



Ospedale San Raffaele Arcangelo
Fatebenefratelli

3°

CENTENARIO FATEBENEFRAELLI A VENEZIA

15 – 16 MAGGIO 2015

“LA PERSONA
CENTRO
DELLA CURA”

Convegno di Cure Palliative



Con il Patrocinio di



ISTITUTO
ONCOLOGICO
VENETO

RUOLO DELLA CHEMIOTERAPIA PALLIATIVA

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Definizione

Palliative Chemotherapy: No Longer a Contradiction in Terms

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Palliative chemotherapy:

“treatment in circumstances where the impact of intervention is insufficient to result in major survival advantage, but does affect improvement in terms of tumor-related symptoms, and where the palliation/toxicity trade-off from treatment clearly favors symptom relief”



Definizione

Palliative “antineoplastic” therapy:

“treatment with non-curative intent, concentrating on reducing severity of disease symptoms rather than providing a cure that could also improve survival”



Outcomes

indicatori di attività-efficacia

- Cancer outcomes
 - Risposta al trattamento (RC-RP)
 - Durata della risposta
 - Tempo alla progressione
- Patient outcomes
 - Sopravvivenza
 - Qualità di vita



Outcomes

indicatori di attività-efficacia

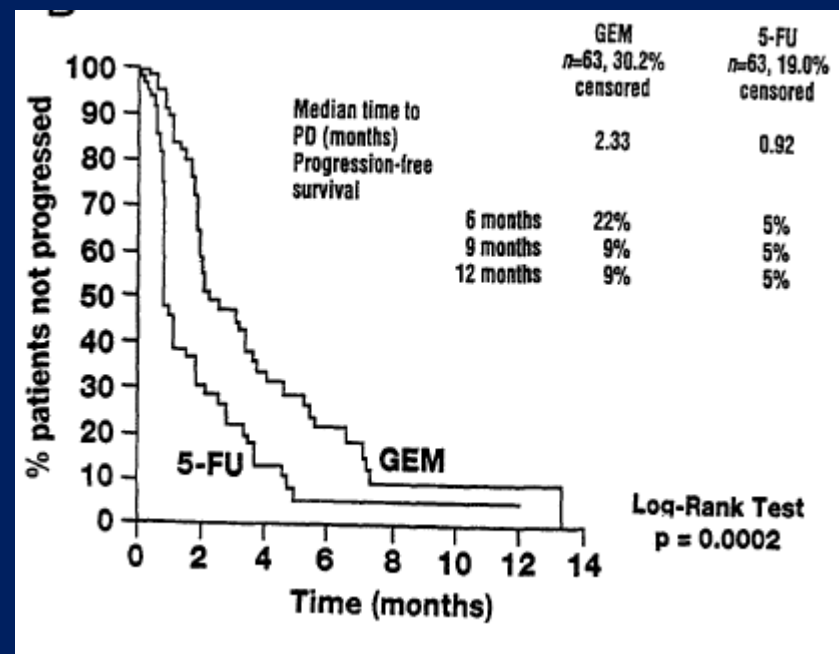
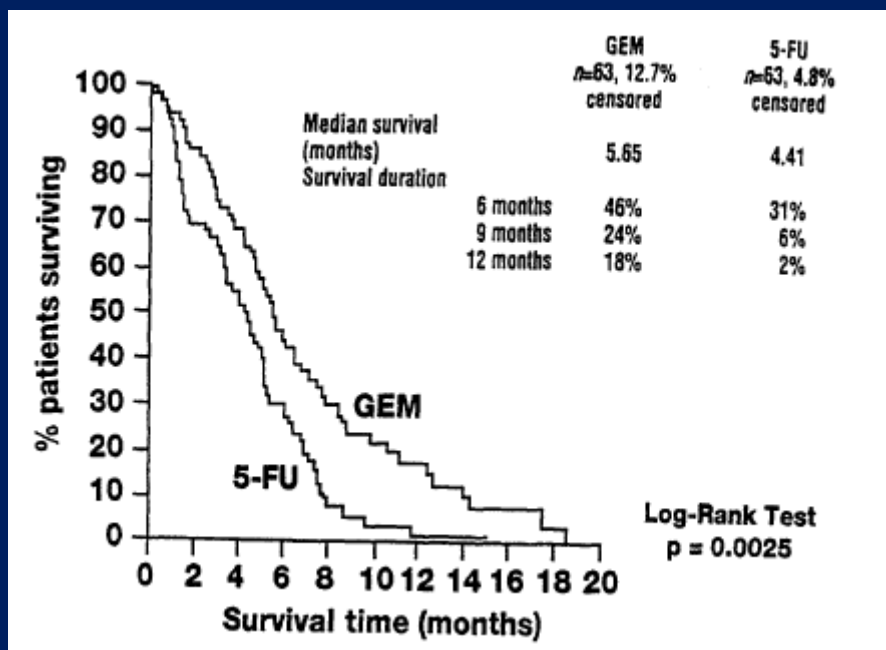
- Cancer outcomes
 - Risposta al trattamento
 - Tumori altamente sensibili (mammella, ovaio, testicolo, linfomi,...)
 - Tumori moderatamente sensibili (colon-retto, polmone, H&N, vescica,...)
 - Tumori scarsamente sensibili (rene, melanoma, sarcomi,...)
- Patient outcomes
 - Sopravvivenza
 - OS
 - Qualità di vita
 - Beneficio clinico



Beneficio clinico

Improvements in Survival and Clinical Benefit With Gemcitabine as First-Line Therapy for Patients With Advanced Pancreas Cancer: A Randomized Trial

By Howard A. Burris III, Malcolm J. Moore, John Andersen, Mark R. Green, Mace L. Rothenberg, Manuel R. Modiano, M. Christine Cripps, Russell K. Portenoy, Anna Maria Storniolo, Peter Tarassoff, Robert Nelson, F. Andrew Dorr, C.D. Stephens, and Daniel D. Von Hoff





