



# 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<sup>1</sup>
- Despite immense PC needs, patients with hematologic malignancies rarely utilize PC services<sup>2</sup>
- Need to develop population-specific PC interventions for hematologic malignancies (ex. AML vs CML)

# Professional Recommendations



ASCO®

- “Any patient with metastatic cancer and/or high symptom burden”
- Accredited programs “required to offer palliative care either on site or by referral”



Commission  
on Cancer

- “Institutions should develop processes for integrating palliative care into cancer care”

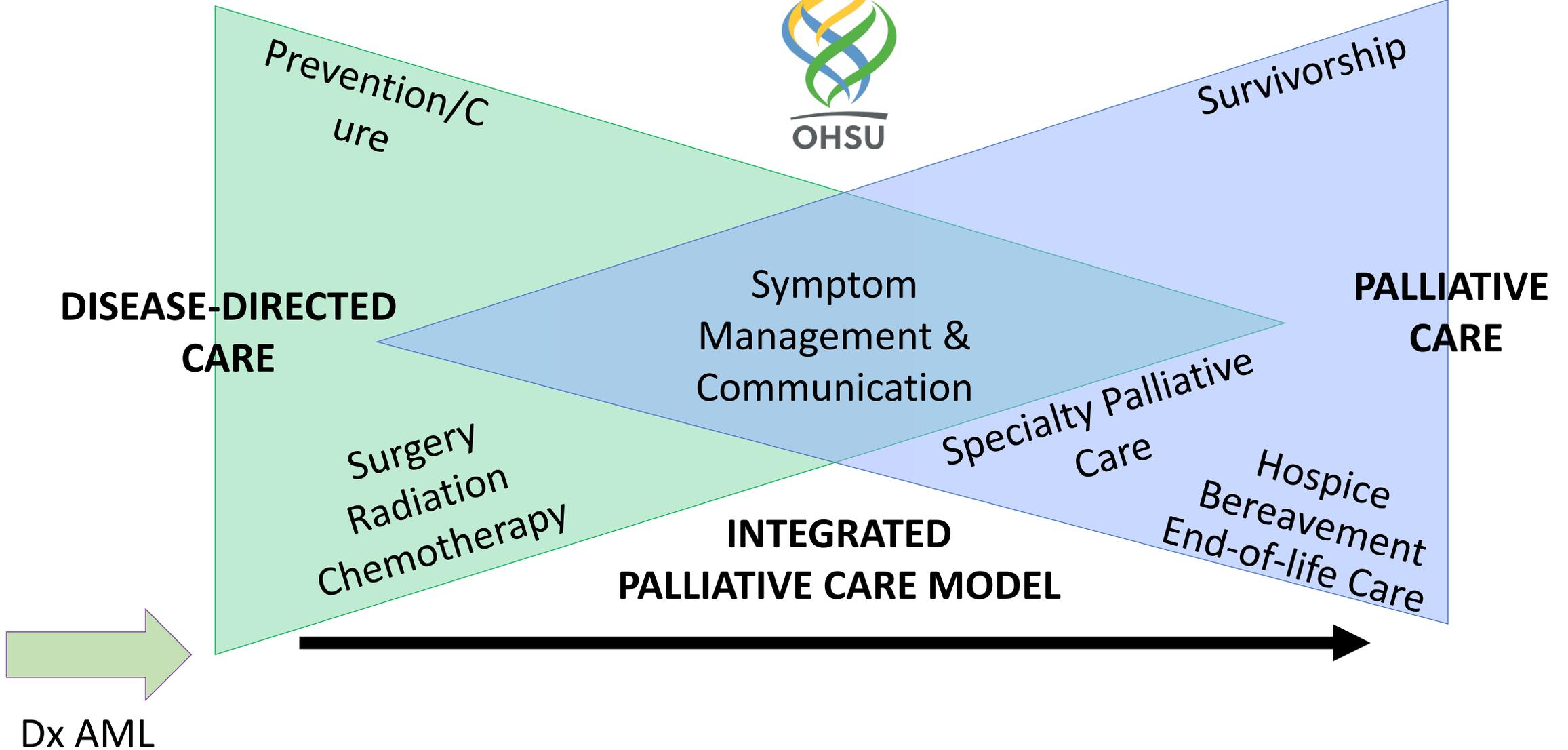


ONS®  
Oncology Nursing Society

- “All patients with cancer benefit from palliative care”
- “Palliative care should begin at time of diagnosis”



NCCN  
National  
Comprehensive  
Cancer  
Network®



# Survival in AML



# EoL “Quality Measures” Gap

- Patients with blood cancers are *more* likely to: <sup>1,2</sup>
  - 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<sup>3</sup>
  - Use hospice services<sup>4</sup>
    - Or, are more likely to die within 7 days of enrollment, or within 24 hrs of enrollment <sup>5</sup>
    - Median LOS of 11 days, vs. 19 for solid tumors <sup>5</sup>

