



Survival of patients with advanced hepatocellular carcinoma (HCC) after treatment discontinuation according to palliative care (PC) referral

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INTRODUCTION:

- HCC:
 - Common and fatal
 - Wide range of clinical and psychological disorders and increases the risk of cirrhosis' decompensations
 - 5-years survival rate of 16%
 - Curative treatments only one quarter of patients
- PC in HCC:
 - Poorly used and delayed
 - Benefits in symptom control, health resources utilization and quality of life
- Data is lacking regarding PC's impact on survival.

OBJECTIVES:

- Describe the practices of PC in patients with advanced HCC receiving systemic treatment.
- Study the impact of PC on survival following the treatment discontinuation.

METHODS:

- French multicentric retrospective study.
- Conducted among deceased HCC patients who had received systemic treatment for HCC between January 1, 2016, and December 31, 2021.
- Baseline characteristics, timing of PC referral and the end-of-life (EOL) care pathway after last treatment administration (LTA) were collected.
- Primary outcome: time from LTA to death.
- Survival analysis was performed using log-rank tests and Cox proportional hazard model. Patients who died within 7 days of the LTA were censored.

RESULTS:

1) EOL characteristics:

- Among the 245 patients included, 110 (44,9%) met a PC team (PCT).
- The mean time between contact with PCT and death was 42 days.
- Only 32 (13,1%) had contact with PCT before the LTA.
- 21 (10.1%) died in the 7 days after LTA and 36 (17.3%) within 14 days.
- PCT contact was associated with higher rates of admission and death in conventional medical units and lower rates of death in ICU and in emergency room.