Beneficio clinico

Table 1. Classifications for Clinical Benefit Measures

Primary measures

Pain

Pain intensity (measured daily on the MPAC 0-100 visual analog scale)

Positive: An improvement of $\geq 50\%$ from baseline sustained for ≥ 4 weeks, assuming a minimum pain score ≥ 20

Negative: Any worsening from baseline, sustained for 4 weeks

Stable: Any other result

Analgesic consumption (measured weekly in morphine-equivalent milligrams)

Positive: A decrease of $\geq 50\%$ from baseline, sustained for ≥ 4 weeks, assuming a minimum analgesic consumption ≥ 10

Negative: Any worsening from baseline, sustained for 4 weeks

Stable: Any other result

Karnofsky performance status (measured weekly)

Positive: An improvement of ≥ 20 points from baseline, sustained for ≥ 4 weeks, for patients with a performance status of 50, 60 or 70

Negative: Any worsening of ≥ 20 points from baseline, sustained for ≥ 4 weeks

Stable: Any other result

Secondary measure (measured weekly)

Weight

Positive: A weight gain (excluding third-space fluid) of $\geq 7\%$ from baseline, sustained for ≥ 4 weeks

Nonpositive: Any other result



Beneficio clinico

GEMCITABINE

Pain Measures

| | | Pain Intensity | | |
|-------------|-----------|----------------|--------|---|
| | | + | Stable | - |
| Consumption | Analgesic | 6 | 5 | 0 |
| | Stable | 4 | 25 | 2 |
| | - | 7 | 8 | 6 |

Total Positive = 15 (23.8%)

5-FLUOROURACIL

| | | Pain Intensity | | |
|-------------|-----------|----------------|--------|---|
| | | + | Stable | - |
| Consumption | Analgesic | 0 | 1 | 0 |
| | Stable | 2 | 38 | 1 |
| | - | 0 | 14 | 7 |

Total Positive = 3 (4.8%)

Primary Measures of Clinical Benefits

| | | Karnofsky Performance Status | | |
|------|--------|------------------------------|--------|---|
| | | + | Stable | - |
| Pain | + | 4 | 11 | 0 |
| | Stable | 0 | 25 | 0 |
| | - | 4 | 18 | 1 |

Total Positive = 15 (23.8%)

| | | Karnofsky Performance Status | | |
|------|--------|------------------------------|--------|---|
| | | + | Stable | - |
| Pain | + | 0 | 2 | 1 |
| | Stable | 1 | 37 | 0 |
| | - | 2 | 19 | 1 |

Total Positive = 3 (4.8%)

Clinical Benefit

| | | Primary Measures | | |
|--------|-------------|------------------|--------|----|
| | | + | Stable | - |
| Weight | Positive | 1 | 0 | 0 |
| | Nonpositive | 14 | 25 | 23 |

Clinical Benefit = 15 (23.8%)
No Clinical Benefit = 48 (76.2%)

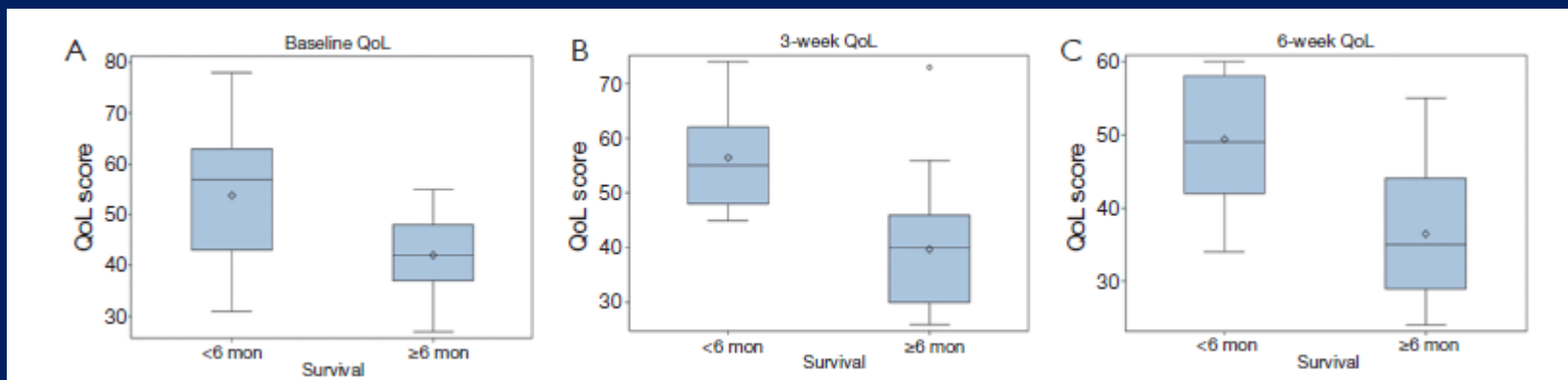
| | | Primary Measures | | |
|--------|-------------|------------------|--------|----|
| | | + | Stable | - |
| Weight | Positive | 0 | 0 | 0 |
| | Nonpositive | 3 | 37 | 23 |

Clinical Benefit = 3 (4.8%)
No Clinical Benefit = 60 (95.2%)



