



Outcomes of patients with decompensated cirrhosis with limited life expectancy or anticipated transplant in the context of a health services intervention trial

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INTRODUCTION

- Interventional studies that aim at improving quality of life and reducing healthcare utilization for patients with cirrhosis often exclude patients with limited life expectancy or those being evaluated for a liver transplant
- Excluding these groups of patients creates a dearth of evidence on clinical interventions that can be impactful and potentially scalable
- The purpose of this study is to examine outcomes of patients with cirrhosis excluded from a randomized trial due to limited life expectancy or anticipated transplant

METHODS

- We performed a retrospective cohort study on hospitalized patients with decompensated cirrhosis who were excluded from a randomized trial of a clinical intervention due to life expectancy <6 months (*too sick*) or anticipated transplant <6 months (*likely transplant*)
- These assessments were made by a team of investigators and incorporated standard measures of disease severity (i.e. MELD).
- Out of 127 patients screened from the trial, 64 (50%) were excluded due to being *too sick* (n=39) or *likely transplant* (n=25). These patients were followed from the time of screening for 6 months to assess outcomes, such as hospitalizations, death, and transplant.

RESULTS

Summarized Patient Characteristics

- No statistical difference between study group characteristics
- Mean Age was 57; 38% were female (trend with more women in *likely transplant* group)
- Cirrhosis etiology: alcohol use in 39% and NASH in 34%.
- Mean MELD-Na: 26, Median Charlson Index: 2, Child-Pugh Class C: 80%

