Update on Palliative Care Interventions for Patients with Hematologic Malignancies

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Objectives

• Describe disparities in palliative care for patients with hematologic malignancies.
• Discuss practice changing LEAP trial for acute myeloid leukemia.
• Describe future research needs for hematologic malignancies care.
Disclosures

• Funding:
  – PCORI
  – Knight Cancer Institute

• Investments: None
Palliative Care Needs of Patients with Blood Cancers
Why Early PC for Blood Cancers?

- Studies have demonstrated the benefits of early integration of specialty PC for patients with solid tumors\(^1\)

- Despite immense PC needs, patients with hematologic malignancies rarely utilize PC services\(^2\)

- Need to develop population-specific PC interventions for hematologic malignancies (ex. AML vs CML)

Professional Recommendations

- “Any patient with metastatic cancer and/or high symptom burden”
- Accredited programs “required to offer palliative care either on site or by referral”
- “Institutions should develop processes for integrating palliative care into cancer care”
- “All patients with cancer benefit from palliative care”
- “Palliative care should begin at time of diagnosis”

ONS Position Statement: Palliative Care for People With Cancer: [https://www.ons.org/advocacy-policy/positions/practice/palliative-care](https://www.ons.org/advocacy-policy/positions/practice/palliative-care)
DISEASE-DIRECTED CARE

Prevention/Cure

Surgery
Radiation
Chemotherapy

Symptom Management & Communication

Specialty Palliative Care
Survivorship
Hospice
Bereavement
End-of-life Care

INTEGRATED PALLIATIVE CARE MODEL

Dx AML
Survival in AML

Percent Surviving
5 Years

28.3%
2009-2015

EoL “Quality Measures” Gap

- Patients with blood cancers are more likely to: \(^1,2\)
  - Receive chemotherapy in the last 14 days of life
  - Spend time in an ICU in the last 30 days of life

- Patients with blood cancers are less likely to:
  - Access consultative palliative care services\(^3\)
  - Use hospice services\(^4\)
    - Or, are more likely to die within 7 days of enrollment, or within 24 hrs of enrollment \(^5\)
    - Median LOS of 11 days, vs. 19 for solid tumors \(^5\)

This is not one-size-fits all PC

- Low symptom burden and low mortality (i.e. indolent lymphomas)
  - PC when disease progresses/prognosis is poor

- Moderate symptom burden and mortality (i.e. aggressive lymphomas)
  - Early intermittent PC

- High symptom burden and mortality (i.e. acute leukemias)
  - Early longitudinal PC

- Prolonged periods with low symptom burden (i.e. myeloproliferative neoplasms)
  - Identify triggers for PC (i.e. hospitalization)

Barriers to PC Integration

- Prognostic Uncertainty
- Misperception and Reluctance

Lack of PC Resources

System-Based Barriers

Illness-Specific Barriers

Cultural Barriers

Psychological Trauma of Blood Cancer Diagnosis & Treatment
• Patients with high-risk AML who were hospitalized for intensive chemotherapy,
  – 28% had clinically significant PTSD symptoms at 1 month after diagnosis.
LEAP Study – Integrated PC for Patients with AML
Integrated Palliative Care in AML

Pall Care + Leukemia Care

Coping
Symptoms
Collaboration
**LEAP Study Design**

160 patients with high-risk AML admitted to receive intensive induction

**Randomization:** Stratified by study site, and diagnosis (newly diagnosed vs. relapsed/refractory)

**Sites:** MGH, Duke, Penn, Ohio State

- **Inpatient Integrated Palliative and Leukemia Care (86):**
  - At least 2 visits weekly during hospitalizations (mean 2.2)

- **Standard Leukemia Care (74):**
  - Palliative care consult upon request.

**Longitudinal data collection**
- PROs at Week 2
- PROs up to 1 year
- Health care utilization & EOL outcomes at 1 year

- **El-Jawahri, Leblanc, Kavanaugh, Webb et al., JAMA Oncol 2020**
IPC = New Standard of Care

JAMA Oncology

**RCT: Effectiveness of Integrated Palliative and Oncology Care for Patients With Acute Myeloid Leukemia**

**POPULATION**
96 Men, 64 Women

Adults with acute myeloid leukemia receiving intensive chemotherapy
Median (range) age 64, (20-80) y

**INTERVENTION**
160 Patients randomized

86 Integrated palliative and oncology care (IPC)
Patients were seen by palliative care clinicians at least twice per week during their initial and subsequent hospitalizations

74 Usual care
Patients received usual leukemia care

**SETTINGS/LOCATIONS**
4 Tertiary care academic hospitals in the United States

**PRIMARY OUTCOME**
Quality of life (QOL) as measured by the Functional Assessment of Cancer Therapy–Leukemia scale (score range, 0–176), with higher scores indicating better QOL.

