



“Although more palliative care is necessary for terminally ill cancer patients, excess investigational tests, invasive procedures, and treatments are given instead.” Türker et al (2014).

Reference:

Türker, I., Kömürcü, S., Arıcan, A., Doruk, H., Ozyılkan, O., Coşkun, H.S., Colak, D., Uçgöl Çavuşoğlu, E., Ata, A., Sezer, A., Yeşil Çınkır, H., Senler, F.C. and Arpacı, F. (2014) Investigational tests and treatments performed in terminal stage cancer patients in two weeks before death: Turkish oncology group (TOG) study. Medical Oncology. November 21st.

Review of invasive procedures for terminally ill cancer patients [@ivteam](http://ctt.ec/QkT06+) #ivteam

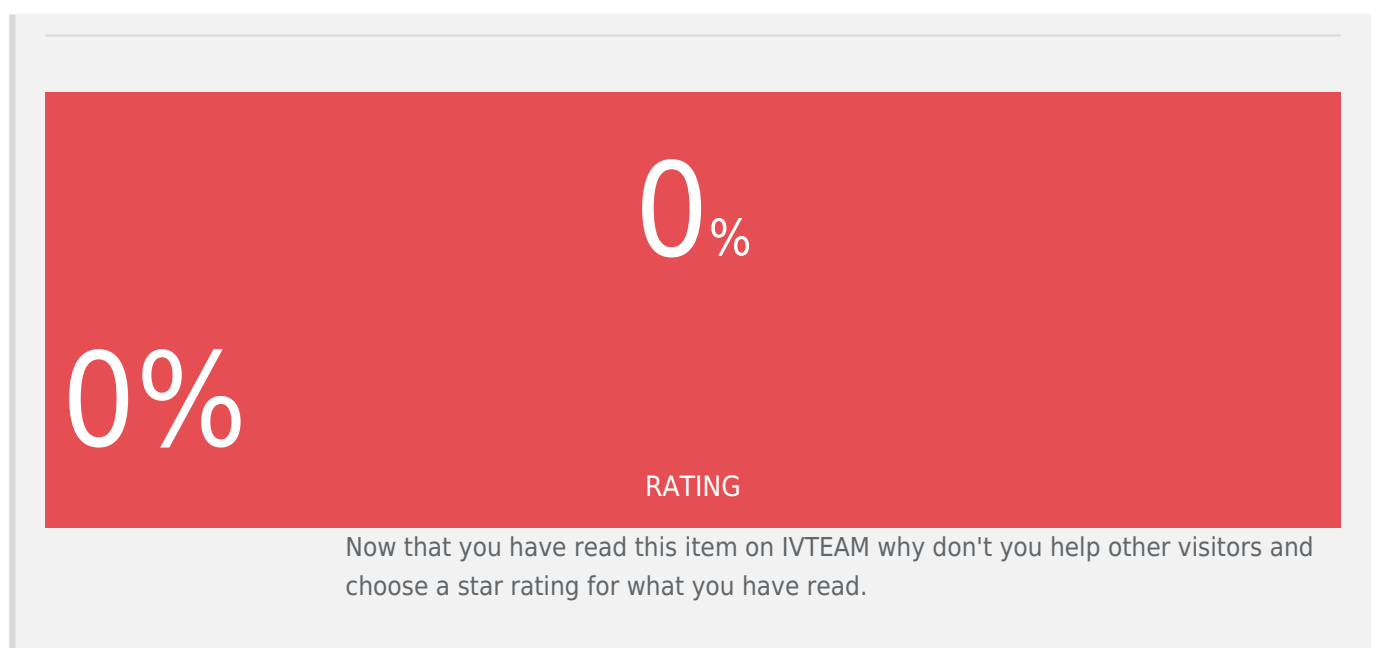
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Abstract:

Although more palliative care is necessary for terminally ill cancer patients, excess investigational tests, invasive procedures, and treatments are given instead. Between November 2009 and December 2013, six hundred and twenty-four patients with end-stage cancer who were died at inpatient setting evaluated retrospectively. Patients’ characteristics, sites of tumor and metastasis, tests and invasive procedures, treatments performed in the

last 2 weeks before death were collected from the hospital files and analyzed. Median age of 624 patients was 58 (range 16-96) years. More than half of the patients (370, 59.3 %) were men. The most frequent cancer sites were gastrointestinal (GI) system (32.2 %), lung (24.0 %), and breast (11.1 %). Frequent metastatic sites were liver (34.8 %), bone (31.5 %), lung (23.3 %), and/or brain (16.9 %). Causes of death were respiratory failure, infections, and/or liver failure in 49.9, 23.9, and 19.4 % of patients, respectively. Radiological tests performed in the last 2 weeks before death were ultrasonography, computed tomography, magnetic resonance imaging, bone scan in 25.6, 16.3, 11.4, and 3.8 % of patients, respectively. Treatments received were intravenous (i.v) serum infusion, blood transfusion, total parenteral nutrition (TPN), human albumin infusion in 55.9, 44.1, 34.9, and 9.5 % of patients, respectively. Invasive procedures such as invasive pain relief, terminal sedation, and chemotherapy performed in 12.6, 4.4, and 10.0 % of patients, respectively. Central venous catheter application, paracentesis, thoracentesis, and GI endoscopy were applied in 41.7, 9.8, 5.6, and 3.4 % of the patients, respectively. Radiological tests, invasive procedures, TPN, and human albumin transfusion were used excessively in terminal stage cancer patients in our medical oncology inpatient clinics. Invasive pain relief and terminal sedation were still underused in our cancer clinics. There is an urgent need in developing national palliative care program to improve the understanding of end-of-life care in our medical oncology clinics.

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