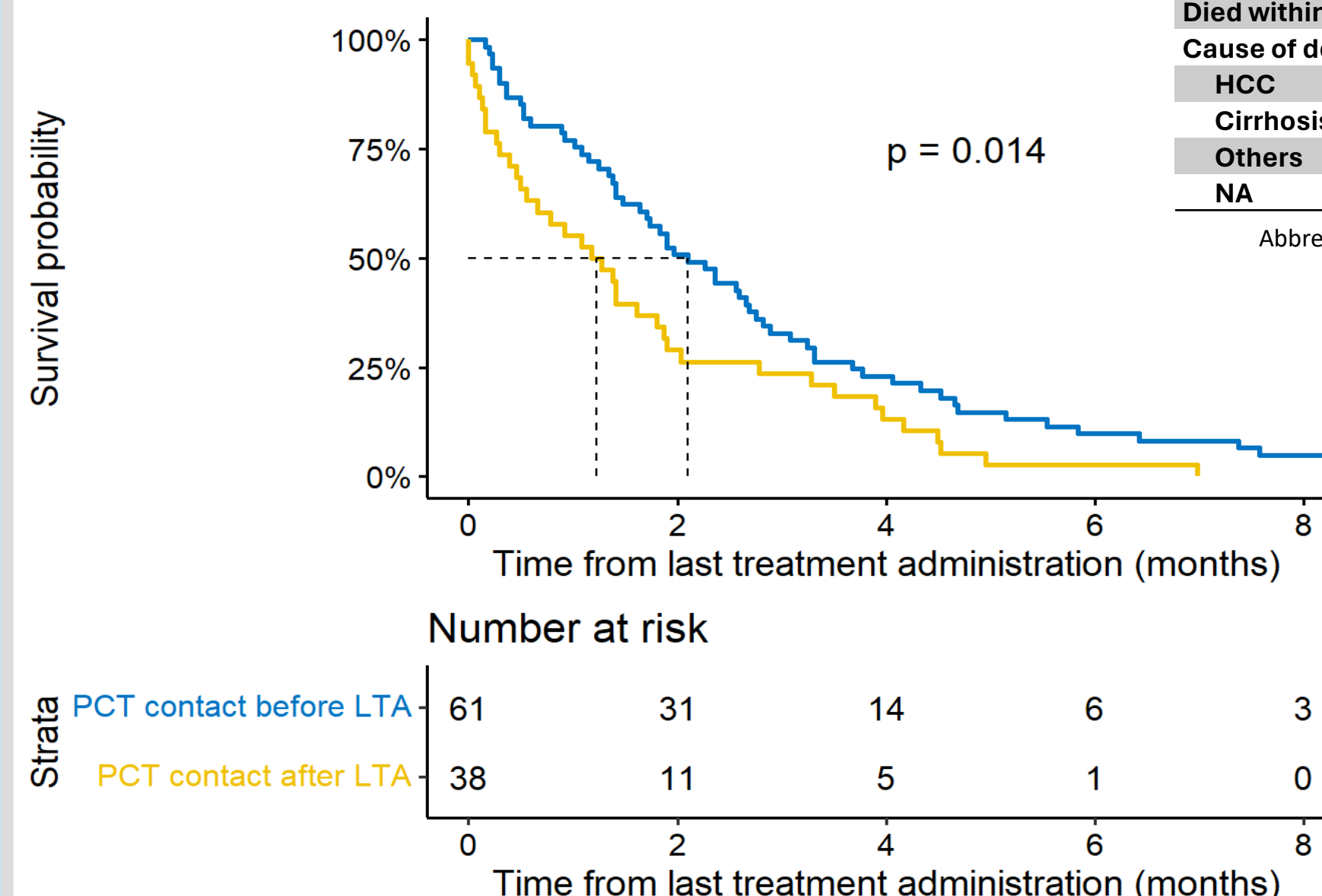


Figure 1. Overall survival after treatment discontinuation in patients who had contact with PCT according to the time of LTA

Table 2. Events after the last treatment administration according to the PC

Characteristics	Overall population	No PC team referral	PC team referral	p value
Official treatment discontinuation (%)				1.000
Yes	148 (65.2)	73 (65.8)	71 (65.1)	
No	79 (34.8)	38 (34.2)	38 (34.9)	
Reason of discontinuation				
Cirrhosis	58 (27.2)	23 (23.0)	35 (32.4)	0.175
Alteration in general condition	161 (75.2)	73 (73.0)	84 (77.1)	0.604
Patient request	7 (3.3)	7 (7.0)	0	0.016
Bad tolerance	71 (33.3)	29 (29.0)	41 (38.0)	0.222
PC team referral during last and fatal admission (%)				
Hospital admission after LTA (%)				0.004
Yes	172 (81.1)	71 (72.4)	97 (89.0)	
No	40 (18.9)	27 (27.6)	12 (11.0)	
Death place (%)				0.032
Emergency	7 (2.9)	5 (4.4)	2 (1.8)	
Conventional medicine department				
Intensive care unit	6 (2.4)	4 (3.5)	2 (1.8)	
Palliative care unit	44 (18.0)	11 (9.6)	33 (30.0)	
Follow-up and rehabilitative care				
Home with home care	13 (5.3)	4 (3.5)	9 (8.2)	
Home without home care	23 (9.4)	14 (12.3)	9 (8.2)	
NA	85 (34.7)	49 (43.0)	15 (13.6)	
Died within 7 days of the LTA	21 (10.1)	10 (10.2)	11 (10.5)	1.000
Died within 14 days of the LTA	36 (17.3)	15 (15.3)	20 (19.0)	0.604
Cause of death (%)				0.010
HCC	131 (53.5)	51 (44.7)	79 (71.8)	
Cirrhosis	22 (9.0)	7 (6.1)	15 (13.6)	
Others	19 (7.8)	14 (12.3)	5 (4.5)	
NA	73 (29.8)	42 (36.8)	11 (10.0)	

Abbreviations: HCC, hepatocellular carcinoma; LTA, last treatment administration; NA, not available; PC, palliative care.

2) Impact of PC on survival:

- No significant difference in overall survival according to PCT contact ($p=0.57$, log rank test).
- No survival difference was observed between both group after adjustment.
- Censoring the patients deceased within 7 days after LTA did not modify the results either.
- Median survival after the LTA was significantly longer if PCT referral occurred before the LTA (2.10 vs 1.23-month, $p=0.014$, log-rank test).

DISCUSSION:

- Better integration of PC in HCC, but still delayed and insufficient.
- Late use of PC may contribute to the absence of a survival difference.
- Early PC has shown an overall survival increase in other cancers.
- The perception of supportive care as a last resort and the fear of shortening EOL certainly contribute to their underutilization.
- Studies on early PC seem necessary in HCC.
- Access to PC must be facilitated, particularly in cases of rapidly progressive disease.

CONCLUSION:

- Nearly half of patients with advanced HCC had a contact with a PCT, with no survival benefit.
- Early PC referral before systemic treatment discontinuation seemed associated with better survival after LTA.
- PC referral remains underused and too late in the advanced HCC care pathway.

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