Supplemental Online Content

El-Jawahri A, LeBlanc TW, Kavanaugh A, et al. Effectiveness of integrated palliative and oncology care for patients with acute myeloid leukemia: a randomized clinical trial. *JAMA Oncol*. Published online December 17, 2020. doi:10.1001/jamaoncol.2020.6343

This supplemental material has been provided by the authors to give readers additional information about their work.

Online Supplemental Files

eTable 1: Participants Characteristics: AML = Acute Myeloid Leukemia; QOL = quality of life; HADS-Anxiety = Hospital Anxiety and Depression Scale – Anxiety; HADS-Depression = Hospital Anxiety and Depression Scale – Depression; PHQ-9 = Patient Health Questionnaire-9; ESAS-Total = Edmonton Symptom Assessment Scale- Total Score; PTSD = Post Traumatic Stress Disorder Symptoms.

eTable 2: Secondary Outcomes Adjusted for Multiple Testing Using False Discovery Rate: FDR = False Discovery Rate. The FDR method treats p-values as significant if they remain smaller than a critical value, [(i/m)Q], wherein i= the p-value rank, m=number of tests, and Q = chosen FDR.

eFigure 1: Palliative Care Visit Content: 1A: Focus of PC Visits During Hospitalization for Intensive Chemotherapy: PC = Palliative Care. **2B: Symptoms Addressed during PC Visits:** PC = Palliative Care.

eFigure 2: Focus of PC Visits During Subsequent Hospitalizations: PC = Palliative Care
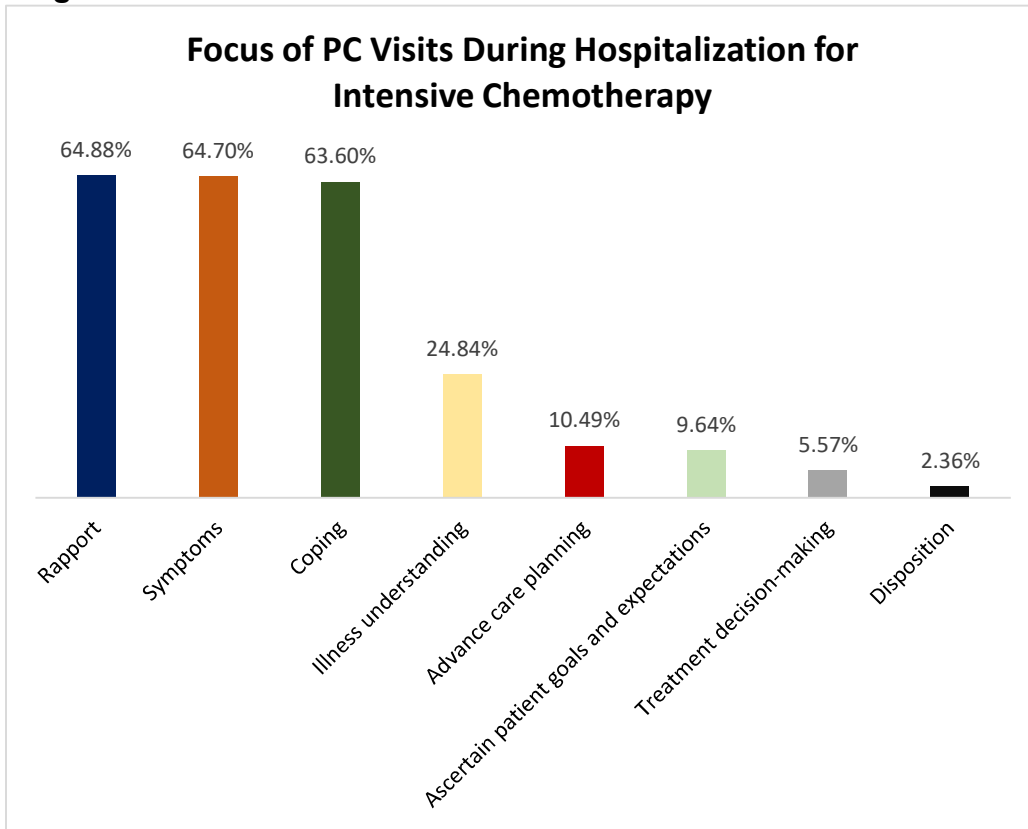
eTable 1

