

Critically Ill Cancer Patients: Who to Admit and What Therapy?



Multidisciplinary teamwork is vital when planning for cancer patients in the ICU, according to a narrative review published in *ESMO Open*. The care of cancer patients requires close collaboration between the intensive care team and cancer specialists, with each specialty needing good awareness of cancer-specific problems and organ dysfunction.

Peter Schellongowski, and colleagues from the Medical University of Vienna, Austria, on behalf of the Working Group for Hemato-Oncologic Intensive Care Medicine of the Austrian Society of Medical and General Intensive Care Medicine and Emergency Medicine (OEGIAIN) undertook the review to look at the evidence on answering the vital questions of whether the cancer patient should be admitted to the ICU and if admitted, what intensive care therapies should be implemented.

See Also: [Optimisation Measures Reduce Risk of Death in Cancer Patients in ICU](#)

Admission Criteria

Schellongowski and colleagues suggest 3 criteria: 1) if the critical condition can be reversed 2) if the cancer prognosis and other co-morbidities justify therapies and 3) the patient agrees.

Their review covers the factors affecting the short-term prognosis of critically ill patients with cancer, with organ dysfunctions having more of a role than the cancer in ICU and short-term survival. There are few studies on long term survival of ICU cancer patients, but it is associated with the underlying malignant disease. The reviewers acknowledge that prognostication is difficult even for specialists. Possible ICU admission criteria based on international expert consensus are reviewed in detail according to recent evidence. The reviewer do not support the admission of terminally ill patients to the ICU to receive noninvasive ventilation as palliative therapy.

Critically ill cancer patients should be considered for admission early, although the reasons for better outcomes in patients admitted early are not fully understood.

Palliative Care

Palliative care for cancer patients with 2 or more organs failing should be obligatory and provided in parallel to curative ICU efforts, write the reviewers.

Breast Cancer ICU Patients

A study by Virginie Destrebécq, and colleagues from the Institut Jules Bordet, Université Libre de Bruxelles, Belgium (Destrebécq et al. 2016) evaluated unplanned ICU admissions of breast cancer patients to determine the main reasons for admission, predictors of mortality during hospital stay and prognostic factors for survival after hospital discharge.

175 patients were included in the study. The main reasons for admission were cardiovascular (26%), respiratory (19%), neurologic (19%) or infections (14%). The researchers found that the predictors of death during hospitalisation were related to acute complications (SOFA score, GPT level and cardiovascular-related admission). Cancer-related factors, such as metastatic disease, therapeutic limitations, SAPS II score or high GOT value, were significant in prognosis for survival after discharge.

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