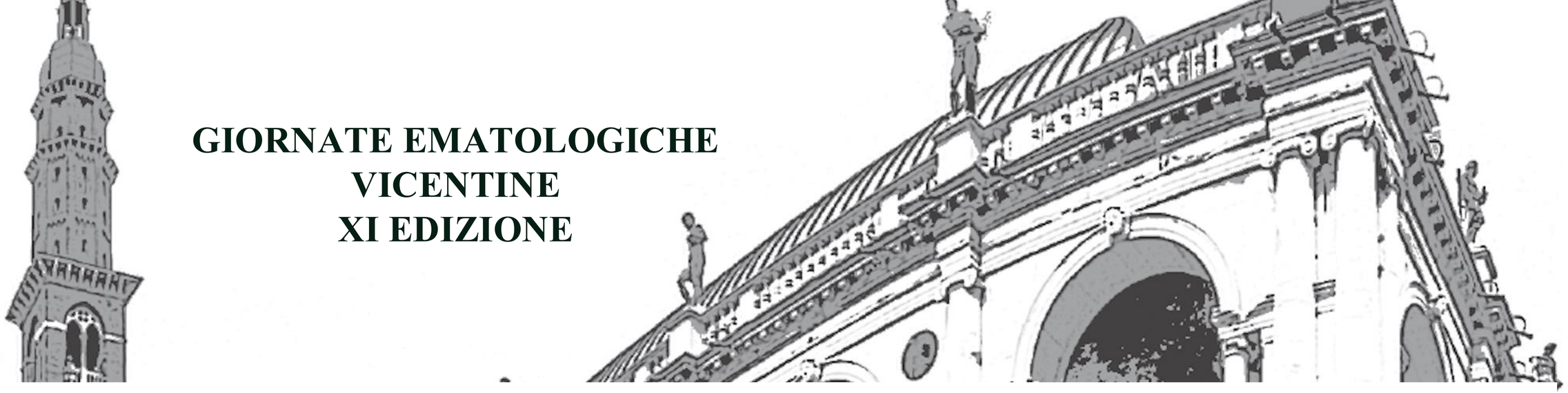

GIORNATE EMATOLOGICHE
VICENTINE
XI EDIZIONE

Le cure palliative nel paziente con leucemia acuta

Le cure palliative ed il territorio

Prof. Leonardo Potenza

UOC e Cattedra di Ematologia
Università degli Studi di Modena e Reggio Emilia
Modena

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Disclosures of Leonardo Potenza

No disclosures

Table of Contents

Why patients with AML could benefit from EPC?

Diagnosis of AML: coping with difficult decisions

To leave their life behind

To spend **+40%** of their life in the hospital

LeBlanc, T.W et al. Psychooncology 2017, 26, 2063–2068

In-hospital intensive chemotherapy or in-clinic
less-intensive therapy.

In-clinic less-intensive
therapy or supportive therapy.

DiNardo, C.D. et al. Blood 2020, 135, 85–96

Diagnosis of AML: symptom burden

- Efficace F et al. Br J Haematol 2015; 168:361

Fatigue, difficulty sleeping, drowsiness, dry mouth

Constipation, difficulty swallowing, loss of sexual interest, and hair loss

Hochman, M.J. Et al. J. Pain Symptom Manag. 2018, 55, 82–88.e1

50%

Patients with pain

8% slight

25% moderate

35% severe

Zimmermann, C. et al. Leuk. Res. 2013, 37, 731–736.

60%

Patients with Anxiety and Depression

El-Jawahri A et al Leukemia 33, pages 2393–2402 (2019)

28%

Patients with PTSD symptoms

1. Intrusion
2. Avoidance
3. Hypervigilance

Amonoo HI, et al Cancer 2021, 127, (14): 2500-2506

Diagnosis of AML:
Intense healthcare utilization at EOL

El-Jawahri, A et al . J. Clin. Oncol. 2020, 38, 944–953.

