

中文題目：安寧療護對重症血液系統惡性腫瘤患者的影響：結果和成本分析

英文題目：Impact of palliative care consultation in patients with hematologic malignancies admitted to the intensive care unit: An outcome and cost-analysis

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Background: The utility of aggressive care in patients with cancer, including the intensive care unit (ICU) admission, in the last month of life, was higher in Taiwanese than in other countries¹. Patients with hematologic malignancies (HMs) have one of the highest mortality rates among cancer patients in the ICU but fewer than 2% of HM decedents receive hospice care^{2,3}. Although previous studies had demonstrated that palliative care consultation (PCC) and early palliative care were associated with lower costs for adults with advanced solid cancer^{4,5}, the impact of PCC in patients with HMs has not been well described. The primary aim of this study is to evaluate the impact of PCC in patients with HMs admitted to the ICU.

Method: This retrospective observational study was conducted in a tertiary referral hospital in Taiwan. Data were collected on all adult patients admitted to the ICU with HMs. Patients who received less than 7 days of hospital care or less than 3 days of ICU care were excluded. Patients were divided into four groups according to the timing of PCC. The variables recorded included patient characteristics, type of HMs, disease status during admission, and the severity of illness at ICU admission. Outcomes including the hospital length of stay (LOS), ICU LOS, hospital mortality, and hospital cost were analyzed.

Results: A total of 167 patients were evaluated. Among them, 123, 9, 19, and 16 received no PCC, PCC within 7 days in ICU, PCC beyond 7 days in ICU, and PCC after ICU discharge, respectively. There was no difference in the baseline characteristics, but the utility of renal replacement therapy was higher in patients who received PCC in the ICU ($p=0.013$). Patients who received PCC beyond 7 days in ICU had the longest ICU LOS and most medical costs. Nevertheless, the hospital mortality was significantly higher, and the overall survival was significantly shorter in these patients.

Discussion: This retrospective study evaluated the outcome and cost effect of PCC in patients with HMs admitted to the ICU. The disease severity was high in our study compared with previous literature. Patients who received PCC in the ICU experienced more extended organ dysfunction, resulting in higher hospital mortality. In patients who received PCC in the ICU, PCC within 7 days resulted in significantly shorter ICU LOS (10 days versus 20 days, $p=0.021$) and cost. Although the mortality remained high in critically patients with HMs, PCC was related to significantly decreased ICU LOS, a trend of reduced hospital LOS, and overall hospital cost.

Conclusion: PCC should be considered in critically ill HM patients, especially in patients facing severe organ dysfunction and failing to improve in the first week of ICU admission.