1. Howell, DA, et al. *BMC Pall Care*, 2010.

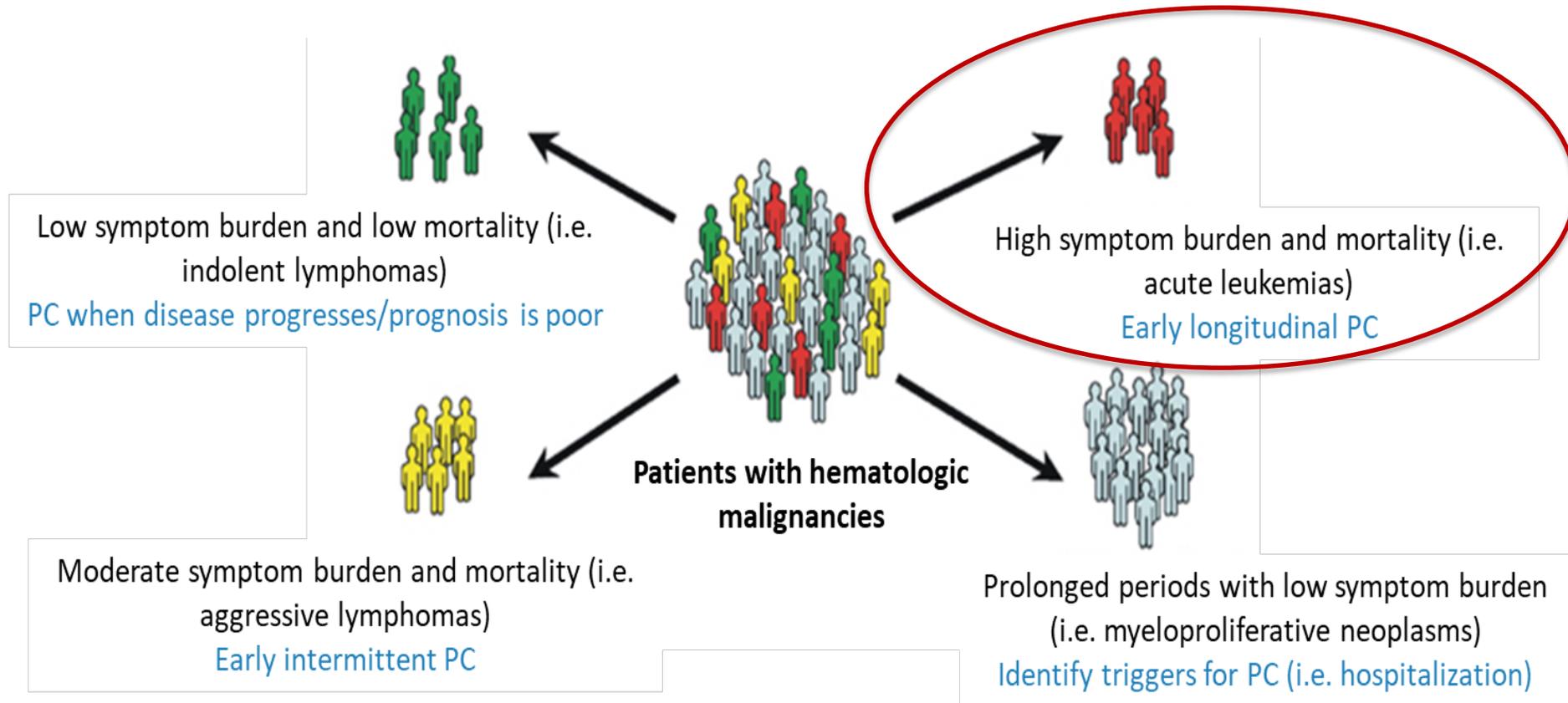
2. Hui, et al. *Cancer* 2014

3. Howell DA, et al. *Palliat Med* 2011.

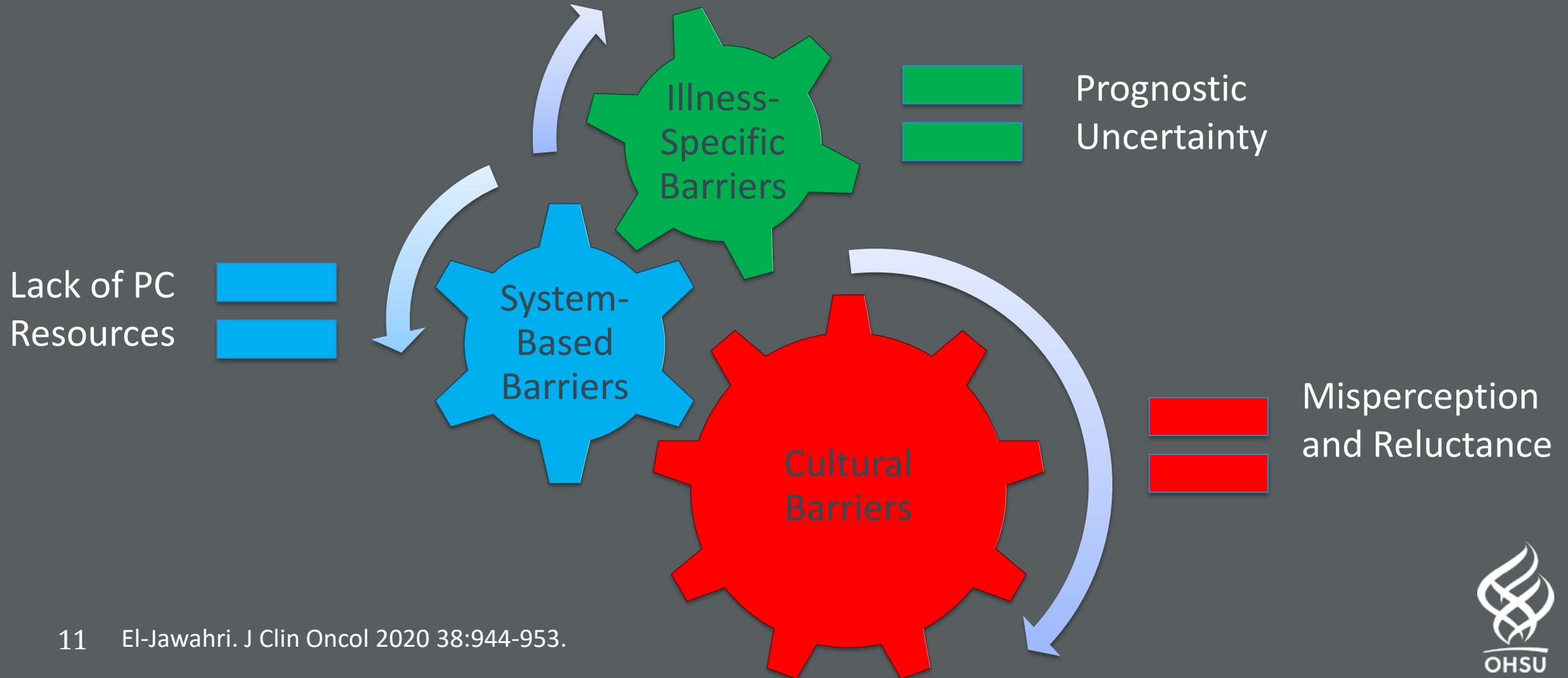
4. Odejide, et al. *JNCI*, 2015.

