



Rate of Performing Advanced Care Planning in Refractory or Early Relapsed Aggressive B-cell Non-Hodgkin Lymphoma and Classical Hodgkin Lymphoma at Siriraj Hospital

Jirapa Puriwekin,M.D.¹ Bundarika Suwanawiboon M.D.¹ Sitanun Prechataveekid M.D.¹ Pinyo Sriveerachai M.D.² Chattree Hantaweepant M.D.¹

¹Division of Hematology, Department of Medicine, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

²Department of Palliative care, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand.

INTRODUCTION

Early palliative care improves outcomes in solid cancers, but data on hematologic malignancies, like lymphoma, is limited. In Thailand, lymphoma is the second most common hematologic cancer. While aggressive B-cell non-Hodgkin lymphoma (BNHL) and classical Hodgkin lymphoma (cHL) have good prognosis with treatment, relapsed or refractory cases have poor outcomes. This study aims to assess advance care planning (ACP) in patients with relapsed/refractory BNHL and cHL at Siriraj Hospital.

OBJECTIVES

Primary objective

- Rate of performing ACP in refractory or early relapsed aggressive BNHL and cHL at Siriraj Hospital

Secondary objective

- Proportion of patients who chose end-of-life palliative care while performing ACP.
- Rate of receiving palliative care at the end-of-life in patients with and without ACP.

METHODS

A retrospective analysis of patients ≥ 15 years old diagnosed with early relapsed or refractory aggressive BNHL and cHL was conducted at Siriraj Hospital from January 2008 to December 2022.

RESULTS

Among the 383 patients, including 79.4% with BNHL and 20.6% with cHL, the median age was 54 years with 47% males. Patients were divided into three groups: Group A, receiving intensive treatment without ASCT (66.1%), Group B, receiving less-intensive therapy (17.2%), and Group C, undergoing ASCT (16.7%). ACP rates were 47.8% in Group A, 62.5% in Group B, and 9.1% in Group C (P<0.001). When excluding patients undergoing ASCT, the median time from diagnosis of RR lymphoma to ACP was 212 days in Group A and 70 days in Group B (P<0.001). The median time from ACP to death was 15 days in Group A and 17 days in Group B (P=0.899). Comparing patients performing ACP with who did not, 25.7% versus 13.6% received chemotherapy within 30 days of death (P=0.225), and 3% versus 9.1% died in the ICU (P=0.156). Among patients discussing ACP, 78.9% expressed a preference for palliative treatment, and 97.7% successfully received palliative care at the end of life. (P< 0.001).

Figure 1. Rate of advance care planning in relapsed or refractory B-cell non-Hodgkin lymphoma and classical Hodgkin lymphoma

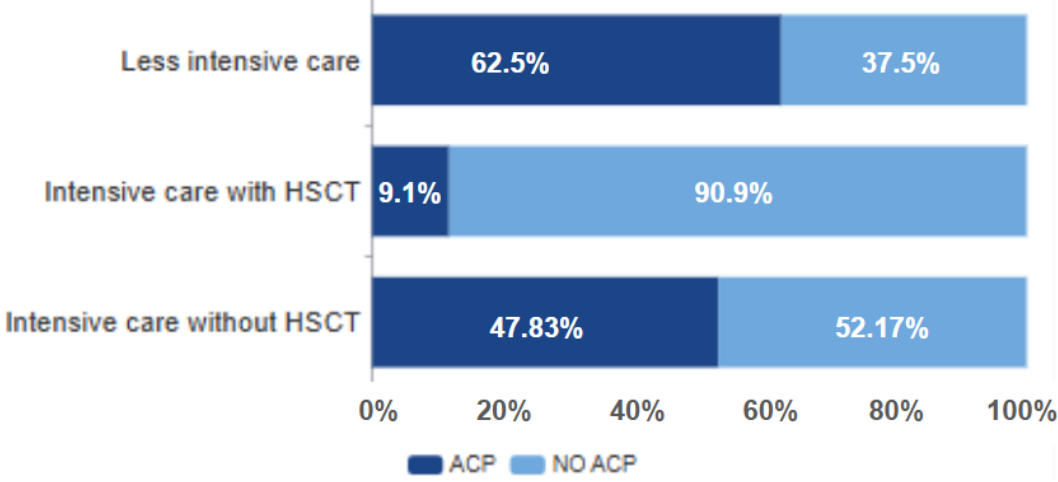


Figure 2. Rate of receiving chemotherapy within 30 days before death and death at ICU between who performed and who did not performed advance care planning