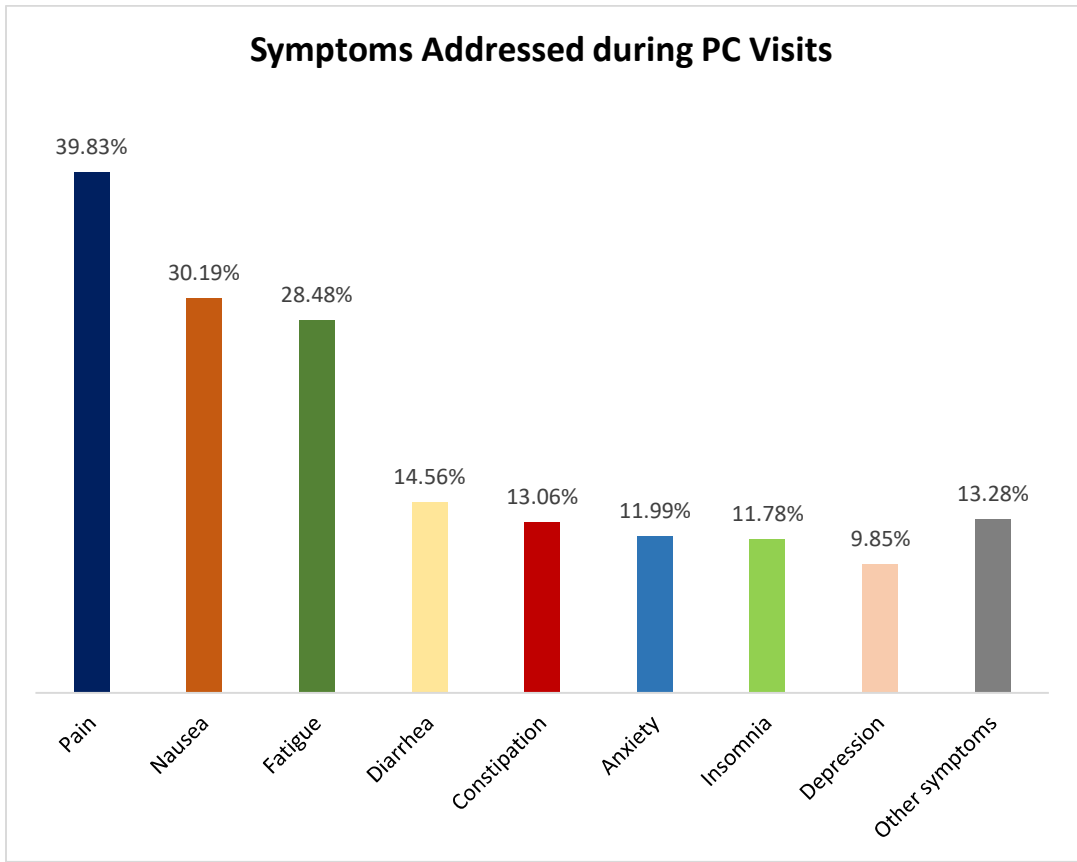| Patient Characteristics	Usual Care (N = 74)	Integrated Palliative and Oncology Care (N = 86)
Age, median (range)	65.2 (22.1-80.1)	63.0 (19.7-77.8)
Female sex, n (%)	27 (36.5%)	37 (43.0%)
Race, n (%)		
White	63 (85.1%)	75 (87.2%)
Black	7 (9.5%)	8 (9.4%)
American Indian	2 (2.7%)	2 (2.3%)
Asian	2 (2.7%)	0
Other	0	1 (1.2%)
Hispanic, n (%)	0 (0.0%)	5 (6.02%)
Diagnosis type, n (%)		
Newly diagnosed AML	50 (67.6%)	59 (68.6%)
Relapsed AML	16 (21.6%)	21 (24.4%)
Refractory AML	8 (10.8%)	6 (7.0%)
Relationship Status, n (%)		
Married/ relationship	53 (71.6%)	65 (75.6%)
Divorced	11 (14.9%)	9 (10.5%)
Single	6 (8.1%)	6 (7.0%)
Widowed	4 (5.4%)	5 (5.8%)
Missing	0	1 (1.2%)
Religion, n (%)		
Catholic	28 (37.8%)	32 (37.2%)
Non-Catholic Christian	23 (31.1%)	29 (33.7%)
None	10 (13.5%)	12 (14.0%)
Jewish	5 (6.8%)	2 (2.3%)
Muslim	0	2 (2.3%)
Atheist	0	2 (2.3%)
Other	7 (9.5%)	6 (7.0%)
Missing	1 (1.3%)	1 (1.2%)
Education, n (%)		
High school	16 (21.9%)	26 (30.2%)
College	34 (45.9%)	38 (44.2%)
Post-Graduate	23 (31.1%	21 (24.4%)
Missing	1 (1.3%)	1 (1.2%)
Income, n (%)		
< $25,0000	13 (17.6%)	8 (9.3%)
$25,000 - $50,0000	14 (18.9%)	18 (20.9%)
$50,000 - $100,000	20 (27.0%)	25 (29.1%)
$100,000 - $150,000	14 (18.9%)	9 (10.5%)
> $150,0000	7 (9.5%)	20 (23.3%)
Missing	6 (8.1%)	6 (7.0%)
Baseline PRO, mean (SD)		
QOL (FACT-Leukemia)	115.7 (24.67)	117.8 (24.45)
Anxiety Symptoms (HADS-Anxiety)	6.2 (4.11)	6.4 (4.55)
Depression Symptoms (HADS-Depression)	5.6 (3.26)	5.5 (3.90)
Depressive Syndrome (PHQ-9)	6.9 (4.94)	6.3 (5.04)
Symptom burden (ESAS-Total)	27.6 (17.75)	27.5 (17.77)
PTSD Symptoms (PTSD-Checklist)	27.6 (10.62)	29.1 (11.51)