QoL – CT

tumore pancreas





QoL – CT

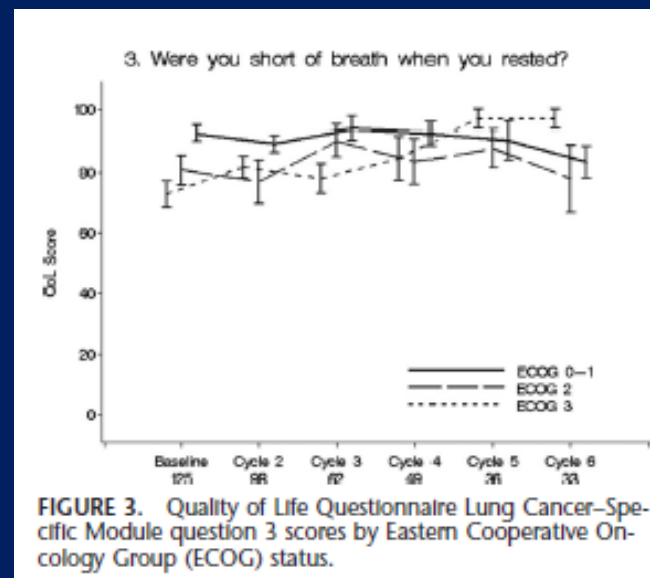
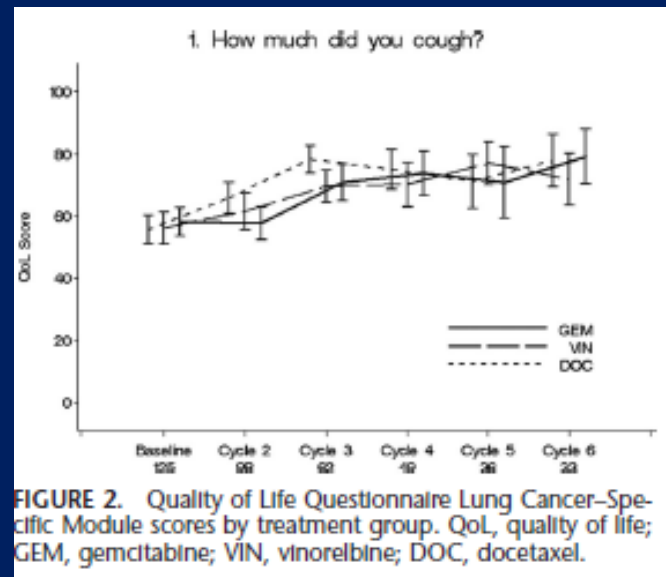
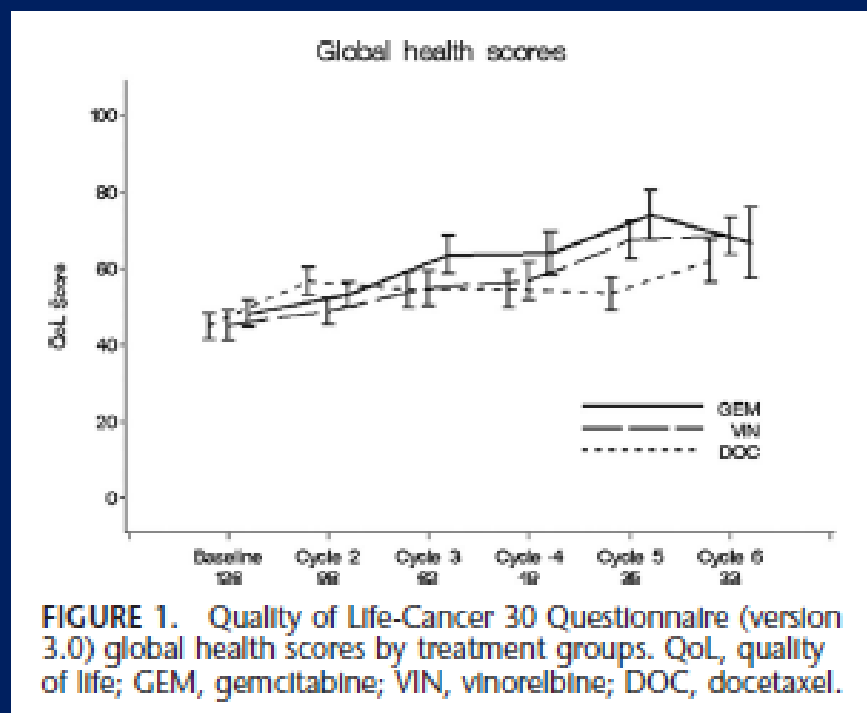
tumore esofago-gastrico

Table 3. Quality of Life and Efficacy Outcomes in Randomized Phase 3 Trials

| Study | Treatment Groups | Main Efficacy Outcome ^a | QoL Measure | Main QoL Outcome | Efficacy Versus QoL |
|-------------------------------|-------------------------------|--|--|--|--|
| Glimelius 1997 ²⁰ | ELF + BSC BSC | ELF > BSC (OS: 8 vs 5 mo; $P = .003^b$) | EORTC-C30, comparison of mean scores | ELF + BSC > BSC (45% vs 20% had favorable QoL; $P < .05$) | Improved efficacy and improved QoL for ELF |
| Webb 1997 ⁶ | FAMTX ECF | ECF > FAMTX (ORR: 45% vs 21% mo; $P = .0002$) | EORTC-C30, central venous line questionnaire, comparison of mean scores | ECF > FAMTX at Wk 24 | Improved efficacy and improved QoL for ECF |
| Talbot 2002 ¹⁰ | PVI 5-FU PVI 5-FU + MMC | No between-group differences | EORTC-C30, comparison of mean scores | No significant between-group difference at 12 or 24 wk | Equal efficacy and equal QoL |
| Ross 2002 ⁸ | ECF MCF | No between-group differences | EORTC-C30, comparison of mean scores | ECF > MCF | Equal efficacy but worse QoL for MCF |
| Ajani 2007 ¹¹ | CF DCF | DCF > CF (ITT: 3.7 vs 5.6 mo; $P < .001$ (Van Cutsem 2005 ¹⁹)) | EORTC-C30, EQ-5D, time to definitive deterioration | Time to deterioration DCF > CF | Improved efficacy and improved QoL for DCF |
| Cunningham 2008 ¹⁹ | ECF ECF ECX EOX | No between-group differences | EORTC-C30, comparison of mean scores | No significant between-group difference at 12 wk | Equal efficacy and equal QoL for the 3 comparator groups vs ECF |
| Dank 2008 ¹² | IF CF | No between-group differences | EORTC-C30, EQ-5D, time to definitive deterioration | No between-group differences | Equal efficacy and equal QoL |