5. LeBlanc TW, Abernethy AP, Casarett DJ. *Journal of Pain and Symptom Management*, 2014

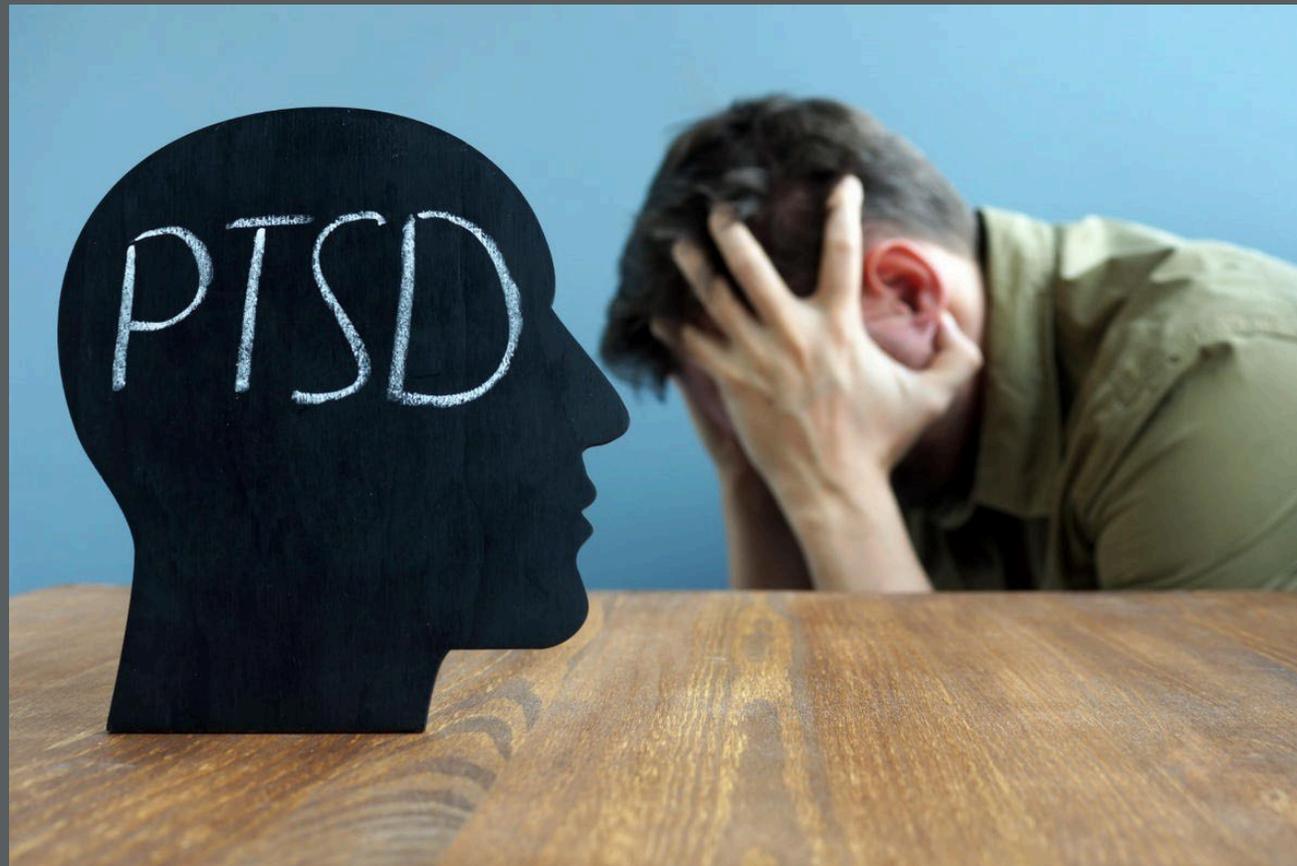
# This is not one-size-fits all PC



# Barriers to PC Integration



# Psychological Trauma of Blood Cancer Diagnosis & Treatment



Original Article

## Posttraumatic Stress Disorder (PTSD) Symptoms in Patients With Acute Myeloid Leukemia (AML)

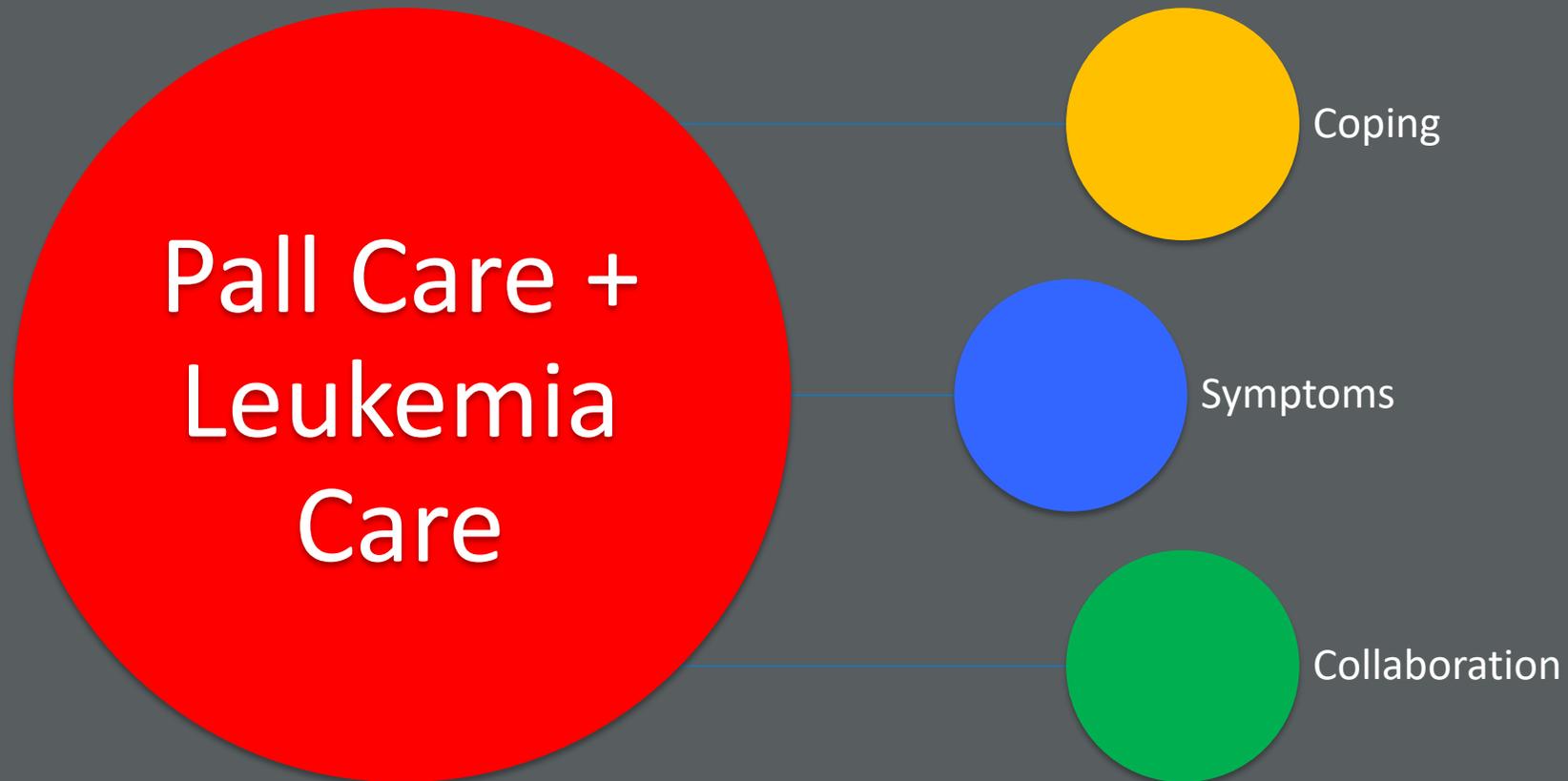
Hermioni L. Amonoo, MD, MPP <sup>1,2,3</sup>; Thomas W. LeBlanc, MD <sup>4</sup>; Alison R. Kavanaugh, NP<sup>3,5</sup>; Jason A. Webb, MD<sup>6</sup>; Lara N. Traeger, PhD<sup>3,7</sup>; Annemarie D. Jagielo, BSc, BA<sup>8</sup>; Dagny M. Vaughn, BA <sup>8,9</sup>; Madeleine Elyze, BA<sup>8</sup>; Regina M. Longley, BA<sup>7</sup>; Amir T. Fathi, MD <sup>3,8</sup>; Gabriela S. Hobbs, MD<sup>3,8</sup>; Andrew M. Brunner, MD<sup>3,8</sup>; Nina R. O'Connor, MD<sup>10</sup>; Selina M. Luger, MD<sup>11</sup>; Jillian L. Gustin, MD<sup>12</sup>; Bhavana Bhatnagar, DO<sup>13</sup>; Nora K. Horick, MS<sup>3,14</sup>; and Areej El-Jawahri, MD <sup>3,8</sup>

- Patients with high-risk AML who were hospitalized for intensive chemotherapy,
  - 28% had clinically significant PTSD symptoms at 1 month after diagnosis.

