

**Conquer Cancer – Walther Cancer Foundation
Career Development Award in Palliative and Supportive Care in Oncology**

Award Term: 7/1/2022-6/30/2025

Supported by: Walther Cancer Foundation



P. Connor Johnson, MD

Massachusetts General Hospital

“Defining the Role of Palliative care for Patients with Hematologic Malignancies Undergoing Adoptive Cellular Therapy”

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Layperson Summary

Adoptive cellular therapies (ACT) are exciting new therapies for patients with blood cancer that have not responded to other treatments. However, they can be associated with significant side effects which can even be life-threatening, and patients receiving these treatments often experience physical and emotional symptoms such as severe fatigue, nausea, headache, fever, trouble breathing, or changes in the brain such as confusion, difficulty speaking, seizures, or brain swelling. In addition, patients often face immense uncertainty about their prognosis as ACT can offer a potential for cure, yet the majority of patients will not respond and experience a rapid decline at the end of life (EOL). Thus, patients receiving ACT can be at risk for frequent hospitalizations and can even die in the hospital. Specialty palliative care (PC) clinicians offer specialized medical care for people facing a serious illness that focuses on relieving patients’ symptoms and stress from a serious illness with the goal of improving their quality of life (QOL) and care. The inclusion of PC clinicians in the care of patients with solid cancers and those with blood cancers undergoing intensive treatments such as stem cell transplantation has been shown to improve their QOL, physical and emotional symptoms, illness understanding, and the quality of care they receive at the EOL. However, PC clinicians are rarely involved in the care of patients with ACT, in part due to their unique needs with this novel therapy. Therefore, we have developed a PC intervention (PEACE) for patients receiving ACT. We now propose to refine PEACE based on feedback from patients receiving ACT in an open pilot study. We will then conduct a randomized clinical trial to assess the feasibility of PEACE and its preliminary effects for improving patients’ QOL, physical and emotional symptoms, understanding of their illness, and communication with their clinician about their EOL care preferences. This study will define the role of PC for patients receiving ACT and has the potential to change the paradigm of care for these patients and improve their QOL and care.

Biography

P. Connor Johnson is an attending oncologist at the Center for Lymphoma at Massachusetts General Hospital. He is from Alabama and obtained his undergraduate degree at the University of Alabama and his MD degree at Harvard Medical School. He then completed an internal medicine residency at Massachusetts General Hospital before beginning his fellowship in hematology/oncology at the Dana-Farber Cancer Institute. Dr. Johnson is the recipient of the Inpatient Teaching Prize at Massachusetts General Hospital, an ASH Abstract Achievement Award, and the Lymphoma Research Foundation Scientific Research Mentoring Program Gregory Scholar. His career focuses on the care of patients with lymphoma and those receiving cellular therapies. His research aims to develop strategies, interventions, and therapies to improve the quality-of-life and care delivery for patients with hematologic malignancies, with a particular focus on those with lymphoma and those receiving cellular therapies. His dedication to deliver expert clinical care for these patients fuels his passion to conduct practice-changing research in order to improve patients' experience throughout the range of their illness and recovery.

His ultimate goal is to develop an independent research platform focusing on addressing the palliative and supportive care needs and mitigating the therapy toxicity of patients with lymphoma, patients receiving cellular therapy, and lymphoma survivors. Specifically, his work has focused on 1) investigating patient-reported outcomes, end-of-life outcomes, and health care utilization in hematologic malignancies; 2) developing interventions to enhance patient quality of life, therapy tolerability, and care delivery; 3) developing and testing palliative and supportive care interventions to improve the care of older adults with aggressive lymphomas; and 4) integrating patient-reported outcomes into clinical trials of novel therapies.