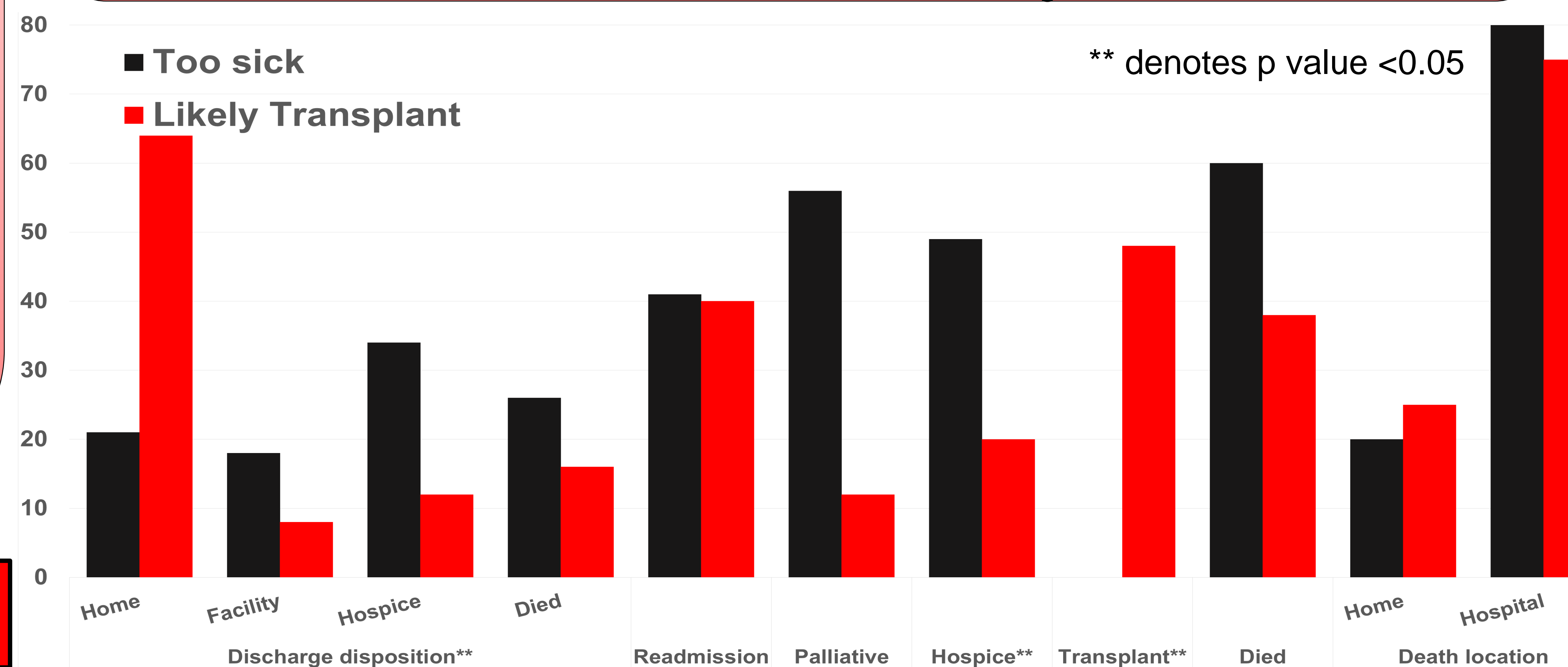


Figure 1: 6 Month Outcomes Comparing Likely Transplant Vs Too Sick

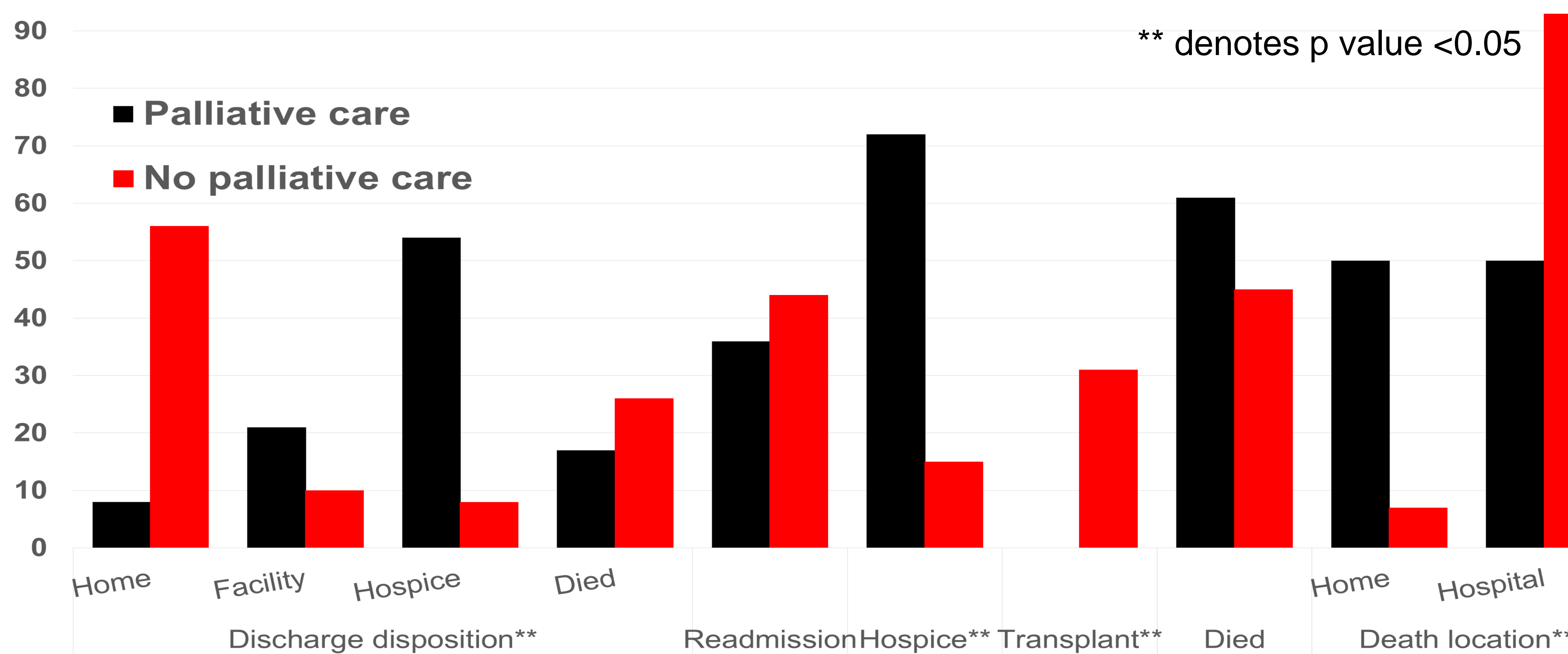


Figure 2: 6 Month Outcomes Comparing Patients with Palliative Care Involvement Vs Those without Palliative Care

RESULTS HIGHLIGHTS

- Of the *too sick*, 60% discharged to hospice or died in the hospital
- 28% of *likely transplants* discharged to hospice or died in the hospital, and only 48% of *likely transplants* received a transplant.
- In the *too sick* group, 56% saw palliative care compared to 12% in the *likely transplant* group.
- Those who saw palliative care were older, with more comorbidities including hepatocellular carcinoma.
- Palliative care was associated with discharge to hospice, and no patient who saw palliative care received a transplant.
- Overall, of those who died, 78% died in the hospital, but only 50% who saw palliative care died in the hospital.

DISCUSSION

- During screening for a randomized trial of hospitalized patients with decompensated cirrhosis, half were excluded due to limited life expectancy or anticipated transplant, and overall the prediction of 6-month outcomes were inaccurate.
- Palliative care was associated with fewer deaths in the hospital.
- In conclusion, health services trials should include patients with advanced disease and incorporate principles of palliative care, which may improve some patient-centered outcomes.