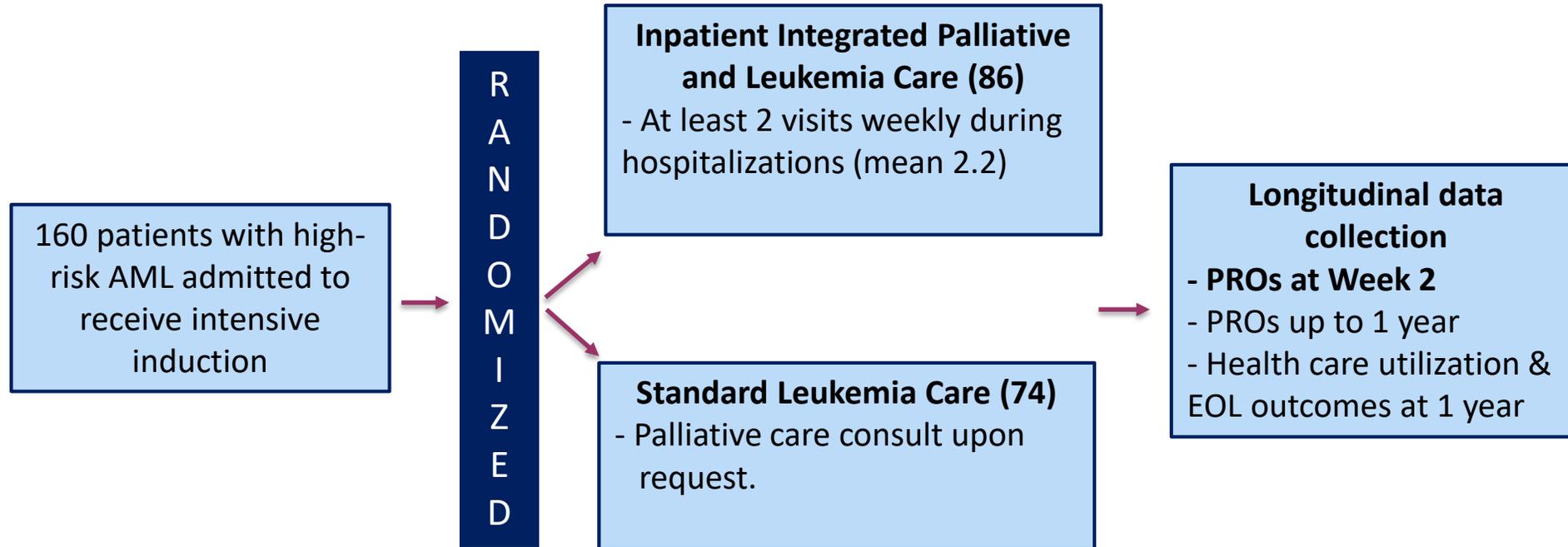
A scenic view of a hospital complex on a hillside. In the foreground, a cable car is suspended from cables, and a bridge railing with a mesh fence is visible. The hospital buildings are modern, with a prominent glass-walled structure. The background is a clear blue sky.

# LEAP Study – Integrated PC for Patients with AML

# Integrated Palliative Care in AML

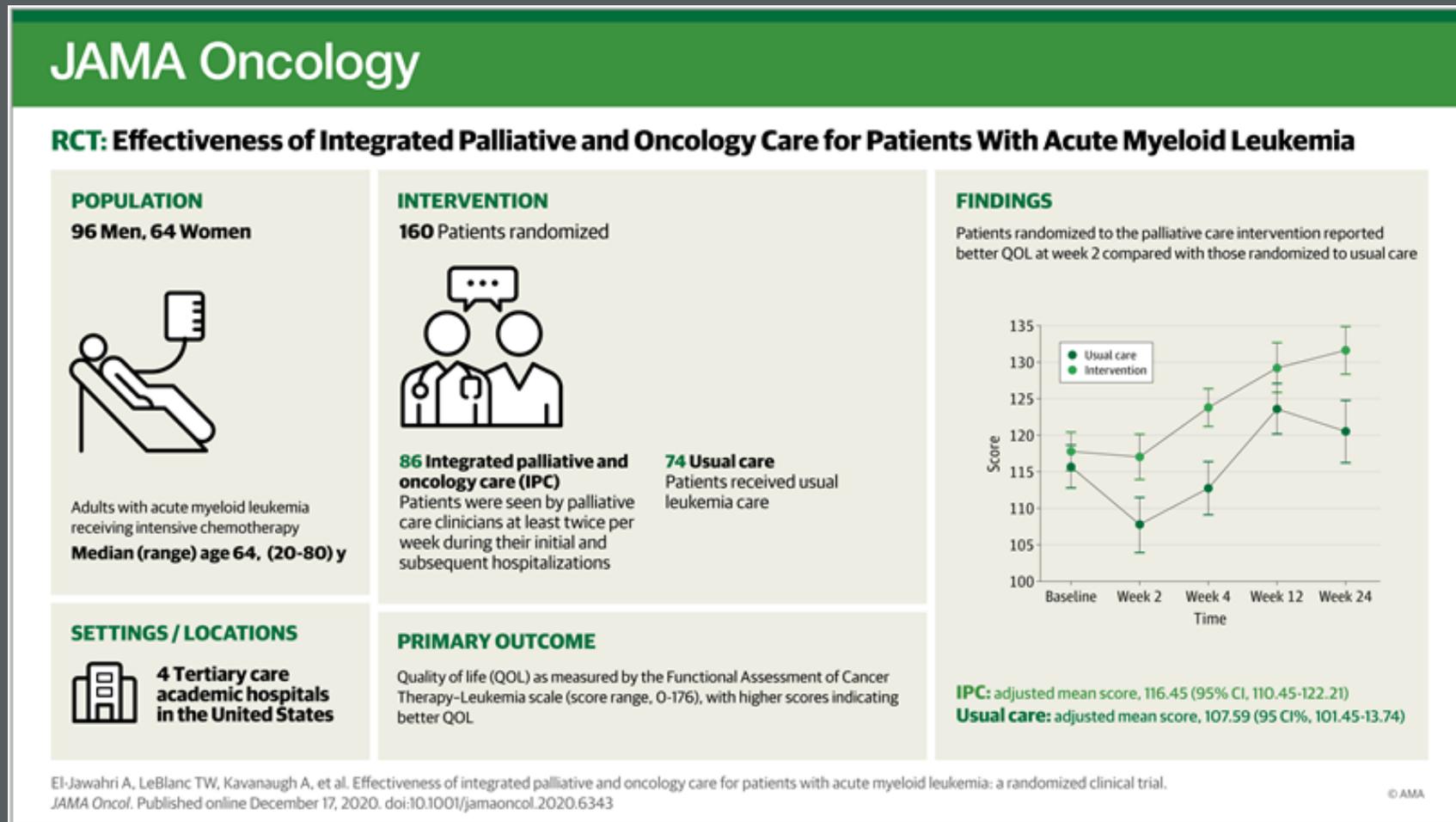


# LEAP Study Design



- **Randomization:** Stratified by study site, and diagnosis (newly diagnosed vs. relapsed/refractory)
- **Sites:** MGH, Duke, Penn, Ohio State

