
Optimisation Measures Reduce Risk of Death in Cancer Patients in ICU



A large number of oncologic patients are admitted in ICUs around the world. Estimates show that one in six people admitted in the ICU has cancer. Nearly 10 and 70 percent of patients with cancer need intensive care at least once in their life. Cancer patients are among the most fragile and are also prone to complications such as hospital infections and severe drug reactions.

A new study by shows that the risk of these problems can be reduced through simple organisational processes such as regular meetings between oncologists and intensivists, use of care protocols and having pharmacists present in the ICU. The article is published in the *Journal of Clinical Oncology*.

This research is the first of its kind that examines the impact of organisational factors of ICUs in cancer patients. Data from approximately 10,000 cancer patients from 70 ICUs of 49 Brazilian hospitals was used for the purpose of this analysis. The goal was to identify organisational factors that were associated with reduction of mortality in oncologic patients.

Findings show that survival is higher in ICUs that follow processes such as daily meetings between oncologists and intensivists to set goals and develop treatment plans, having the presence of a pharmacists and following protocols to reduce infections and treatment related complications. No major difference in the mortality rate of cancer patients admitted to general hospitals ICU or to specialised cancer treatment centres was observed. The survival rates were higher for those using flow optimisatoin measures regardless of the type of ICU.

"Cancer patients undergo very complex procedures and surgeries, they usually have their immune system weakened by the treatment, leaving them more susceptible to infections and other complications; so it is important that physicians talk about treatment options and follow protocols to avoid problems," says research leader Marcio Soares, from D'Or Institute for Research and Education, IDOR (Brazil).

These measures also have the potential to reduce costs in the ICU as they would enable a more efficient use of resources. Study researchers point out that for developing countries like Brazil, attention to such factors is even more urgent as they could help reduce healthcare spending.

Source: [Journal of Clinical Oncology](#)
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