QoL – CT NSCLC





CT palliativa

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 Mutri¹

Table 1 - General characteristics of deceased patients

| General characteristics | OHH | MOU | Total |
|---|-----------------------|-----------------------|-----------------------|
| Patients screened | 481 | 312 | 793 |
| Median age (range) | 77 (33-103) | 66 (22-89) | 73 (22-103) |
| Men/women | 259 (54%) / 222 (46%) | 184 (59%) / 128 (41%) | 443 (56%) / 350 (44%) |
| Causes of death | | | |
| Cancer | 461 (95.8%) | 286 (91.7 %) | 747 (94.2%) |
| Toxicity | 2 (0.4%) | 3 (1%) | 5 (0.7%) |
| Other causes | 18 (3.9%) | 9 (3.1%) | 27 (3.6%) |
| Unknown | – | 14 (4.9%) | 14 (1.9%) |
| Patients who had received palliative CT | 157 (32.4%) | 288 (92.3%) | 445 (56.1%) |

OHH, Oncological Hospice at Home; MOU, Medical Oncology Unit, University Hospital, Bologna; CT, chemotherapy.



Table 2 - Patient and CT characteristics according to interval between last CT and death

| | Pts who had received CT | | Pts with last CT in last 180 days before death | | Pts with last CT >180 days before death | |
|---|-------------------------|----------|---|----------|--|----------|
| | No. | (%) | No. | (%) | No. | (%) |
| Patients who had received palliative CT | 445 | (100) | 352 | (79.1) | 93 | (20.9) |
| Sex | | | | | | |
| Men | 264 | (59.3) | 216 | (81.8) | 48 | (18.2) |
| Women | 181 | (40.7) | 136 | (75.1) | 45 | (24.9) |
| Age | | | | | | |
| Median (range) | 68 | (22-98) | 67 | (22-98) | 71 | (37-87) |
| <65 years | 176 | (39.6) | 150 | (85.2) | 26 | (14.8) |
| ≥65 years | 269 | (60.4) | 202 | (75.1) | 67 | (24.9) |
| KPS | | | | | | |
| Median (range) | 70 | (40-100) | 70 | (40-100) | 70 | (40-100) |
| 70-100 | 249 | (56.0) | 205 | (82.3) | 44 | (17.7) |
| <70 | 39 | (8.7) | 27 | (69.2) | 12 | (30.8) |
| Data not available* | 157 | (35.3) | 120 | (76.4) | 37 | (23.6) |
| Primary tumor | | | | | | |
| Colorectal | 66 | (14.8) | 53 | (80.3) | 13 | (19.7) |
| Lung and pleura | 119 | (26.7) | 102 | (85.7) | 17 | (14.3) |
| Breast | 50 | (11.2) | 39 | (78.0) | 11 | (22.0) |
| Others | 210 | (47.3) | 158 | (75.3) | 52 | (24.7) |
| CT sensitivity** | | | | | | |
| High | 88 | (19.8) | 66 | (75.0) | 22 | (25.0) |
| Intermediate | 258 | (58.0) | 206 | (79.8) | 52 | (20.2) |
| Low | 99 | (22.2) | 80 | (80.8) | 19 | (19.2) |
| Cytotoxic drugs | | | | | | |
| Old drugs | 254 | (57.1) | 196 | (77.2) | 58 | (22.8) |
| New drugs | 160 | (35.9) | 133 | (83.1) | 27 | (16.9) |
| Data not available | 31 | (7.0) | 23 | (74.2) | 8 | (25.8) |
| Lines of CT | | | | | | |
| 1 | 222 | (49.9) | 176 | (79.3) | 46 | (20.7) |
| 2-3 | 168 | (37.8) | 133 | (79.2) | 35 | (20.8) |
| >3 | 45 | (10.1) | 37 | (82.2) | 8 | (17.8) |
| Data not available | 10 | (2.2) | 6 | (60.0) | 4 | (40.0) |
| Number of cycles | | | | | | |
| 1 | 79 | (17.8) | 62 | (78.5) | 17 | (21.5) |
| 2-3 | 154 | (34.6) | 131 | (85.1) | 23 | (14.9) |
| >3 | 207 | (46.5) | 156 | (75.4) | 51 | (24.6) |
| Data not available | 5 | (1.1) | 3 | (60.0) | 2 | (40.0) |

*KPS at the time of the last CT not available in patients of OHH; **highly sensitive tumors: breast, ovary, testis, lymphoma and leukemia; intermediate-ly sensitive tumors: lung and pleura, colorectal, head and neck, esophagus, uterus, unknown primary, bladder, peritoneum; low sensitive tumors: kidney, pancreas, melanoma, soft tissue sarcoma, liver, CNS, stomach, prostate, thyroid.
KPS, Karnofsky performance status; CT, chemotherapy; OHH, Oncological Hospice at Home.



CT palliativa

Analysis of last CT in the last month of life

| | No. | (%) |
|---|-----|----------|
| Patients with last CT in the last 30 days of life | 101 | (100) |
| Sex | | |
| Men | 73 | (72.3) |
| Women | 28 | (27.7) |
| Age | | |
| Median (range) | 69 | (22-84) |
| <65 years | 31 | (30.7) |
| ≥65 years | 70 | (69.3) |
| KPS | | |
| Median (range) | 70 | (40-100) |
| 70-100 | 61 | (60.4) |
| <70 | 9 | (8.9) |
| Data not available* | 31 | (30.7) |
| Primary tumor | | |
| Lung and pleura | 41 | (40.6) |
| Colorectal | 17 | (16.8) |
| Breast | 4 | (4) |
| Others | 39 | (38.6) |
| CT sensitivity** | | |
| High | 15 | (14.9) |
| Intermediate | 72 | (71.2) |
| Low | 14 | (13.9) |
| Line of CT | | |
| 1st | 57 | (56.4) |
| 2nd-3rd | 34 | (33.7) |
| >3rd | 9 | (8.9) |
| Data not available | 1 | (1.0) |
| Number of cycles | | |
| 1 | 26 | (25.7) |
| 2-3 | 40 | (39.6) |
| >3 | 35 | (34.7) |

*KPS at the time of the last CT not available in patients of OHH; **definition is reported in the section *Materials and methods*.