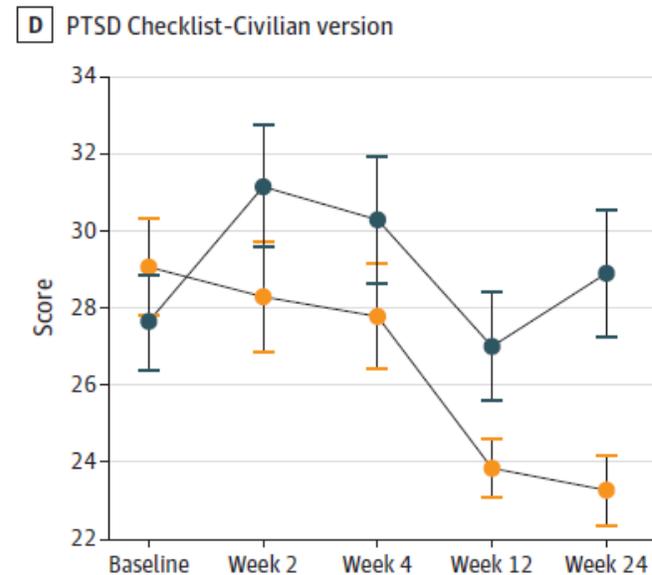
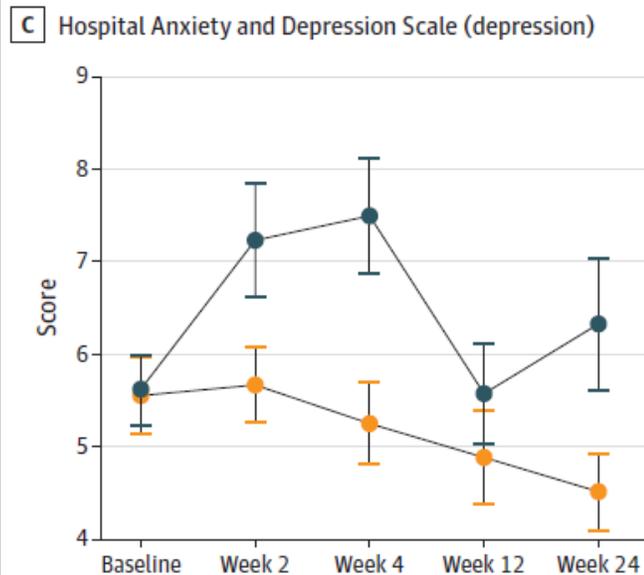
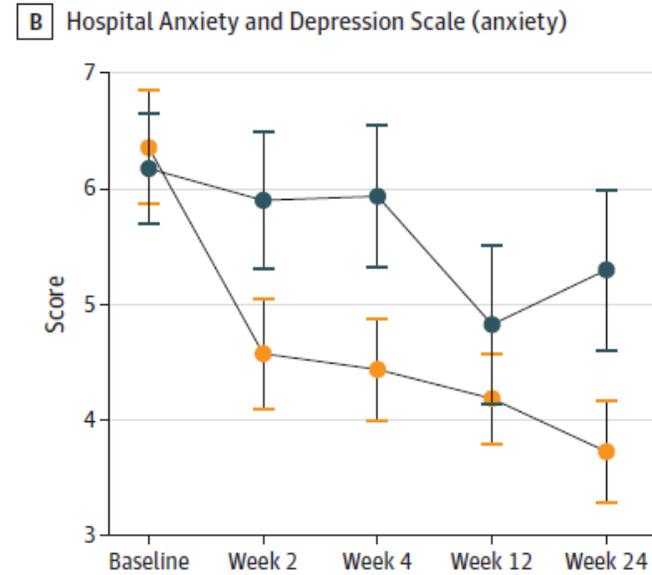
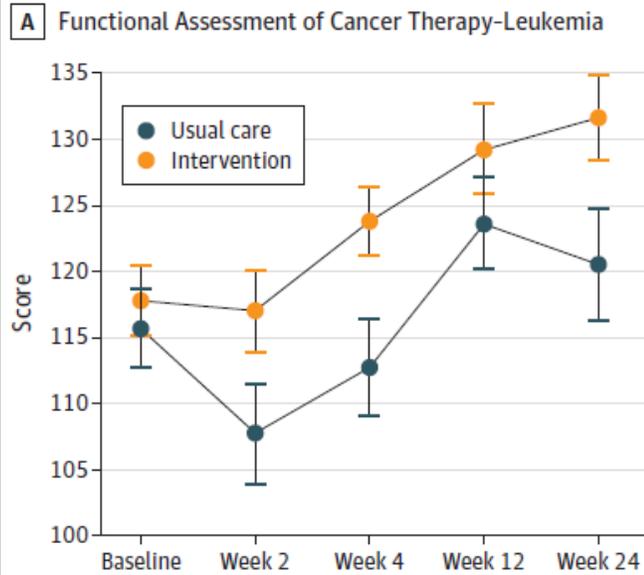
# IPC = New Standard of Care



IPC for patients with AML is dose dependent (~2x/week), collaborative, and focused on coping and symptoms.



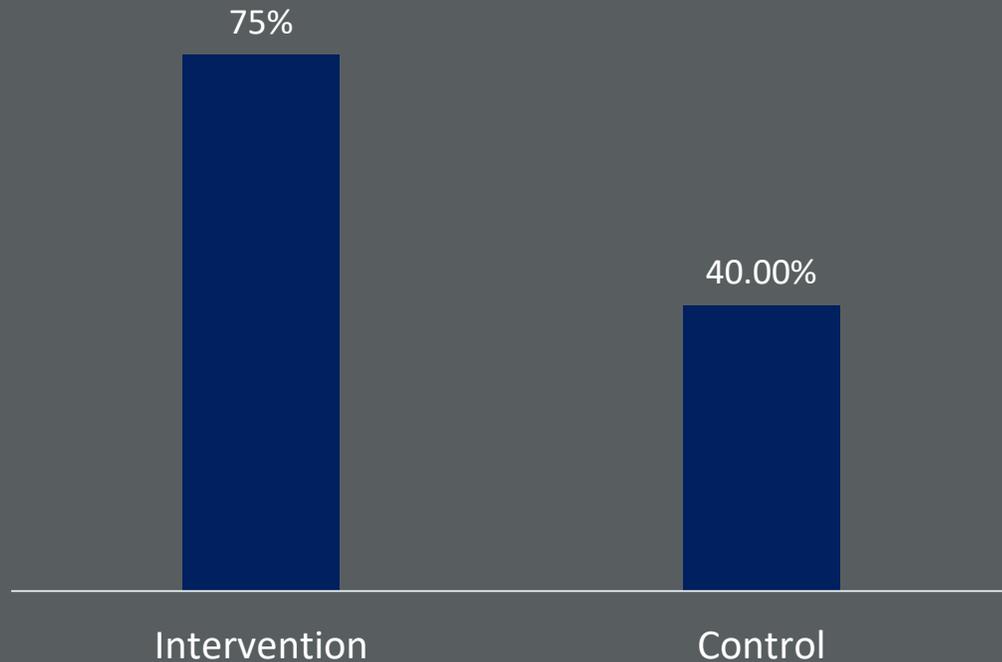
Figure 2. Effect of Integrated Palliative and Oncology Care on Patient-Reported Quality of Life and Psychological Distress by Scale