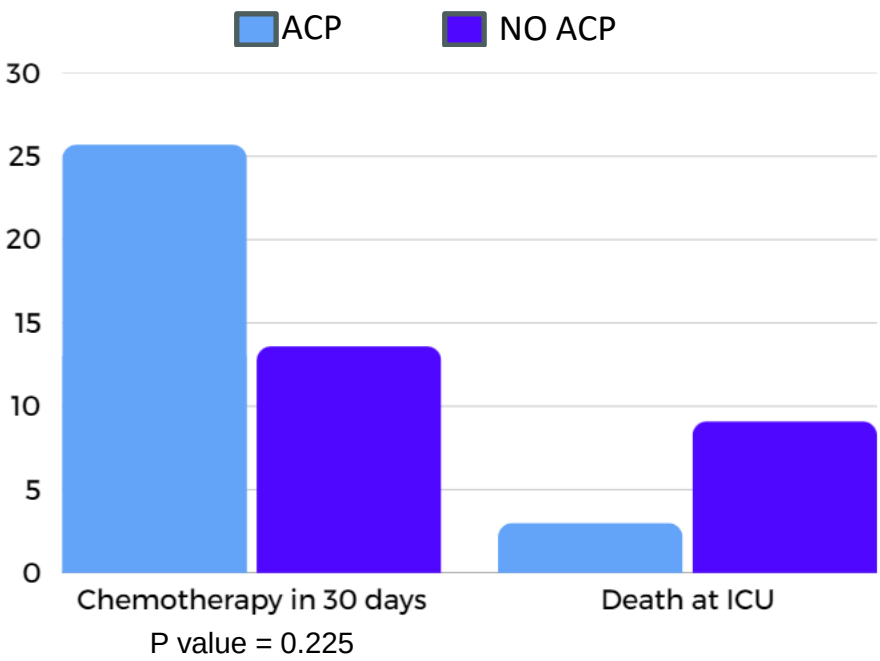
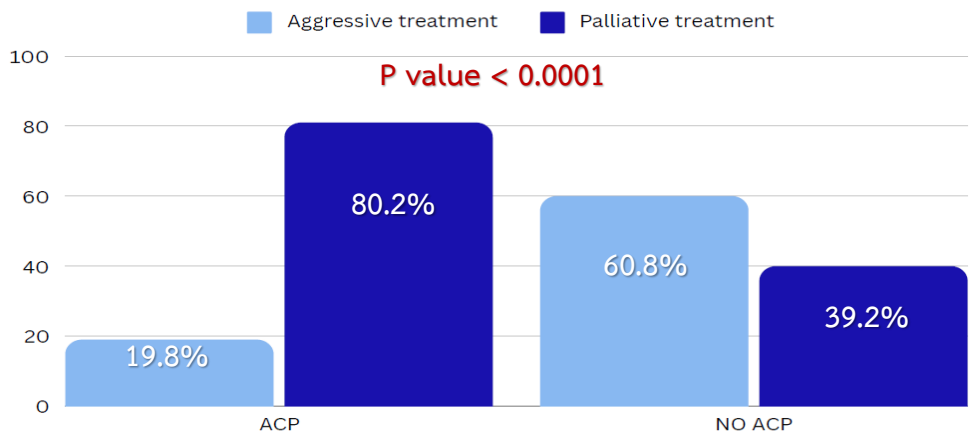


Figure 3. Rate of receiving aggressive treatment and palliative treatment at the end-of-life between patients who performed and who did not performed advance care planning



Patients with an ACP received palliative care, while only a few underwent aggressive treatment.

Among those without an ACP, a much higher proportion received aggressive treatment compared to those who received palliative care.

CONCLUSION

Patients with Relapsed and Refractory BNHL and cHL often undergo intensive chemotherapy for expectation to be cured. These patients have a low rate of Advance care planning and significant delays in its implementation. The data strongly suggest that having an ACP is associated with a higher likelihood of receiving palliative care rather than aggressive treatment at the end of life. This shows that ACP helps align medical care to patients' wishes, leading to more comfort-focused care instead of intensive treatments. Encouraging ACP discussions can ensure end-of-life care respects patient preferences.