KPS, Karnofsky performance status; CT, chemotherapy; OHH, Oncological Hospice at Home.

- Il 20-25% di paz riceve trattamento CT nell'ultimo mese
- Più del 50% dei paz riceve CT di 1° linea nell'ultimo mese e circa il 15% riceve il 1° ciclo della 1° linea
- 80% dei tumori trattati moderatamente-scarsamente sensibili

CT palliativa

- Dubbio beneficio del trattamento CT
- Considerare età e PS
- Carico di malattia
- Comorbidità
- Stato funzionale

“L'utilizzo non appropriato della CT nel setting palliativo può avere importanti conseguenze negative sia per il paziente che per il sistema sanitario”



N85* PALLIATIVE CHEMOTHERAPY NEAR THE END OF LIFE: TOO LATE, TOO MUCH? A RETROSPECTIVE ANALYSIS OF 663 PATIENTS

O. Nascimben, C. Mastromauro, M.G. Ghi, P. D'Amanzo, M. Medici, R. Biason, F. Oniga, R. Carnuccio, C. Gatti, A. Paccagnella
Division of Medical Oncology, 'Umberto I' General Hospital, Mestre (VE), Italy

| Site | No. of pts | Interval between last CT and death | | | Duration of the last CT course median < 45 days (months) n° pts % | | | No. of previous CT lines (% of pts) | | |
|------------|------------|------------------------------------|------------|----|---|------------|----|-------------------------------------|----|----|
| | | <30 days | | | <45 days | | | | | |
| | | Median | No. of pts | % | Median | No. of pts | % | 0 | 1 | >1 |
| All | 663 | 4.5 | 164 | 25 | 2.6 | 212 | 32 | 54 | 27 | 19 |
| Lung | 231 | 4.2 | 54 | 23 | 2.5 | 74 | 32 | 62 | 28 | 10 |
| Colorectal | 107 | 4.2 | 26 | 24 | 2.9 | 33 | 31 | 36 | 33 | 31 |
| Breast | 102 | 5.0 | 24 | 24 | 2.8 | 27 | 26 | 29 | 28 | 43 |
| Other | 223 | 4.6 | 60 | 27 | 2.5 | 78 | 35 | 66 | 22 | 12 |

- 25% dei paz hanno ricevuto CT nell'ultimo mese
- 33% dei paz deceduti dopo l'inizio della 1° linea



Fattori che influenzano la decisione

Use of chemotherapy at end of life in oncology patients

S. Kao^{1,2,3}, J. Shafiq⁴, J. Vardy³ & D. Adams^{1,2*}

¹Liverpool Cancer Therapy Centre, Liverpool Hospital, Liverpool; ²Macarthur Cancer Therapy Centre, Campbelltown Hospital, Campbelltown; ³Sydney Cancer Centre, Concord; and ⁴Collaboration for Cancer Outcomes Research & Evaluation, Liverpool Hospital, Liverpool, Australia

Table 1. Factors influencing palliative chemotherapy commencement (n = 398)

| Factors | Groups | Chemotherapy commenced | | | P value |
|--------------------|--------------|------------------------|-----|-------|---------|
| | | Yes | No | % yes | |
| Age (years) | <67 | 239 | 119 | 67 | <0.01 |
| | 67+ | 159 | 230 | 41 | |
| Sex | Female | 190 | 138 | 58 | <0.05 |
| | Male | 208 | 211 | 50 | |
| Country of birth | Australia | 206 | 168 | 55 | 0.85 |
| | Overseas | 186 | 156 | 54 | |
| Cancer type | Neurological | 22 | 6 | 79 | <0.01 |
| | Ovarian | 20 | 7 | 74 | |
| | Colorectal | 84 | 36 | 70 | |
| | Breast | 57 | 32 | 64 | |
| | Pancreatic | 37 | 27 | 58 | |
| | NSCLC | 92 | 85 | 52 | |
| | Prostate | 20 | 29 | 41 | |
| Chemosensitivity | Sensitive | 184 | 83 | 69 | <0.01 |
| | Insensitive | 137 | 136 | 50 | |
| Medical oncologist | Physician 2 | 25 | 12 | 68 | 0.07 |
| | Physician 5 | 73 | 49 | 60 | |
| | Physician 4 | 48 | 34 | 59 | |
| | Physician 3 | 63 | 51 | 55 | |
| | Physician 7 | 85 | 81 | 51 | |
| | Physician 6 | 61 | 67 | 48 | |
| | Physician 1 | 43 | 55 | 44 | |

NSCLC, non-small-cell lung cancer.

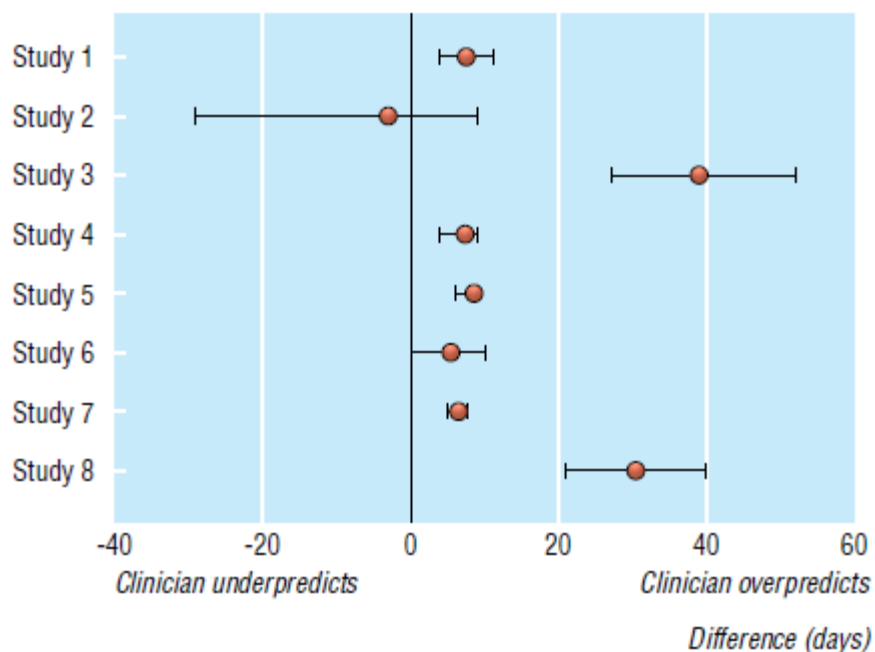
Table 3. Factors influencing palliative chemotherapy continuation at the end of life

