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„Early“ integration of palliative care
ESMO Preceptorship Programme

Tumor Type – Location – Date

... but, how to define „early“
DISCLOSURE OF INTEREST

- none
patient data

- Primary Mediastinal large B-cell-Lymphoma (first diagnosed 01/2016)
- refractory to chemotherapy
- PR after radiation and brentuximab vedotin
- allogenic stem cell transplantation (sibling, 01/2017)
course of events I

- **2 months** after transplantation: local PD (sternal tumor)
- reduction of immunosuppression, re-biopsy, reexposition to brentuximab vedotin
- steroid-sensitive GvHD (intestine)
- inclusion into NCT MASTER program
- response to brentuximab vedotin
course of events II

- **3 months later** systemic progression

- MASTER program: EZH2 mutation => use of Tazemetostat possible (clinical trial UK Münster)

- 07/2017: Tazemetostat (grade IV neutropenia)

- 09/2017: PD, Pembrolizumab?

- November 10th: death
discussion

Integration of palliative care:

– convenient time?

– clinical trials and palliative care: opponents or partners?

– decision for “best supportive care”?

Did we act early enough?
Integration of palliative care:

- convenient time?
- PD after allogenic transplantation, involvement of palliative care nurse

- clinical trials and palliative care: opponents or partners?
- partners, palliative care was intensified at the time of enrolment in the clinical trial

- decision for “best supportive care”?
- PD during treatment with Tazemetostat

Did we act early enough?
- to discuss