

# Stephenson Cancer Center, OBI, Hospice Agencies Partner on Clinical Trial Studying Home-Based Blood Transfusions

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OKLAHOMA CITY, OKLAHOMA, USA, April 14, 2022 /EINPresswire.com/ -- When Patrisha Nicholson of Edmond decided to discontinue treatment for acute myeloid leukemia, she agreed to enroll in a pioneering study being offered by OU Health Stephenson Cancer Center in conjunction with the Oklahoma Blood Institute and local hospices. The study is unique in that it is not testing a new drug, but a means of improving quality of life in a patient's last weeks or days of life.

Nicholson was exactly the type of patient for which the trial was designed: a person with a hematologic malignancy (blood cancer) who no longer wanted to be treated for her cancer, but still needed to have blood and platelet transfusions to relieve crushing fatigue and prevent bleeding and bruising. However, very few such patients enter hospice care, nor do hematologists typically recommend hospice. That's largely because almost no hospice agencies provide blood and platelet transfusions in a patient's home.

While blood and platelet transfusions are technically covered by Medicare, hospice agencies face a number of barriers in providing the service. That means patients and their families often forgo supportive hospice services and instead make frequent trips to a hospital or clinic for transfusions that take several hours. If the hospital or clinic is many miles away, they lose even more precious time at home with family and friends. In some cases, patients might decide they are too tired to even make the trip, and their quality of life and health declines further.

OU Health hematologist-oncologist Jennifer Holter-Chakrabarty, M.D., was all too familiar with these barriers and decided to develop a local study after serving on the government affairs committee of the American Society of Hematology, which is advocating for change at the national level. She and OU Health palliative care physician and oncology fellow Rabia Saleem, M.D., designed the study, which aims to evaluate whether home-based transfusions improve the patient's quality of life. They hope this might serve as evidence that this therapy should be considered for hematologic patients and provide rationale for a federal reimbursement model to hospice agencies. The study is a collaboration with the Oklahoma Blood Institute, which is providing the blood, lab testing and nursing staff to perform transfusions, as well as two local hospices, Integris Hospice and Apex Home Health and Hospice, which are overseeing care and collecting data.

“When my patients are being treated for cancers like leukemia or myeloma, they usually receive a significant dose of chemotherapy, which keeps their bone marrow from working well, and they require blood transfusions two or three times per week. In addition, their disease disrupts normal marrow function that produces red blood cells and platelets. If they want to transition to hospice, the need for transfusions doesn’t go away,” Holter-Chakrabarty said. “Patients often feel exhausted and are so short of breath that just getting up and walking to the door is a task they can’t contemplate. Many of my patients tell me that after they get a unit of blood, they have enough energy to get up and make a meal or spend time with family. They get more of their life back.”

In the study, patients’ symptoms determine when they need a transfusion of blood or platelets, which is the opposite of what occurs in a hospital or clinic, where a patient’s lab results for hemoglobin or platelets determine whether a transfusion is needed. Not all patients have symptoms at the same hemoglobin or platelet level, Holter-Chakrabarty said, and they have experienced enough transfusions to know when they need one. Each week, study participants receive blood products based on an evaluation of symptoms like fatigue, shortness of breath, bruising or bleeding.

“We wanted to flip the script and give the patient control,” she said. “Because this is aimed at palliative, supportive, patient-centered care, then the patients’ symptoms should trigger a transfusion, not a number. We are also collecting blood each week so that at the end of the study we’ll be able to see how those trigger levels compare to symptoms.”

The study is also addressing the safety of home-based transfusions. Concerns about transfusion reactions have favored transfusions being conducted in a hospital or clinic instead of a home setting, Holter-Chakrabarty said. However, reactions are rare, and studies conducted in Europe — where home hospice transfusions are routine — show a reaction rate of less than 1%.

John Armitage, M.D., CEO of Oklahoma Blood Institute, said the study is a perfect fit for OBI’s mission of saving lives and improving quality of life. As the sixth-largest nonprofit blood collector in America, OBI is able to provide units of blood and lend leadership in advocating for the effort. Armitage said he hopes the study’s evidence will ultimately allow patients to enroll in hospice earlier when they are ready to take that step.

“This model allows patients to receive the palliative benefits of blood transfusions sooner rather than starting hospice in the last week of their lives,” he said. “These patients have every right to comfort and family time. Local organizations are working together to remove this barrier. This is why you go into healthcare — to give better care and use your knowledge to improve life for people.”

The study’s intention is also likely to resonate with blood donors. “It’s easy for donors to understand that someone might need blood after a car accident, for example, but this allows our donors to see that they give good days to people in addition to saving lives,” he said.

That sense of purpose was also meaningful to Patrisha Nicholson, who spent seven weeks in hospice before passing away at age 83. She was the first patient enrolled in the trial and was grateful to be part of something that not only benefited her but could enhance care for others in the future, her daughter Jennifer Steuber said. Her mother received weekly blood transfusions at home and was comfortable and engaged up until a few days before her death.

"I truly believe we wouldn't have had her for seven weeks had she not been part of the study," Steuber said, "nor would she have had her quality of life for that long without the transfusions. She was a very social person, and although COVID-19 complicated things, she had neighbors and relatives come over with their masks on, and someone from church brought her communion. She was often able to get up and sit at the dinner table and was very animated.

"Being part of the study was also important to her because she was a pioneer in other areas of her life. She was an educator and was active in civil rights as it pertained to desegregation of the Oklahoma City public school system, and she was the first female athletic director for the entire district. Paving the way for others was her calling."

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