

Questions raised over chemotherapy for late-stage cancer

Sarah Boseley, health editor
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Serious questions are today raised about chemotherapy for seriously ill cancer patients, some of whom die as a result of the drugs they are taking.

An inquiry into more than 600 deaths within 30 days of chemotherapy has found the treatment probably either caused or hastened death in 27% of cases. As a result, the government advisory group on chemotherapy has brought forward its own report.

Cancer tsar Mike Richards said he was very concerned about the report, which prompted him to publish today the National Chemotherapy Advisory Group report on how to improve care.

"I am asking all chemotherapy service providers to consider these reports urgently and to reassess their own services immediately against the measures we have set nationally," said Richards.

The inquiry was carried out by the independent NCEPOD (National Confidential Enquiry into Patient Outcome and Death), whose members come mainly from the medical royal colleges.

Its findings raise difficult issues about what doctors think they are doing and what patients and their families want. Some of those who died were receiving chemotherapy to try to combat the cancer, but more were given it as palliative care ... to reduce the symptoms and give them a better quality of life as it drew to an end.

Patients usually suffer side-effects from chemotherapy, said the report's co-author Mark Lansdown, a surgical oncologist. But most patients in the study were receiving palliative treatment in which the aim was to alleviate symptoms of cancer with minimum side-effects. Yet 43% of all patients in the study suffered significant treatment-related toxicity.

NCEPOD advisers believe more than one in four patients died as a result of the drug side-effects rather than the cancer. This was of particular concern for the 14% of patients in the study for whom the treatment was intended as a cure, he said. The study examined case notes and questionnaires filled in by staff, and found that in nearly half the cases the treatment could have been better. In 8% of cases, the care was less than satisfactory. In the advisers' opinion, the care was well below an acceptable standard, the report says.

Diana Mort, co-author and clinical oncologist, said the report backed her belief in being cautious in prescribing chemotherapy for very sick patients.

The report asks whether patients are given enough information to understand the potential risks and benefits of their chemotherapy before making their decision. In 19% of cases, the medical investigators decided the decision to treat was inappropriate.

The process of consent might require more than one discussion, said Mort. "Patients must be made aware of the risks and side-effects of chemotherapy as well as the potential benefits. They should be given time to reflect on their decision and must be free to change their minds."

Tom Treasure, the NCEPOD chairman, said the inquiry had been deliberately skewed towards finding the worst cases - the small minority who died within 30 days of chemotherapy - to find out what could be done better. Chemotherapy had transformed the outlook for many cancer patients, who had longer and better lives as a result, he said. "However, the study asked difficult questions and found some unpalatable answers about decisions made in the weeks before they died."

NCEPOD's recommendations include that junior medical staff should not authorize chemotherapy and that there should be emergency access to a hospital able to deal with chemotherapy toxicity.

Professor Jane Maher, chief medical officer at Macmillan Cancer Support, said: "This report provides very disturbing information about the safety of treatment for incurable cancer. It shows that doctors and nurses need to be much better at helping patients understand the pros and cons of such powerful treatments in the last year of life."