| Factors | Groups | Chemotherapy within 4 weeks (n = 73) | | | P value |
|------------------------------|--------------|--------------------------------------|-----|-------|---------|
| | | Yes | No | % yes | |
| Age (years) | <67 | 44 | 195 | 18 | 0.97 |
| | 67+ | 29 | 130 | 18 | |
| Sex | Female | 38 | 152 | 20 | 0.41 |
| | Male | 35 | 173 | 17 | |
| Country of birth | Australia | 37 | 169 | 18 | 0.94 |
| | Overseas | 34 | 152 | 18 | |
| Cancer type | Pancreatic | 10 | 27 | 27 | 0.48 |
| | Breast | 14 | 43 | 25 | |
| | Colorectal | 16 | 68 | 19 | |
| | Prostate | 3 | 17 | 15 | |
| | Ovarian | 3 | 17 | 15 | |
| | Neurological | 3 | 19 | 14 | |
| | NSCLC | 11 | 81 | 12 | |
| Chemosensitivity | Sensitive | 37 | 147 | 20 | 0.27 |
| | Insensitive | 21 | 116 | 15 | |
| Medical oncologist | Physician 2 | 7 | 18 | 28 | <0.05 |
| | Physician 3 | 17 | 46 | 27 | |
| | Physician 1 | 11 | 32 | 26 | |
| | Physician 4 | 12 | 36 | 25 | |
| | Physician 5 | 10 | 63 | 14 | |
| | Physician 7 | 11 | 74 | 13 | |
| | Physician 6 | 5 | 56 | 8 | |
| No. of lines of chemotherapy | Single | 52 | 204 | 20 | 0.17 |
| | Multiple | 21 | 121 | 15 | |

NSCLC, non-small-cell lung cancer.



Fattore limitante l'oncologo



Difference between actual survival and clinical prediction of survival for terminally ill cancer patients (median and 95% confidence interval)

L'oncologo sovrastima la
sopravvivenza del 27%

A systematic review of physicians' survival predictions in terminally ill cancer patients

Paul Glare, Kiran Virik, Mark Jones, Malcolm Hudson, Steffen Eychmuller, John Simes, Nicholas Christakis

BMJ 2003;327:195-8



Come minimizzare l'uso di CT non utile

Palliative chemotherapy during the last month of life

U. Näppä^{1,2,3*}, O. Lindqvist^{3,4,5}, B. H. Rasmussen³ & B. Axelsson^{1,2}

¹The Research and Development Unit, Östersund Hospital, Östersund; Departments of ²Radiation Sciences; ³Nursing, University of Umeå, Umeå; ⁴Department of

- 23% di pazienti hanno ricevuto CT nell'ultimo mese di vita
- 47% terapia di 1° linea
- 20% al 1° ciclo di terapia



Table 2. Factors influencing cessation of palliative chemotherapy at the end of life

| Characteristics | LM group, n = 87 | | NLM group, n = 287 | | P value ^a |
|---|------------------|----|--------------------|----|----------------------|
| | n | % | n | % | |
| County of residence (number of residents in parenthesis) | | | | | NS |
| Västerbotten (n = 257 728) | 37 | 42 | 108 | 38 | |
| Norrbottn (n = 249 811) | 36 | 41 | 107 | 37 | |
| Jämtland (n = 126 851) | 14 | 16 | 72 | 25 | |
| Gender | | | | | NS |
| Male | 49 | 56 | 141 | 49 | |
| Female | 38 | 44 | 146 | 51 | |
| Age (years) | | | | | NS |
| Range | 33-86 | | 32-87 | | |
| Median | 65 | | 66 | | |
| <65 | 39 | 45 | 156 | 42 | NS |
| 65-74 | 34 | 39 | 152 | 41 | |
| 75 | 14 | 16 | 66 | 18 | |
| Diagnoses | | | | | NS |
| Upper gastrointestinal cancer ^b | 29 | 33 | 75 | 26 | |
| Lung cancer | 19 | 22 | 60 | 21 | |
| Colorectal cancer | 13 | 15 | 55 | 19 | |
| Others ^c | 9 | 10 | 12 | 4 | |
| Gynecologic cancer | 7 | 8 | 21 | 7 | |
| Breast cancer | 5 | 6 | 41 | 14 | |
| Urologic cancer ^d | 5 | 6 | 23 | 8 | |
| Median duration of PCT (days) | 85 | | 138 | | <0.001 |
| Median time from first PCT to death (days) | 111 | | 288 | | <0.001 |
| Median time between last PCT and death (days) | 15 | | 84 | | <0.001 |
| Chemotherapy line | | | | | NS |
| First line | 41 | 47 | 153 | 53 | |
| Only one treatment | 8 | 20 | 11 | 7 | |
| Second line | 22 | 25 | 65 | 23 | |
| Third line | 15 | 17 | 44 | 15 | |
| Fourth line or more ^e | 9 | 10 | 25 | 9 | |
| Patients admitted to hospital within 30 days after last PCT | | | | | <0.001 |
| Number of patients | 69 | 79 | 145 | 50 | |
| Patients admitted to hospital with chemotherapy-related reasons within 30 days after last PCT | | | | | <0.001 |
| Number of patients | 45 | 52 | 83 | 29 | |
| Documented decision to cease PCT | 18 | 21 | 202 | 70 | <0.001 |
| Median time from last PCT to decision (days) | 14.5 | | 28 | | |
| Median time from decision to death (days) | 7.5 | | 45 | | |
| Place of death | | | | | 0.011 |
| Hospital | 59 | 68 | 139 | 48 | |
| Hospice | 6 | 7 | 24 | 8 | |



