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Differences in hematologists' and palliative care physicians' recommended indications and opinions on transfusion therapy for patients with hematological malignancy post-anticancer therapy

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Background

Transfusion therapy occasionally impedes the transition of patients with hematological malignancies to specialized palliative care. This study investigated differences in the opinions of hematologists (HOs) and palliative care physicians (PCs) regarding indications for end-of-life transfusion therapy.

Methods

This cross-sectional questionnaire survey, conducted from August to September, 2020, included 1000 HOs and 759 PCs. The questionnaire had questions on the cutoff of indications for and on opinions on transfusion therapy for treating anemia in patients with hematological malignancies after the end of anticancer treatment. We determined the hemoglobin (Hb) cutoff, as more than 70% HOs and PCs considered it an indication for transfusion therapy.

Results

In total, 596 responses (269 HOs and 327 PCs) were considered valid. For asymptomatic inpatient cases, more than 70% of HOs responded that the Hb cutoff value for recommending transfusion was 6.0 g/dL, whereas only 41.4% PCs responded that they would recommend transfusion therapy even if the Hb value was <6.0 g/dL. As Hb value <6.0 g/dL was not provided as an option in the responses, the cutoff considered by PCs could not be determined. For symptomatic inpatient cases, more than 70% of HOs and PCs considered Hb cutoffs of 8.0 and 7.0 g/dL, respectively. Most HOs (76.1%) and PCs (71.1%) agreed to reduce the frequency of transfusion therapy ($p=0.119$), and PCs more likely agreed to discontinue transfusion therapy than HOs (19.7% vs. 9.3%, $p<0.001$). More HOs, than PCs, agreed to continue transfusion therapy until patients and/or families required it (52.4% vs. 17.8%, $p<0.001$). More HOs, than PCs, considered patients with performance status 4 as being eligible for transfusion (39.5% vs. 18.6%, $p<0.001$).

Conclusions

There are differences in the opinions of HOs and PCs regarding the indication for undergoing transfusion therapy for patients with end-stage hematological malignancies. In the future, it is expected that the referral rate of palliative care for patients with end-stage hematological malignancies will increase through mutual understanding and consensus on transfusion therapy.

Legal entity responsible for the study

The authors.

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Disclosure

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