

The Palliative Prognostic Score (PaP)

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Accurate prognostic information is important for patients, families and physicians. This Fast Fact reviews the **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 (higher scores predicting shorter survival). 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 is 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)		
Criteria	Valutazione	Punteggio parziale
Dispnea	NO	0
	SI	1
Anoressia	NO	0
	SI	1.5
Karnofsky Performance Status	> 30	0
	10 - 20	2.5
Previsione clinica di sopravvivenza (settimane)	> 12	0
	11 - 12	2
	7 - 10	2.5
	5 - 6	4.5
	3 - 4	6
WBC totale (x10 ⁹ /L)	1 - 2	8.5
	< 8.5	0
	8.6 - 11	0.5
	> 11	1.5
Quota linfocitaria	20 - 40%	0
	12 - 19.9%	1
	< 12%	2.5

Risk Group	30 day survival	Total score
A	> 70%	0 - 5.5
B	30 - 70%	5.6 - 11
C	< 30%	11.1 - 17.5