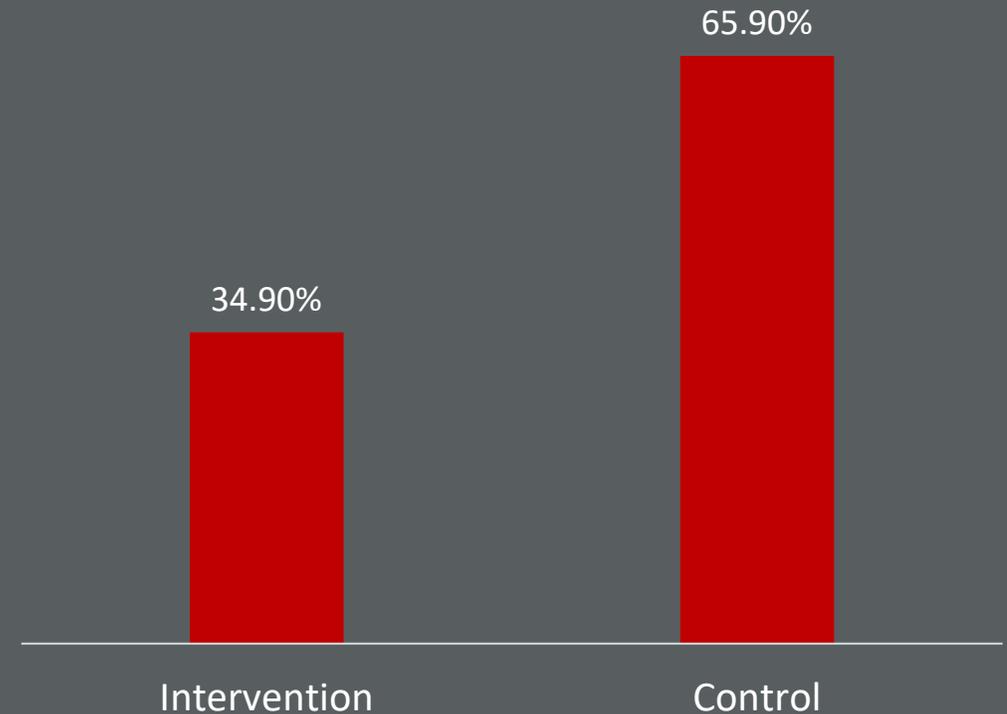
El-Jawahri, Leblanc, Kavanaugh, Webb et al., JAMA Oncol 2020