CT palliativa

Trends in receiving chemotherapy for advanced cancer patients at the end of life

Hee Seung Lee, Kyeong Hyeon Chun, Dochang Moon, Hahn Kyu yeon, Sanghoon Lee and SooHyeon Lee*

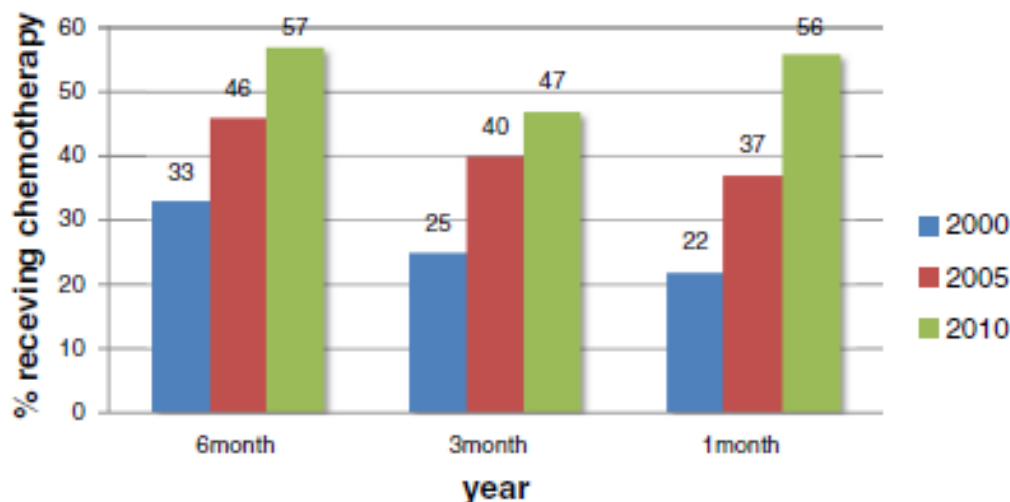


Figure 1 The proportion of patients receiving chemotherapy at the end of life in 2000, 2005, and 2010.



CT palliativa

Table 1 Characteristics of the cancer patients who received or who did not receive chemotherapy during the last months of life