eTable 2

Secondary Outcomes	P-Value	Critical P-Value	Benjamini-Hochberg Adjusted P-value	Significant using an FDR 0.15
PTSD symptoms longitudinally	0.002	0.009	0.032	Yes
Receipt of chemotherapy in the last 30 days of life	0.008	0.019	0.064	Yes
PTSD symptoms at week-2	0.009	0.028	0.048	Yes
Patient-report discussing EOL care preferences	0.009	0.037	0.036	Yes
Anxiety symptoms at week-2	0.018	0.047	0.058	Yes
Depression symptoms at week-2	0.021	0.056	0.056	Yes
Depression symptoms longitudinally	0.039	0.066	0.088	Yes
Anxiety symptoms longitudinally	0.042	0.075	0.084	Yes
PHQ-9 at week-2	0.044	0.084	0.078	Yes
QOL longitudinally	0.048	0.094	0.077	Yes
Symptom burden at week-2	0.123	0.103	0.179	No
Hospice length-of-stay	0.135	0.112	0.180	No
Hospitalizations in the last week of life	0.430	0.122	0.326	No
PHQ-9 Depression Syndrome longitudinally	0.375	0.131	0.428	No
Symptom burden longitudinally	0.659	0.141	0.703	No
Hospice utilization	0.999	0.150	0.999	No

eFigure 1:

eFigure 1A

Focus of PC Visits During Hospitalization for Intensive Chemotherapy

Rapport: 64.88%
Symptoms: 64.70%
Coping: 63.60%
Illness understanding: 24.84%
Advance care planning: 10.49%
Ascertain patient goals and expectations: 9.64%
Treatment decision-making: 5.57%
Disposition: 2.36%

eFigure 1B

Symptoms Addressed during PC Visits

Pain: 39.83%
Nausea: 30.19%
Fatigue: 28.48%
Diarrhea: 14.56%
Constipation: 13.06%
Anxiety: 11.99%
Insomnia: 11.78%
Depression: 9.85%
Other symptoms: 13.28%

eFigure 2

Focus of PC Visits During Subsequent Hospitalizations

Symptom management: 81.85%
Coping: 64.56%
Rapport Building: 59.18%
Illness understanding: 39.87%
Ascertain patient goals and expectations: 11.39%
treamtent decision-making: 9.49%
Advance care planning: 7.91%
Disposition: 8.54%