>10%

Chemotherapy
in the **last 14 days of life**

~50%

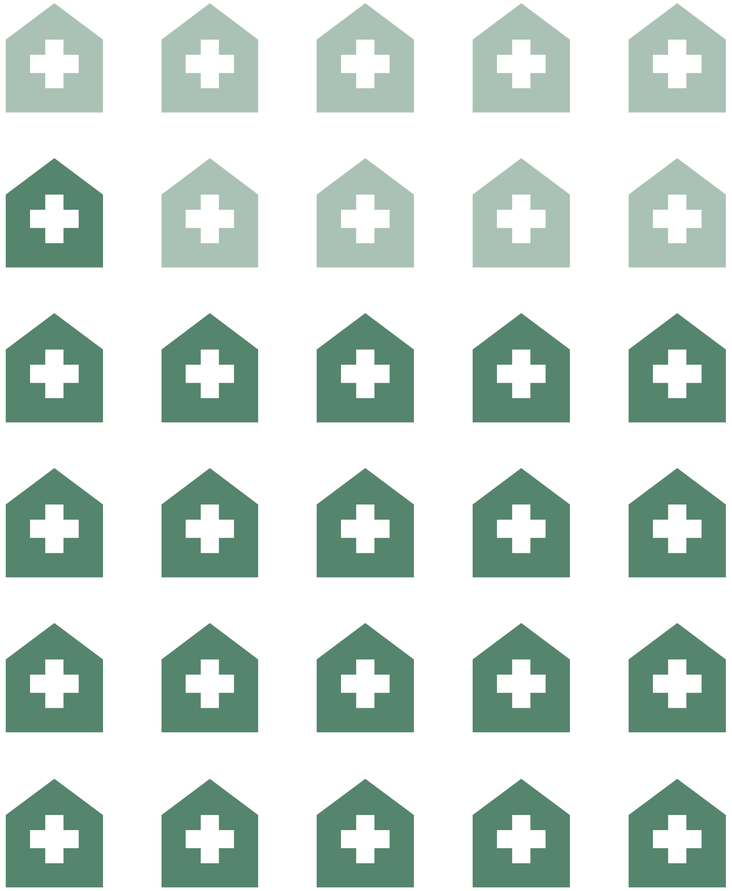
Chemotherapy
in the last **30 days of life**

Wang, R. et al. J. Clin. Oncol. 2017, 35, 3417–3424.

Admitted **to the ICU**
in the last 30 days of life

Admitted **to the hospital**
in the last 30 days of life

El-Jawahri et al. Cancer 2015, 121, 2840–2848.



21.4 days

Last month of life hospitalized

El-Jawahri, A. et al. Lancet Haematol. 2016, 3, e276–e283.

47.3%

First hospice starts in the last 7 days of life

LeBlanc, T.W. Et al. Blood 2018, 132, 717–726.

>40%

Die into the hospital

Wang, R. et al. J. Clin. Oncol. 2017, 35, 3417–3424.

What are the evidence about the early integration of PC in AML?

Multiple Studies

Over the past decade

1 Feasibility

2 Acceptability

3 Cost-effectiveness

EPC

for patients with AML

1. Two Phase III RCT
2. One Phase II Study
3. Two Retrospective Studies

1 RCT

Inpatient AML

Quality of life

Physical symptoms,
anxiety and depression

Psychological Distress
during hospitalization

El-Jawahri Aet al. 2016; El-Jawahri Aet al. 2020

Phase II

Inpatient AML

- Pain intensity and pain interference
- Acute stress disorders
- Traumatic stress symptoms

