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### **“Never give up fighting – palliative care in stem cell transplantation”**

Hematopoietic stem cell transplantation (HSCT) offers a potentially curative treatment for children with advanced hematologic and some non-hematologic malignancies. Since the risk for severe toxicity, treatment related death or significant long term sequelae still substantially exceeds the risks of conventional cancer therapy HSCT is only considered after relapse or in high risk cases. Pediatric HSCT patients and their families often face a high burden of symptoms and suffering throughout the immediate course of the transplant and sometimes for years thereafter. Palliative care can introduce aspects of quality of life into the transplant procedure to reduce suffering and support families to cope with long term sequelae and therapy failure. Specialized pediatric palliative care services could provide much needed additional support during the in-patient phase of the transplant, bridge the gap to the home care setting, assist in care coordination, and take care of the physical, emotional, and spiritual suffering of the patient and the family. Furthermore, palliative care counselling may be helpful in facilitating goals-of-care discussions and advance care planning before HSCT and during the post-transplant phase. Although therapy-related mortality has been significantly decreased in the last two decades, a significant number of pediatric HSCT recipients still die due to relapse, acute treatment-related complications or progressing chronic conditions. In these children, integration of pediatric palliative care can facilitate end-of-life communication and reduce unwarranted interventions such as intubation or cardiopulmonary resuscitation close to the end of life.