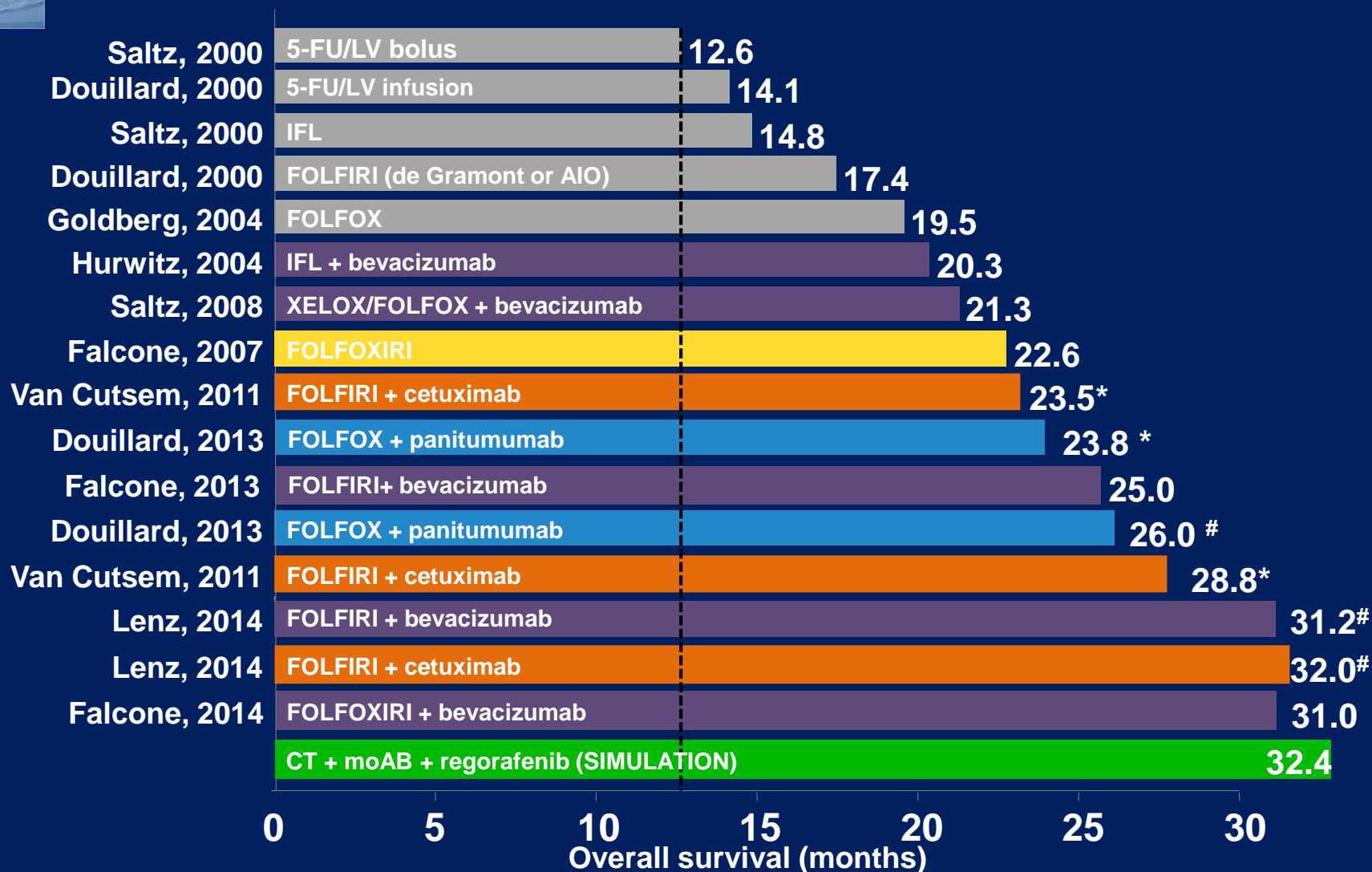
| Year of death | 2000 | | | | | | 2005 | | | | | | 2010 | | | | | |
|---------------------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| Months before death | 6 months | | 3 months | | 1 month | | 6 months | | 3 months | | 1 month | | 6 months | | 3 months | | 1 month | |
| Number | CTx (+) | P value | CTx (+) | P value | CTx (+) | P value | CTx (+) | P value | CTx (+) | P value | CTx (+) | P value | CTx (+) | P value | CTx (+) | P value | CTx (+) | P value |
| | 201 (33) | | 152 (25) | | 136 (22) | | 325 (46) | | 283 (40) | | 260 (37) | | 597 (57) | | 497 (47) | | 582 (56) | |
| Gender | | | | | | | | | | | | | | | | | | |
| Male | 132 (65.7) | NS | 98 (64.5) | NS | 83 (61.0) | NS | 199 (61.2) | NS | 199 (61.2) | NS | 165 (63.5) | NS | 371 (62.1) | 0.005 | 314 (3.2) | NS | 383(65.8) | NS |
| Female | 69 (34.3) | | 54 (35.5) | | 53 (39.0) | | 126 (38.8) | | 126 (38.8) | | 95 (36.5) | | 226 (37.9) | | 183 (36.8) | | 199 (34.2) | |
| Age | | | | | | | | | | | | | | | | | | |
| ≥65 years | 31 (15.4) | <0.001 | 29 (19.1) | 0.002 | 35 (25.7) | 0.005 | 83 (25.5) | <0.001 | 83 (25.5) | <0.001 | 85 (32.7) | <0.001 | 232 (38.9) | <0.001 | 197 (39.6) | 0.004 | 257 (44.2) | NS |
| <65 years | 170 (84.6) | | 123 (80.9) | | 101 (74.3) | | 242 (74.5) | | 242 (74.5) | | 175 (67.3) | | 365 (61.1) | | 300 (60.4) | | 325 (55.8) | |
| Place of residence | | | | | | | | | | | | | | | | | | |
| City | 144 (71.6) | NS | 111 (73.0) | NS | 87 (64.0) | NS | 241 (74.2) | NS | 241 (74.2) | NS | 194 (74.6) | NS | 412 (69.0) | NS | 351 (70.6) | NS | 410 (70.4) | NS |
| Other | 57 (28.4) | | 41 (27.0) | | 49 (36.0) | | 84 (25.8) | | 84 (25.8) | | 66 (25.4) | | 185 (31) | | 146 (29.4) | | 172 (29.6) | |
| Chemosensitivity | | | | | | | | | | | | | | | | | | |
| Others | 51 (25.4) | NS | 44 (28.9) | NS | 53 (39.0) | 0.045 | 86 (26.5) | 0.006 | 86 (26.5) | 0.006 | 99 (38.1) | <0.001 | 178 (29.8) | 0.01 | 149 (30.0) | 0.003 | 192 (33.0) | 0.002 |
| Sensitive | 82 (40.8) | | 63 (41.4) | | 42 (30.9) | | 166 (51.1) | | 166 (51.1) | | 116 (44.6) | | 299 (50.1) | | 255 (51.3) | | 268 (46.0) | |
| Insensitive | 68 (33.8) | | 45 (29.6) | | 41 (30.1) | | 73 (22.5) | | 73 (22.5) | | 45 (17.3) | | 120 (20.1) | | 93 (18.7) | | 122 (21.0) | |
| Chemotherapy | | | | | | | | | | | | | | | | | | |
| Oral CTx | 10 (5.0) | <0.001 | 14 (9.2) | <0.001 | 17 (12.5) | <0.001 | 20 (6.2) | <0.001 | 20 (6.2) | <0.001 | 26 (10) | <0.001 | 138 (23.1) | <0.001 | 125 (25.2) | <0.001 | 89 (15.3) | <0.001 |
| IV CTx | 191 (95.0) | | 138 (90.8) | | 119 (87.5) | | 305 (93.8) | | 305 (93.8) | | 234 (90) | | 459 (76.9) | | 372 (74.8) | | 493 (84.7) | |

Variables are expressed as n (%).

NS, not significant.



CT palliativa e aumento sopravvivenza





ASCO

American Society of Clinical Oncology Identifies Five Key Opportunities to Improve Care and Reduce Costs: The Top Five List for Oncology

1. Don't use cancer-directed therapy for solid tumor patients with the following characteristics: low performance status (3 or 4), no benefit from prior evidence-based interventions, not eligible for a clinical trial, and no strong evidence supporting the clinical value of further anti-cancer treatment.¹⁰⁻¹⁵
 - Studies show that cancer directed treatments are likely to be ineffective for solid tumor patients who meet the above stated criteria.
 - Exceptions include patients with functional limitations due to other conditions resulting in a low performance status or those with disease characteristics (e.g. mutations) that suggest a high likelihood of response to therapy.
 - Implementation of this approach should be accompanied with appropriate palliative and supportive care.



Conclusioni

Terapia antineoplastica palliativa ha dimostrato vantaggio in termini di QoL e OS in diverse tipologie di tumore

- Parametri da considerare:
 - PS
 - comorbidità
 - Prognosi
 - Sensibilità del tumore alla terapia
 - Benefici attesi/effetti collaterali
 - Linea di trattamento
 - Desiderio del paziente



Conclusioni (2)

- Vantaggio maggiore e dimostrato per le 1° linee
- Pochi dati per successive linee di terapia in particolare per alcune neoplasie in stadio avanzato e prognosi infausta
- Studi randomizzati con end point QoL
- Studi con braccio di controllo di BSC
- Integrazione del trattamento antineoplastico e BSC
- Accuratezza prognostica
- Colloquio con il paziente