Rodin G et al. Supp Care Cancer 2020

1 still ongoing RCT

Outpatient AML

Quality of Life

EOL Preferences

Hospitalization last 30 days

El-Jawahri A et al. 2024

Two Retrospective

Outpatient AML

Quality of Care

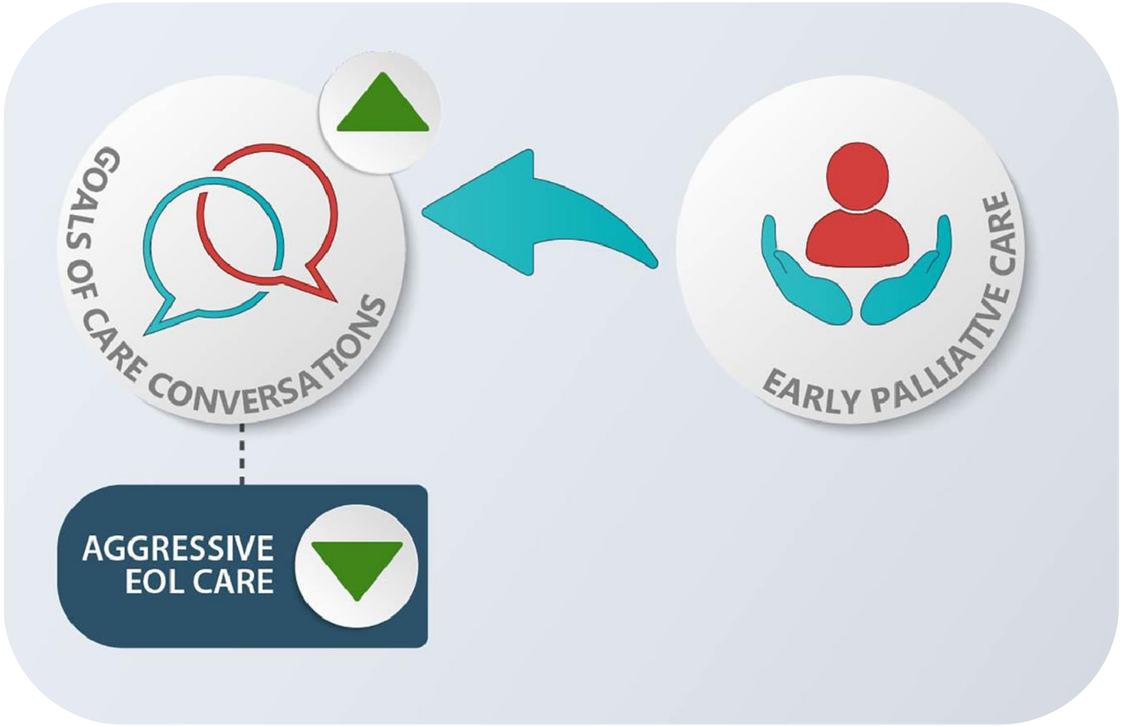
Assessment
And Management of Pain

Aggressive care
near EOL

Potenza L et al BMJ Supp Pall Care 2021

EPC

for patients with AML

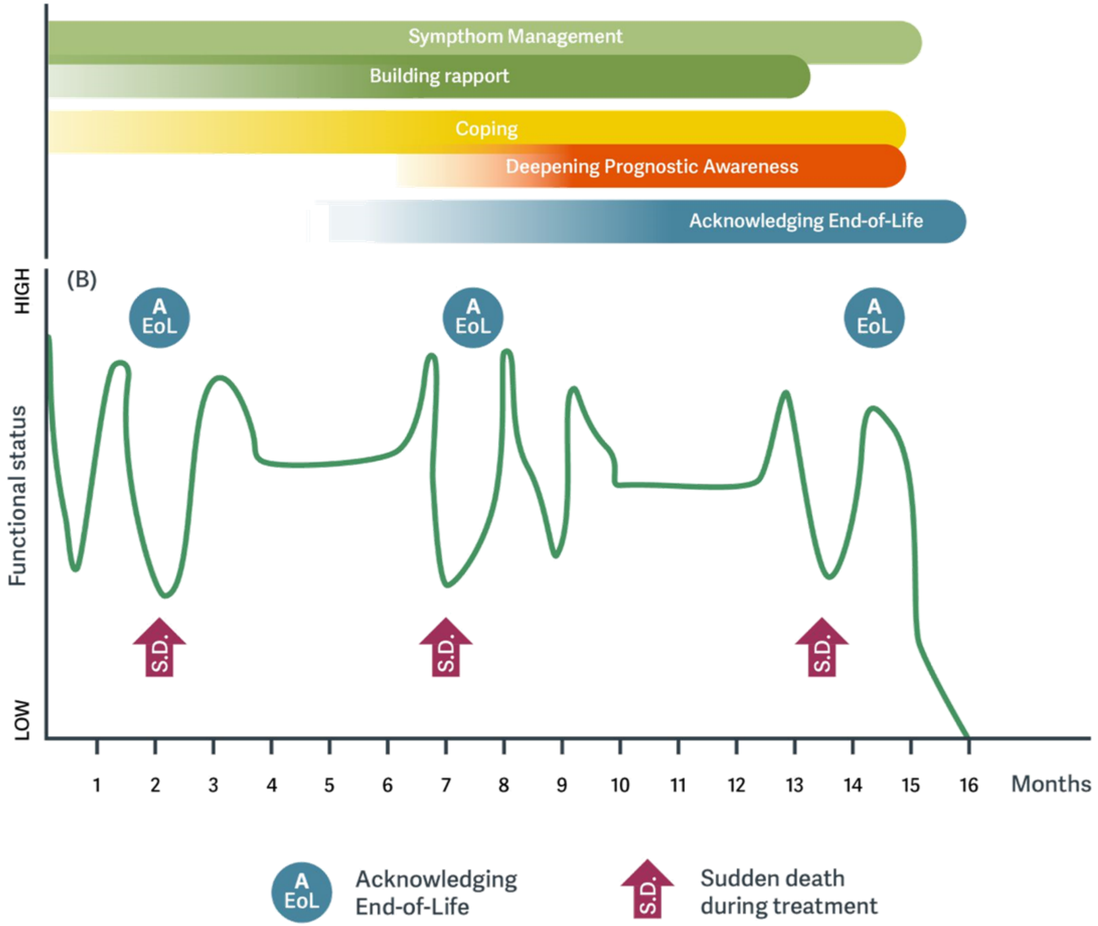


Indication Of Good Clinical Practice

The panel recommends, where feasible, **early involvement** of the palliative care team …to promote **simultaneous intervention** by the haematologist and the **palliative care specialist**.

How Can Early Palliative Care Achieve These Results?

Focus of EPC visits



Potenza L et al. BMJ Supp and Pall Care 2024

6th TASK

PC physicians describe their intervention as serving as a **liaison** between **patients** and the **oncologists**

Back AL et al. 2014

COPING

and Early Palliative Care

- Use active coping
- Apply positive reframing
- Develop acceptance

Greer J et al. 2020

Coping Strategies mediated

QoL

78%

Effect mediated by **Coping**

Depression

66.3%

Effect mediated by **Coping**

Anxiety

35%

Effect mediated by **Coping**

Nelson AM et al. Cancer 2021

How to redefine the role of home-based care and implement EPC in clinic?

Home-based care = PC

Many still believe that **home-based care** is **palliative care**.
But in reality, **reflects** the **traditional model**
of palliative medicine

Petrillo LA et al. ASCO Education Book 2024

Palliative Care

From the 1960s until just over a decade ago

1. Inpatient Symptom Control
2. Preparing for Death
3. Arranging Hospice Admission

Clark D. Lancet Oncol. 2007

PC Neglected

several dimension of the person

1 Emotional

2 Relational

3 Spiritual

WHO Expert Committee on Cancer Pain Relief and Active Supportive Care. 1990

PC = EOL

It **contributed** to the persistent **misconception** that **palliative care equals end-of-life care**.

