Abstract: P2303

Title: PALLIATIVE CARE IN PATIENTS AFFECTED BY LYMPHOMA IS RELATED TO LESS AGGRESSIVE TREATMENT IN THE END-OF-LIFE.

Abstract Type: e-Poster Presentation

Topic: Quality of life and palliative care

Background:

Patients with blood cancers experience high-intensity medical care near the end of life (EOL), have low rates of hospice and palliative care (PC), and are more likely to die in a hospital. The goals of care (GOC) in the treatment of terminal cancer patients include low chemotherapy use, low access to the emergency room (ER) or intensive care unit (ICU), and a low rate of hospital deaths. However, scanty information about the rate of this GOC in hematological patients is available and nothing is known about patients affected by lymphomas.

Aims:

This retrospective observational study aimed to evaluate the achievement of these quality indicators in lymphoma patients followed by the hematologist with or without the PC.

Methods:

We evaluated a cohort of consecutive deceased patients with lymphomas followed at our institution. The quality indicators evaluated were: the use of antineoplastic therapy in EOL, place of death, transfusions, ER access, ICU access, and days of hospitalization in the last month of life.

Results:

90 patients were enrolled. 30 (33.3%) were offered PC, and 60 (66.7%) were cared by the hematologist alone. Mean age, lines of therapy, and lymphoma subtypes were comparable in the two groups (figure 1A). Patients referred to PC were followed for a median of 31.5 days, range 3-916 days.

We found a statistically significant difference for many GOC in favor of PC Group. Patients followed by PC underwent less aggressive treatment in EOL; none of them was admitted to ICU in the last month of life. Furthermore, the rate of red blood cell, platelets transfusion and ER access rate were fewer in the PC Group. Finally, 96.7% of PC group patients died at home or in hospice, while 94.2% of the other patients died in a hospital (two of them in the ER and 8 in the UTI [figure 1B]).

Summary/Conclusion:

Many patients who died from lymphomas received an intensive treatment near the EOL. Our data show that this rate is significantly lower when a PC team follows patients. Improved and earlier integration of the PC approach should be a goal of the practice of hematology patients with lymphomas.

A

	PC	no PC	p
patients	30	90	
median age, range	73.6 (30-87)	72.6 (34-92)	0.86
sex, M (%)	16 (53.3%)	41 (68.3%)	0.16
Diagnosis			
DLBCL	13 (43.3%)	37 (61.6%)	0.09
CLL	4 (13.3%)	8 (13.3%)	1
FL	3 (10%)	3 (5%)	0.37
other	10 (33.3%)	12 (20%)	0.16
median lines of therapy, range	2 (0-7)	2 (0-8)	0.83

B

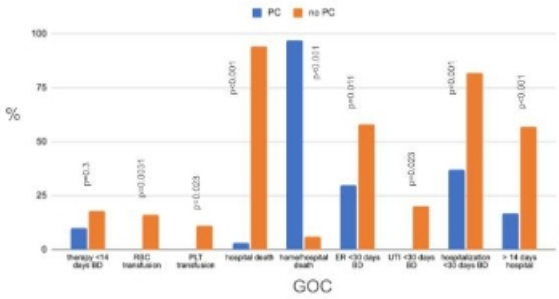

Figure 1A. Clinical characteristics. PC, palliative care; DLBCL, Diffuse large B cell lymphoma; CLL, chronic lymphocitic leukemia, FL, follicular lymphoma.

Figure 1B. End-of-life goals of care stratified according to receiving palliative care or only hematologic care. PC, palliative care; GOC, goals of care; BD, before death; RBC, red blood cell; PLT, platelets; ER, emergency room; ICU, intensive care unit.

Keywords: Quality of life, Malignant lymphoma, Supportive care