

Many youth with blood cancers receive intensive end-of-life care

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by Medicaid (adjusted odds ratio, 1.40), or receiving cancer-directed treatment in the Northeast (adjusted odds ratio, 1.50).

"Insurance type, hospital size, and hospital region appear to significantly influence the receipt of HI-EOLC," the authors write. "Mitigation strategies may include earlier integration of palliative and/or [hospice care](#) when feasible as well as a policy change that enables interventions such as transfusions to occur in settings outside the hospital."

One author disclosed financial ties to the biopharmaceutical industry.

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(HealthDay)—Fifty-five percent of children, adolescents, and young adults with hematologic malignancies experience high-intensity end-of-life care (HI-EOLC), with an increased likelihood for those treated at medium or large hospitals, according to a study published online June 29 in *Cancer*.

Sophia Mun, M.P.H., from the Yale Cancer Outcomes, Public Policy, and Effectiveness Research Center in New Haven, Connecticut, and colleagues conducted a population-based retrospective cohort study involving individuals with [hematologic malignancies](#) aged 0 to 39 years at death, who died between 2010 and 2017. Patient sociodemographic and hospital characteristics associated with HI-EOLC were examined.

The researchers found that 55 percent of the 1,454 decedents experienced HI-EOLC. The likelihood of receiving HI-EOLC was increased for patients treated in medium or large hospitals (adjusted odds ratios, 1.63 and 2.21, respectively), insured

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