desire for death, anxiety, will to live, and desire for suicide, while also impacting a patient’s treatment decisions and peaceful awareness of his or her condition.

Research Design/Methods: Patient’s ≥ 18 years of age with metastatic colorectal cancer recently starting second line chemotherapy were recruited from our outpatient oncology practice. DT was administered, the interview transcribed, and the transcription edited into a proof version. This version was read to the patient and given to them after it was finalized. Measures included baseline demographics, the Edmonton Symptom Assessment Scale, a 2 item quality of life scale, Terminal Illness Acknowledgement (TIA), Peacefulness, Distress Thermometer, and a Hypothetical Advanced Care Planning scenario. Measures were taken at baseline, the end of the intervention, and 1 month post intervention.

Results: Overall, there has been a 93% enrollment rate (14 out of 15 approached) with a 100% rate of being satisfied or very satisfied (7 patients). 3 patients were removed (non-compliance, sedation, and lost data), and the other 4 are in the process of completing the study. Of those who completed therapy, > 70% felt it was helpful or very helpful and strongly or very strongly felt it increased their sense of dignity, purpose, and meaning as well as the potential to help their family in the future. Symptoms remained stable over time. Exploratory endpoints included a 33% increase in TIA (p=0.23), no increase in peacefulness (p=0.44), less aggressive goals of care (p=0.28), and decreased distress.

Conclusions: The Dignity Therapy Study recruited nine patient participants at Northwestern Memorial Hospital between March 2010 and December 2011. Preliminary data analysis shows satisfaction with the intervention and indicates an increased peacefulness is experienced by patients regarding their disease. Data analysis will be completed in 2012. In addition, an ongoing randomized wait-list control study should help answer if DT affects TIA, end-of-life goals of care, or distress given this study is underpowered for these outcomes.

Keywords: Terminal Illness Acknowledgement, End-of-life, Cancer