# End of Life Outcomes

Patient reported discussions of EOL care preferences

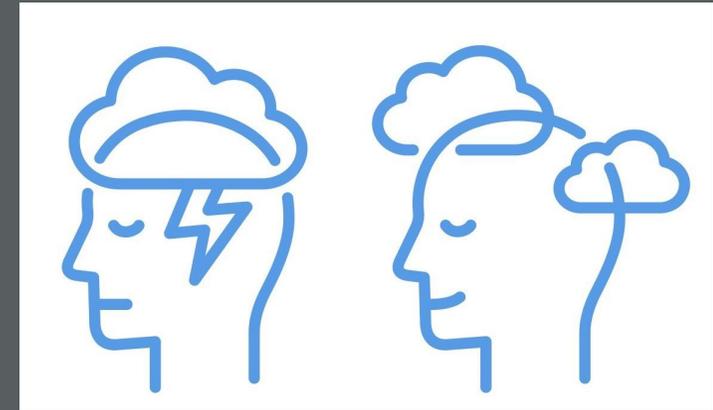


Chemotherapy in the last 30 days of life

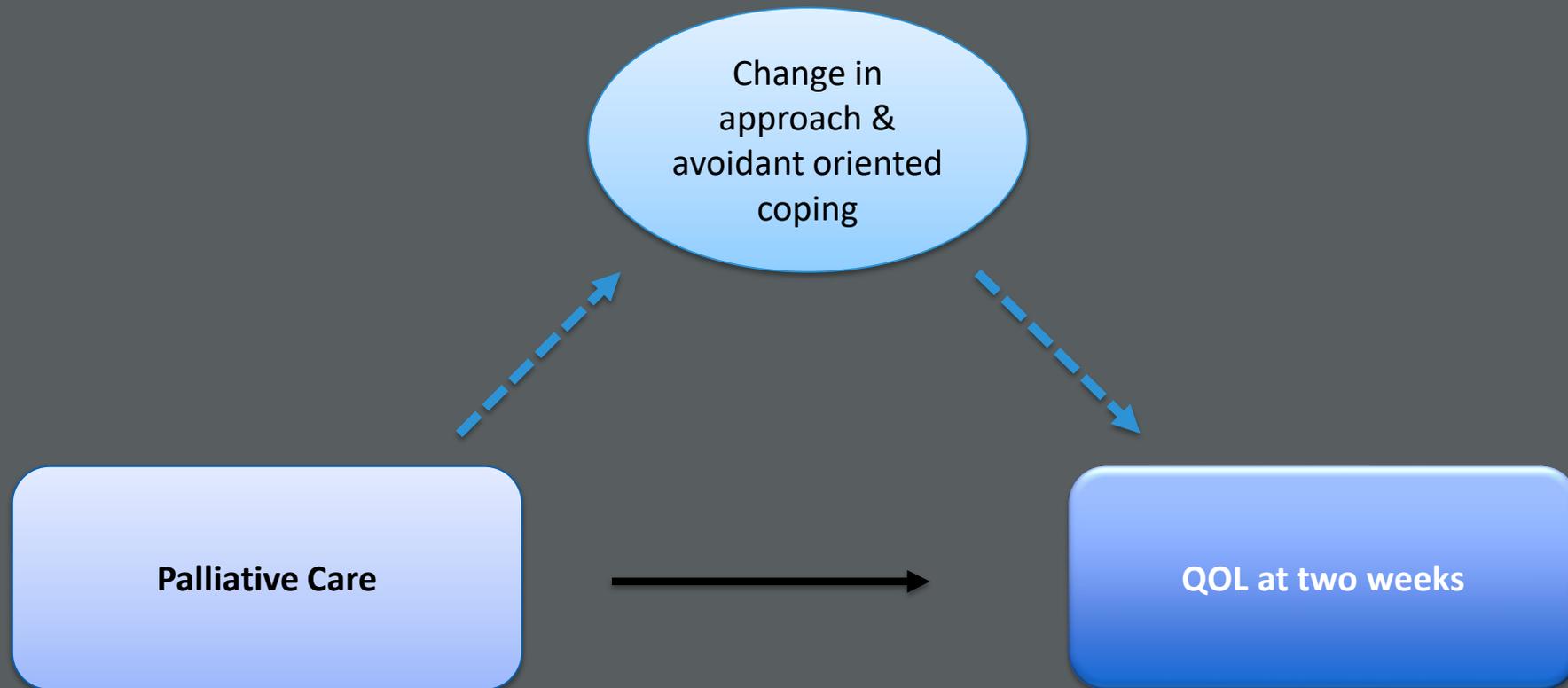


# Supporting Coping for Patients with AML

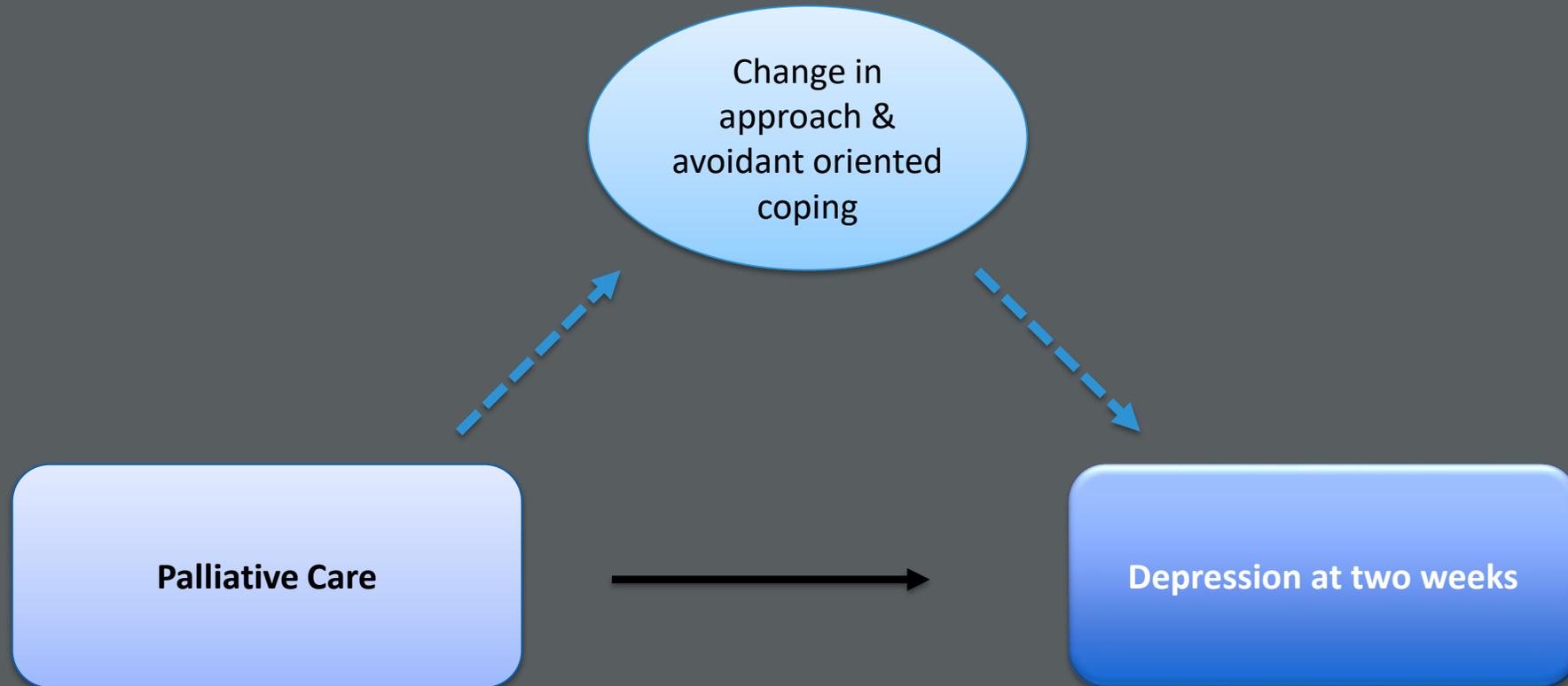
- Review & validate prior coping efforts
  - What strategies have worked in past?
  - Where do you find your strength?
- Reinforce adaptive coping strategies already in place
- Discuss & advocate for diverse methods of coping



# Coping Mediates the Effect of PC Intervention



# Coping Mediates the Effect of PC Intervention



# 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.

# Next Steps – IPC

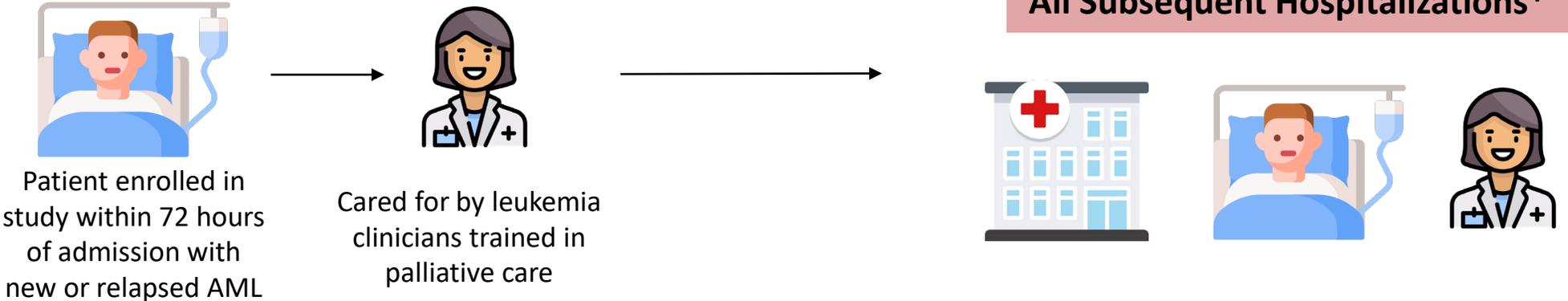
- Develop actionable models for IPC for leukemia clinical programs
- SCOPE-PC → Specialty vs. Primary Palliative Care
  - Patients with AML during Induction Chemotherapy (High and Low Intensity Induction)

# SCOPE-PC

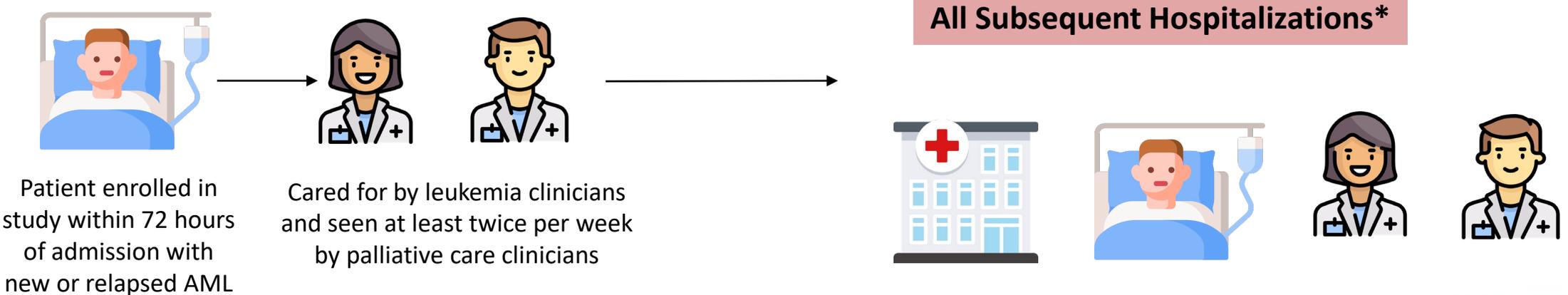
- Cluster randomized comparative effectiveness trial of primary palliative care (PPC) vs. specialty palliative care (SPC) in 1150 patients with high-risk AML and their caregivers
- We are conducting the study in collaboration with the Palliative Care Research Cooperative (PCRC) and will recruit patients and caregivers from 20 PCRC institutions

