

CANCER CHEMOTHERAPY NEAR THE END OF LIFE: THE TIME HAS COME TO SET GUIDELINES FOR ITS APPROPRIATE USE

Andrea Angelo Martoni¹, Stephan Tanneberger², and Vita Nutri¹

¹Medical Oncology Unit, S. Orsola-Malpighi Hospital, Bologna; ²Fondazione ANT Italia, Bologna, Italy

Aims and background: This study retrospectively analyzes the use of chemotherapy in patients who died of advanced cancer either after having been in care at the Medical Oncology Unit (MOU) of the University Hospital of Bologna, Italy, or after having been assisted in their terminal disease phase by the Bologna Oncological Hospice at Home (OHH) of the Associazione Nazionale Tumori (ANT) Italia Foundation. In the latter group, the prescription and delivery of chemotherapy had been performed by doctors of medical oncology departments other than the MOU.

Results: Between January 2003 and September 2005, 793 deaths of patients were recorded (MOU: 312; OHH: 481). At least one cycle of chemotherapy had been received by 445 patients (56.1%). The most common cancer types were lung can-

cer (26.7%), colorectal cancer (14.8%), and breast cancer (11.2%). At the time of the last chemotherapy (I-CT), the median age of the patients was 68 years (range, 22-98 years) and the median KPS was 70 (range, 40-100). The median interval between I-CT and death was 71 days (range, 1-1913 days). One hundred and one patients (22.7%) had received their I-CT in the last 30 days of their life, 86% of them having intermediately chemosensitive (71%) or chemoresistant (14%) tumors. The I-CT in the last month of life was first line in 56% of cases and consisted of costly new-generation drugs in 36.6% of cases.

Conclusions: The study suggests the urgent need to lay down guidelines for the appropriate use of chemotherapy in advanced cancer patients with a short life expectancy.

Key words: end of life, palliative chemotherapy, terminal patient.