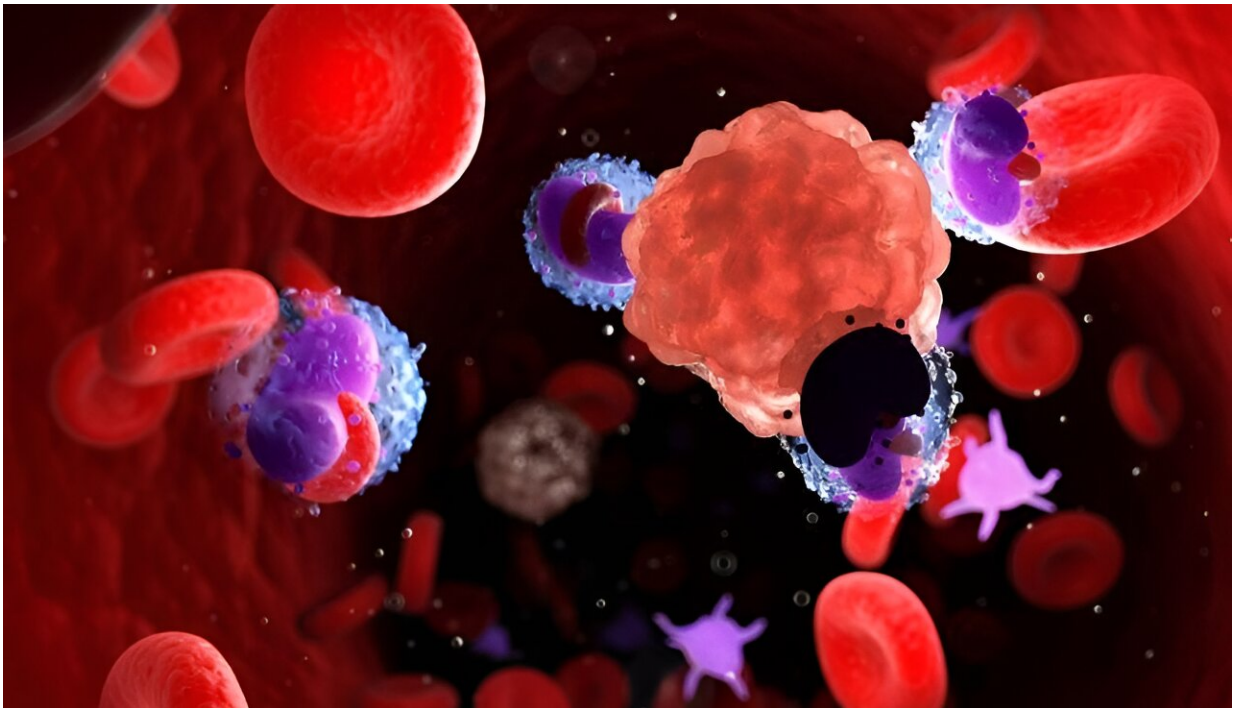


# Survival 21 percent a year after ICU discharge for blood cancer patients

March 21 2024, by Elana Gotkine

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For hematologic malignancy (HM) patients admitted to the intensive care unit (ICU), survival is 49 percent at seven days and 21 percent at 12 months, according to a study published online March 11 in *Intensive Care Medicine*.

Laveena Munshi, M.D., from Mount Sinai Hospital at the University of Toronto, and colleagues conducted a prospective observational study involving HM patients admitted to ICUs from 2018 to 2020. Survivors were followed for long-term survival and functional outcomes.

A total of 414 patients were enrolled: 51 and 38 percent had acute leukemia and lymphoma/multiple myeloma, and 40 percent had received a hematopoietic stem cell transplant (HCT). The researchers found that acute respiratory failure and sepsis were the most common reasons for ICU admission (50 and 40 percent, respectively). Forty-nine percent of participants were alive at seven days after discharge.

For the entire cohort, the 12-month survival rate was 21 percent (43 percent among ICU survivors). The proportion of survivors with moderate-to-severe frailty was 42, 14, and 8 percent at seven days, six months, and 12 months, respectively. The median functional independent measure was 80 at seven days. At six and 12 months, physical function, pain, [social function](#), [mental health](#), and emotional well-being were below age- and sex-matched population scores. Lower 12-month survival was seen in association with frailty, allogeneic HCT, kidney injury, and cardiac complications during ICU.

"Considering the complex interplay between [critical illness](#) and cancer, we demonstrate that critical illness may impact [long-term survival](#) in HM/HCT patients," the authors write.

**More information:** Laveena Munshi et al, Long-term survival and functional outcomes of critically ill patients with hematologic malignancies: a Canadian multicenter prospective study, *Intensive Care Medicine* (2024). [DOI: 10.1007/s00134-024-07349-z](https://doi.org/10.1007/s00134-024-07349-z)

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