# Intervention Delivery

## Primary Palliative Care

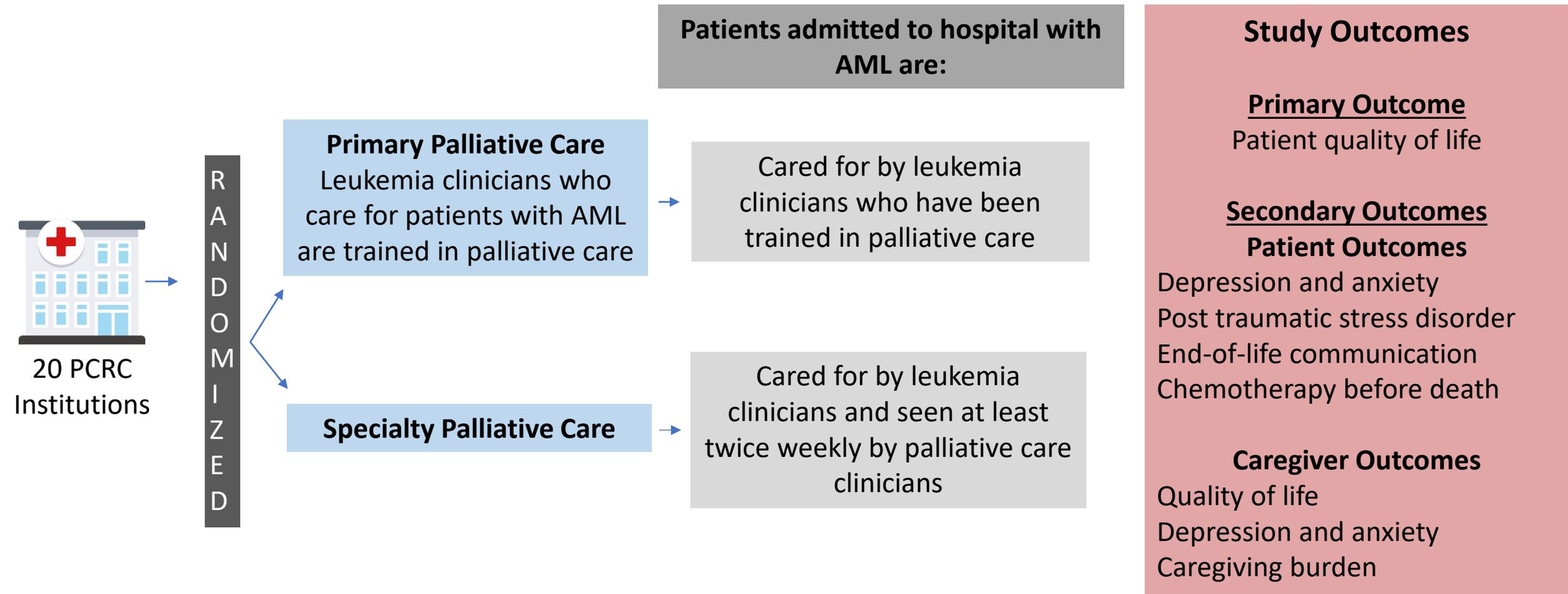


## Specialty Palliative Care

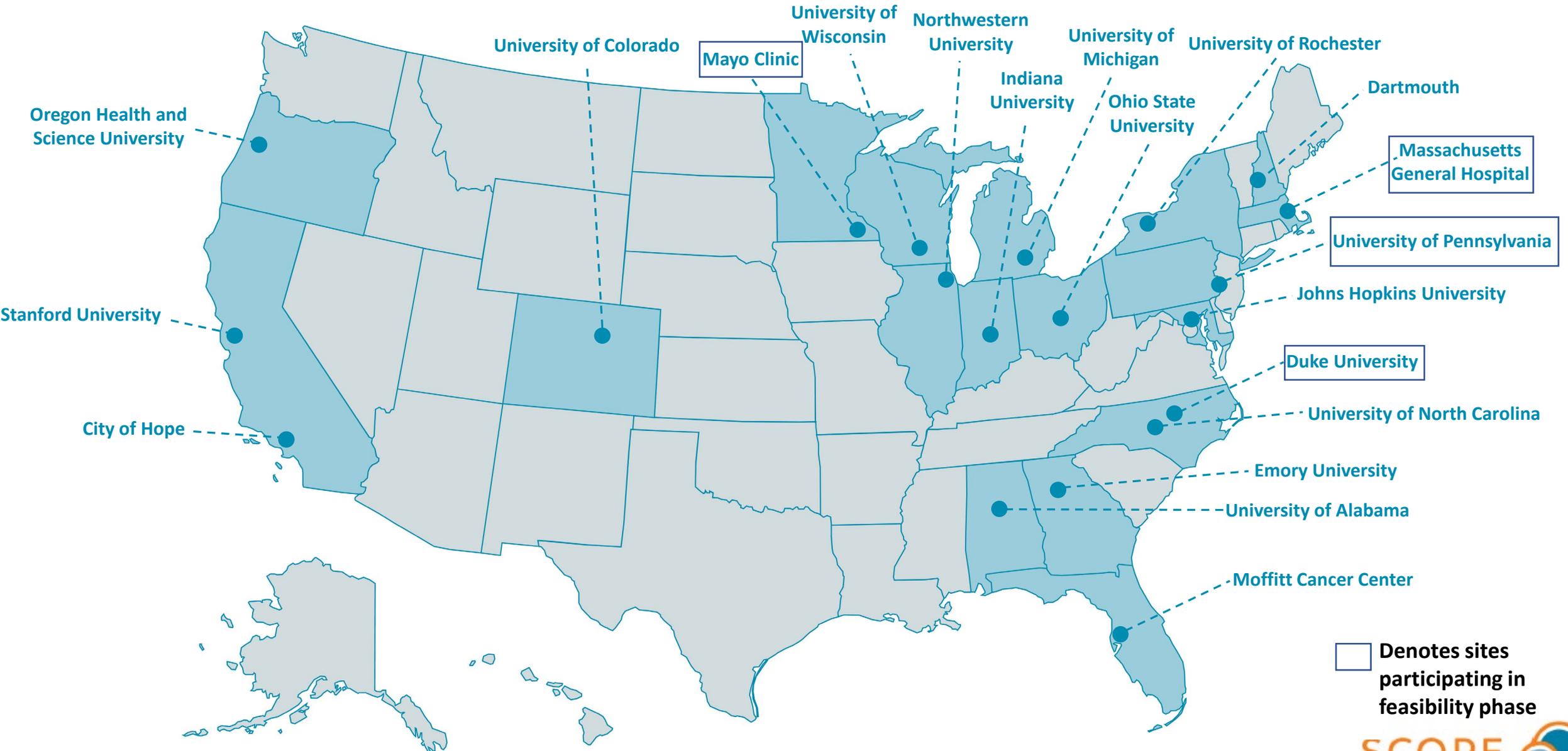


\* Until death or end of study (minimum of 12 months)

# Study Design



# Potential Study Sites



# 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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