**FINDINGS**
Patients randomized to the palliative care intervention reported better QOL at week 2 compared with those randomized to usual care

IPC: adjusted mean score, 116.45 (95% CI, 110.45–122.21)
Usual care: adjusted mean score, 107.59 (95% CI, 101.45–113.74)
IPC for patients with AML is dose dependent (~2x/week), collaborative, and focused on coping and symptoms.
Figure 2. Effect of Integrated Palliative and Oncology Care on Patient-Reported Quality of Life and Psychological Distress by Scale

A. Functional Assessment of Cancer Therapy-Leukemia
B. Hospital Anxiety and Depression Scale (anxiety)
C. Hospital Anxiety and Depression Scale (depression)
D. PTSD Checklist-Civilian version

El-Jawahri, Leblanc, Kavanaugh, Webb et al., JAMA Oncol 2020
End of Life Outcomes

Patient reported discussions of EOL care preferences
- Intervention: 75%
- Control: 40.00%

Chemotherapy in the last 30 days of life
- Intervention: 34.90%
- Control: 65.90%
Supporting Coping for Patients with AML

• Review & validate prior coping efforts
  – What strategies have worked in past?
  – Where do you find your strength?

• Reinforce adaptive coping strategies already in place

• Discuss & advocate for diverse methods of coping
Coping Mediates the Effect of PC Intervention

Change in approach & avoidant oriented coping

Palliative Care

QOL at two weeks

Coping Mediates the Effect of PC Intervention

Change in approach & avoidant oriented coping

Palliative Care → Depression at two weeks

Nelson, Amonoo, Kavanaugh, Webb, et al., Cancer, 2021
IPC + AML Take Home Points:

• In this randomized clinical trial of patients with AML, IPC led to substantial improvements in:
  – QOL
  – Psychological distress
  – EOL care

• Integrated palliative care should be considered a new standard of care for patients with AML.

El-Jawahri, Leblanc, Kavanaugh, Webb et al., JAMA Oncol 2020
Next Steps – IPC

• Develop actionable models for IPC for leukemia clinical programs

• SCOPE-PC → Specialty vs. Primary Palliative Care
  – Patients with AML during Induction Chemotherapy (High and Low Intensity Induction)
SCOPE-PC

• Cluster randomized comparative effectiveness trial of primary palliative care (PPC) vs. specialty palliative care (SPC) in 1150 patients with high-risk AML and their caregivers

• We are conducting the study in collaboration with the Palliative Care Research Cooperative (PCRC) and will recruit patients and caregivers from 20 PCRC institutions
Primary Palliative Care

- Patient enrolled in study within 72 hours of admission with new or relapsed AML
- Cared for by leukemia clinicians trained in palliative care

All Subsequent Hospitalizations*

Specialty Palliative Care

- Patient enrolled in study within 72 hours of admission with new or relapsed AML
- Cared for by leukemia clinicians and seen at least twice per week by palliative care clinicians

All Subsequent Hospitalizations*

* Until death or end of study (minimum of 12 months)
Primary Palliative Care
Leukemia clinicians who care for patients with AML are trained in palliative care

Specialty Palliative Care
Cared for by leukemia clinicians and seen at least twice weekly by palliative care clinicians

Patients admitted to hospital with AML are:
- Cared for by leukemia clinicians who have been trained in palliative care

Study Outcomes
Primary Outcome
Patient quality of life

Secondary Outcomes
Patient Outcomes
- Depression and anxiety
- Post traumatic stress disorder
- End-of-life communication
- Chemotherapy before death

Caregiver Outcomes
- Quality of life
- Depression and anxiety
- Caregiving burden

20 PCRC Institutions
Potential Study Sites

- Massachusetts General Hospital
- Duke University
- University of Colorado
- Mayo Clinic
- Stanford University
- Johns Hopkins University
- Moffitt Cancer Center
- University of Michigan
- University of Wisconsin
- Northwestern University
- Indiana University
- Ohio State University
- University of Rochester
- Dartmouth
- Emory University
- University of North Carolina
- University of Pennsylvania
- University of Alabama
- Oregon Health and Science University
- City of Hope

Denotes sites participating in feasibility phase
Take Home Points

• IPC should be the new standard of care for patients with AML.

• Longitudinal integrated PC + Leukemia Care results in improved QoL and psychological outcomes for patients with AML.

• Scaling palliative care integration may involve primary PC interventions/training vs. need for specialty care integration.
Thank You
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