Petrillo LA et al. ASCO Education Book 2024

83

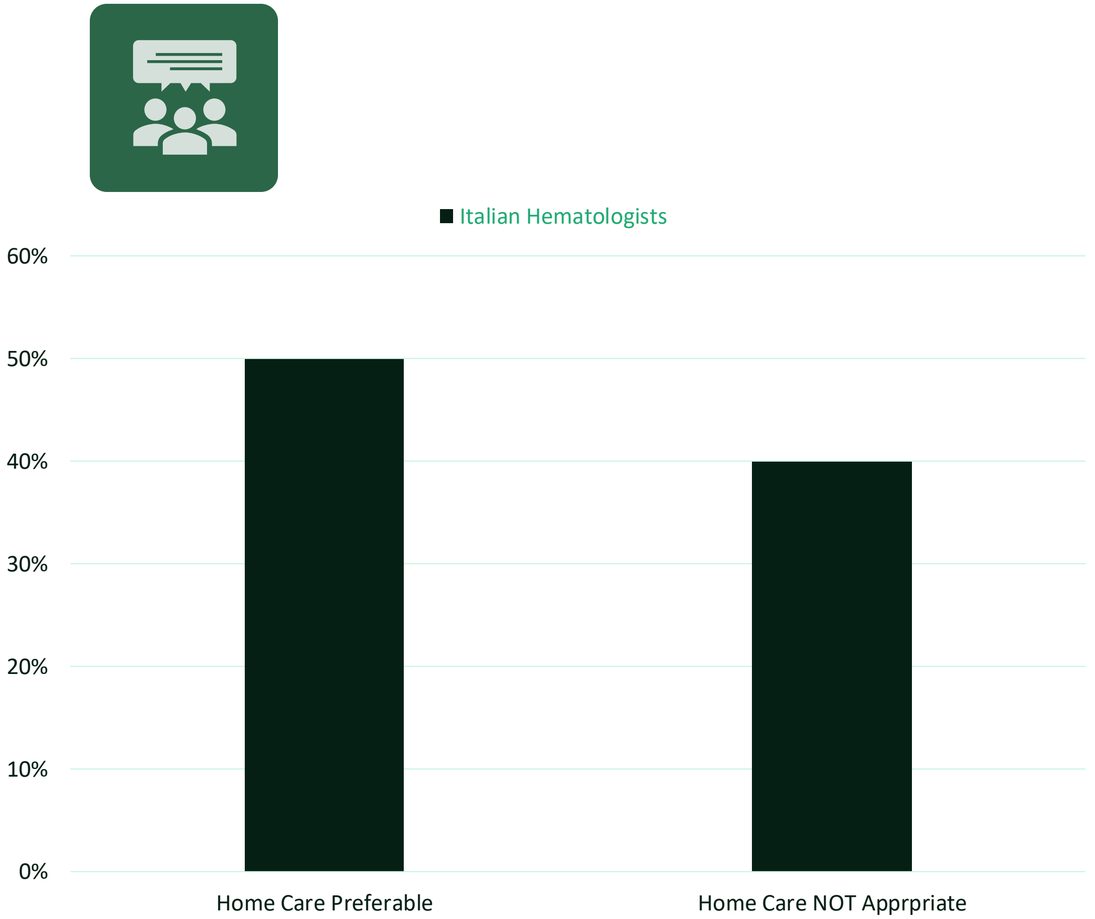
AIL Sections

33

currently offer home assistance

182

Italian Hematologists



Home-based care = too LATE

Home-based care often **arrives too late** and **too limited**.
It **mirrors** where PC **once was**, **not where** it needs **to go**.

EARLY Palliative Care

From more than a decade now

1. Earlier in the course of advanced cancer
2. Outpatient and Alongside active treatment
3. Focusing on coping, communication, and quality of life.

Sanders JJ, et al. ASCO guideline update. J Clin Oncol 2024

Implementation of EPC:
Four main steps

El-Jawahri, A et al . J. Clin. Oncol. 2020, 38, 944–953.

