

# Patients with advanced haematological malignancies in specialized palliative home care (SAPV)

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## Introduction

There is sufficient evidence that patients with advanced haematological malignancies in non-curative settings suffer from complex physical symptoms and psychosocial distress, comparable to patients with solid tumor entities. Nevertheless, numerous problems at the interface between haematology and palliative care have been described. This is even more true for palliative home care for patients with haematological malignancies, where virtually no data concerning needs and therapeutic support exist.

## Methods

We therefore performed a retrospective analysis of all patients with haematological malignancies (ICD 10: C81-C95) being treated by the respective palliative home care team (SAPV), in addition to haematology and general practice. Patient records of three SAPV teams were analyzed (Göttingen, Hamburg-Altona, Landshut); covering all patients from 01/2011 until 10/2014. All SAPV teams were closely neighboured to haematological institutions. Disease entity, demographic data, symptoms, psychosocial distress, length of SAPV care, number of hospital admissions, therapeutic interventions during SAPV and other items were analyzed descriptively.

## Results

Of 3.955 SAPV patients, only 1.8% (n = 73) suffered from haematological malignancies (figure 1). Median age was at 76 years, 56% were male and 44% were female. 32% suffered from acute leukaemia, 24% from lymphoma and multiple myeloma, respectively, 16% from chronic lymphocytic leukaemia and 4% from other entities (figure 2). Main problems were: pain (84%), psychological problems (78%), dyspnea (56%) and deterioration of general condition (52%) (figure 4). 37% developed new symptoms during SAPV care, mainly pain (22%), infections (12%) and weakness (12%). 67% of the patients were not in need of hospitalization (figure 3). If hospital referral was necessary (33%), there was a wide range of causal, partial combined symptoms, mainly deterioration of general condition (33%) and pain (29%). 70% of the patients died within the first three month after beginning SAPV care and 76% died at home or in a nursing home (figure 5).

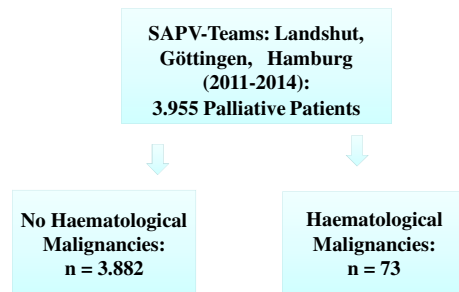


Figure 1: SAPV - Patients subgroups

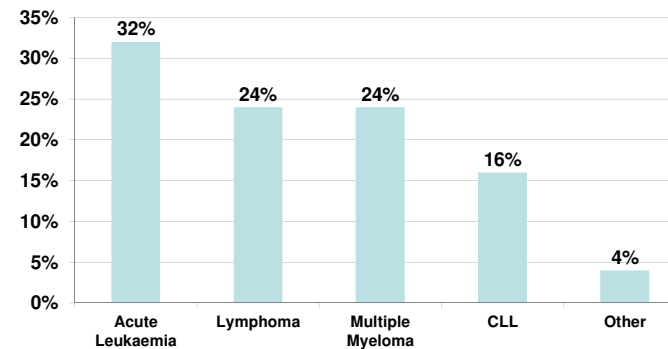


Figure 2: Spectrum of haematological diagnoses

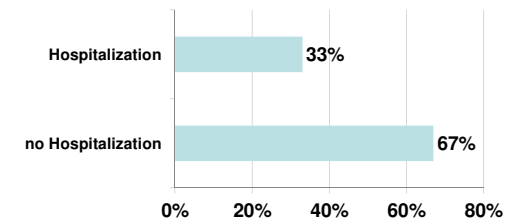
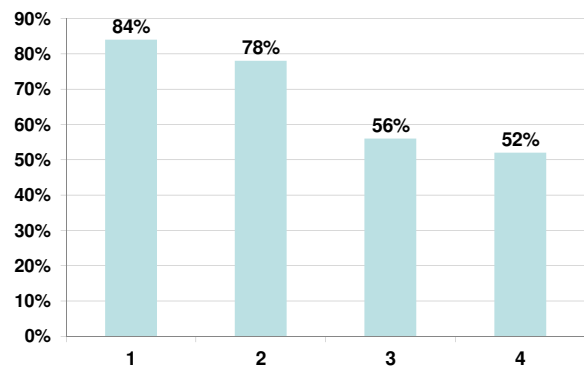


Figure 3: Hospitalization during SAPV



1 Pain; 2 Psychological Problems; 3 Dyspnea; 4 Deterioration of General Condition

Figure 4: Problems at the beginning of SAPV

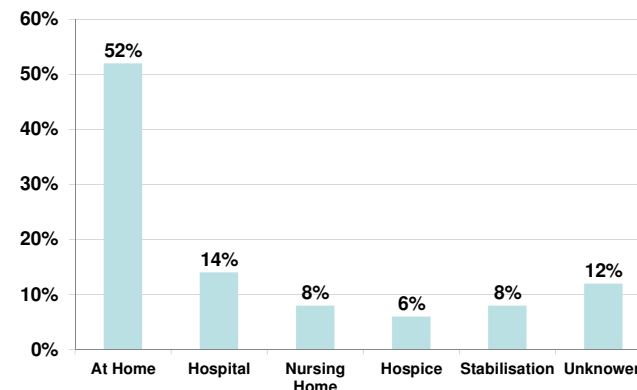


Figure 5: Place of Death of SAPV haematological patients

## Discussion

Patients suffering from advanced haematological malignancies were statistically underrepresented in SAPV care and SAPV was predominantly installed at the very last days of life. By far more patients were able to die outside a hospital (mainly at home) as compared to reference cohorts of haematological patients not being treated in SAPV. The spectrum of documented problems resembles to other patient cohorts being treated in SAPV; therefore, the offers and benefits of palliative home care should be incorporated in palliative haematological treatment concepts more vigorously and consequently.

Declarations: no conflicts of interest.