Urska Rugelj
Institute of Oncology Ljubljana, Slovenia

From Curative Treatment Intent
To The End Of Life Care
DISCLOSURE OF INTEREST

- none
Case summary

- 48 – year old male
- Diagnosed with peripheral T – cell lymphoma, NOS,
  - CS IV.B (Ann Arbor)
  - Localized in ENT region, lymph nodes on both sides of diaphragm, subcutaneous infiltrates
- No medical history, excellent PS
- A factory worker, lives with his wife and three kids
- Treatment plan: 1st line of ChT (CHOEP + i.t. ChT), followed by high dose ChT and autoSCT
Treatment

1st line
CHOEP + i.t. ChT (Jan-May)
• Side effects:
  • Day 14: FN - admitted for antibiotic treatment and supportive care -> secondary GCSF prophylaxis
  • Delayed headache after lumbar puncture
• Good clinical and radiological partial response after 4 cycles, but progression of disease after 6 cycles

2nd line
DHAP (June)
• Side effects:
  • After 1st cycle renal failure, hypertension -> parenteral hydration, antihypertensive therapy
• Successful stem cell harvesting
• Progression 3 weeks after first cycle

Later lines (July)
• 3rd line – modif. COP - no response
• 4th line – brentuximab + MD MTX - DoR less than 1 month
• No remission was achieved – chemoresistant Lymphoma
Symptoms at progression

Fever – B symp.
- Metamizole/paracetamol
- Steroids

Pain
- Oxycodone/naloxone combination with morphine sol. for break through pain, metamizole and etoricoxib
- Local back pain treatment was not possible
- When pain progressed, continuous subcutaneous infusion of morphine, ketamine, xylocaine, haloperidol and dexamethasone was introduced

Depression
- Escitalopram
- Onco-psychologist

Organ dysfunction
- Steroids
- Transfusions
- MDTB decided against palliative radiotherapy

Back pain caused by soft tissue lesions and hepatosplenomegaly
Hepatosplenomegaly and liver failure, BM involvement - cytopenia
Palliative care – End of life care

- Palliative team meeting
  - Hasn’t told his family about severity of the disease and believed he can still get cured
  - Extensive conversation about the state of his disease
  - Discussion about how to communicate bad news to children
  - Providing psychological support
  - Creating a plan what his wishes are about last days of life
    - Being at home with his family, not in hospital
    - Being able to follow FIFA World Cup and cheer on his favorite team
    - Providing information about external projects, groups and professionals who help people with terminal illness and their families

- Discharged to home care after being hospitalized for 3 months
  - Local mobile palliative care team was included in his at home care.

- Died at home 9 months after initial diagnosis
Thank you for your attention