Early Palliative Care

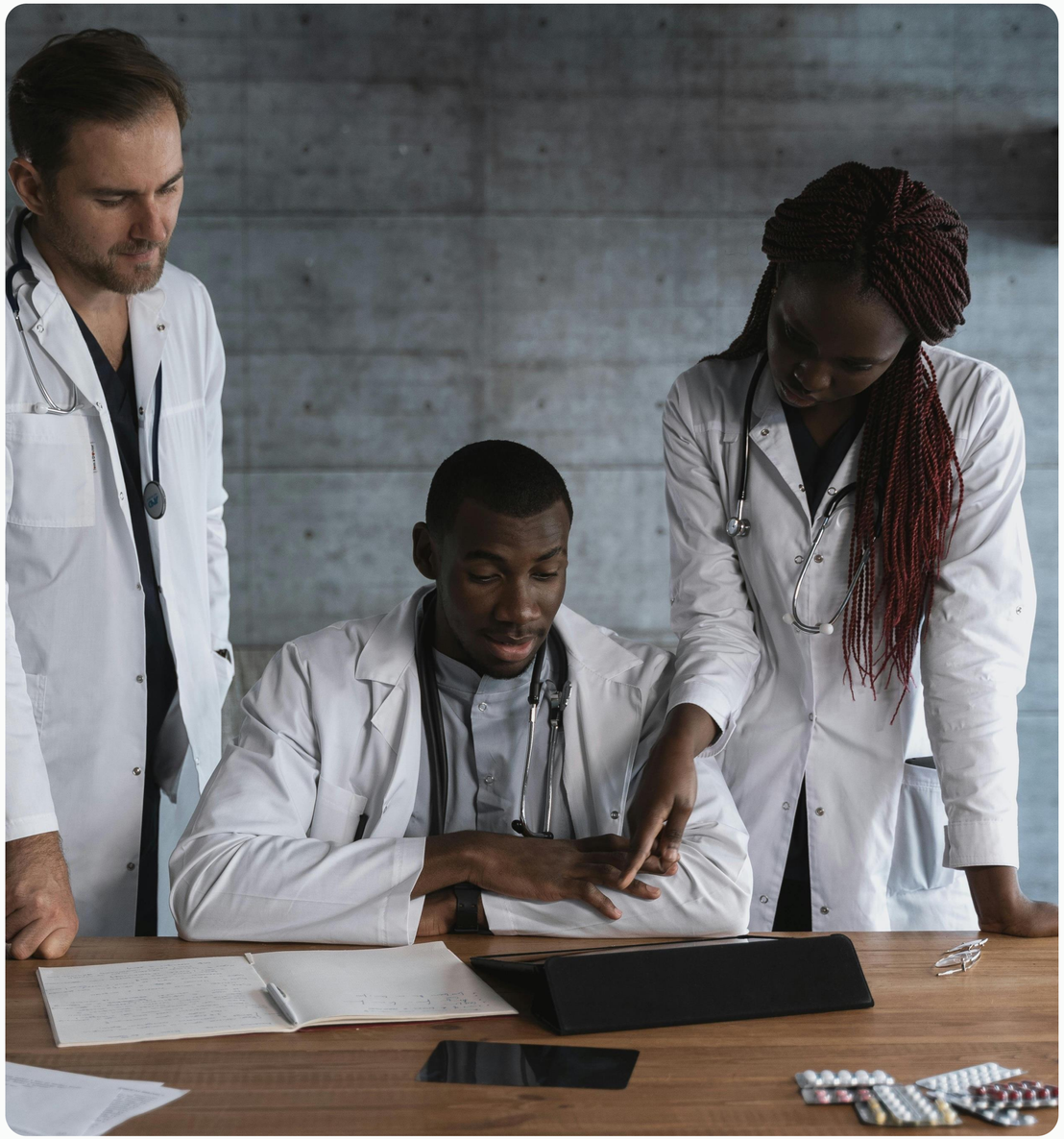
Change Perspectives

Haematologists need to recognise that EPC are an **additional layer of support** for their patients and EPC specialists need to be **involved** in the care pathway in the same way **as other specialties**.

Early Palliative Care

Collaboration Communication

EPC can help haematologists
manage patients and **support**
them throughout the **disease process**.



Early Palliative Care

Early Palliative Care Education

Increase the number of **Master Courses** and **Speciality Schools** and **recognise** and **include** the discipline of **haematology** in the training network of **Specialty School**.

• Luppi M et al. BMJ Support Palliat Care. 2023 Aug 3:spcare-2023-004505.

Early Palliative Care

Criteria for PC intervention

it is necessary to **identify criteria** to determine the **optimal timing** for the integration of the **EPC** in the specific treatment pathways of **different HM**, to move from an early to a **needs-based model**.

Sedhom R, et al. J Clin Oncol. 2023 Jun 1;41(16):2888-2892

	Solid Cancer
Severe phys or emo symptoms	✓
Assistance with decision making or care planning	✓
Brain or leptomeningeal disease	✓
Spinal cord compression or cauda equine	✓
Spiritual or existential crisis	✓
Progressive disease after second-line systemic therapy for incurable cancer	✓

Hui D et al. Lancet Oncol 17:e552-e559, 2016

	Hema Cancer
Severe phys or emo symptoms	✓
HR-AML	✓
HSCT	✓
PCNSL/HGL	?
Multiple Myeloma	?
Other Hema Cancers	?

Conclusions

Patients with **Acute Leukemia**
have **several unmet** palliative care **needs**.

EPC is **effective** in **AML** patients
by improving **QoL**, **coping**, the **quality of care** and **reducing** EOL **aggressiveness**

The way **Hematologists see EPC** needs to be **changed** and **new communication/collaboration tools** identified

EPC training opportunities must be increased and, in Italy, **Haematology** included in the **network** of the School of **Specialisation** in PC.

Criteria should be identified for HM which would **benefit the most** from **EPC** to help **transition** from early to **needs-based** model.

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EPC Clinic and Medical Oncology USL Modena,
University of Modena and Reggio Emilia, Modena Italy.
E. Bandieri

03

Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Modena, Italy
E. Borelli

Department of Linguistic Sciences and Foreign Literatures, Catholic University of the Sacred Heart Milan, Italy
S. Bigi

04

GIMEMA. Health Outcomes Research Unit, Rome, Italy
F. Efficace

Department of Supportive Care, Princess Margaret Cancer Centre, University of Toronto, Ontario, Canada
C. Zimmerman

Dana-Farber Cancer Institute, Boston USA
O. Odejide

UNIMORE
UNIVERSITÀ DEGLI STUDI DI MODENA E REGGIO EMILIA