

Study helps pancreatic cancer patients make hard choices

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Every year, nearly 45,000 Americans are diagnosed with pancreatic cancer. The odds against those stricken by the disease are truly dismal; pancreatic cancer almost always kills within two years after diagnosis, no matter how it is treated. Even aggressive intervention with chemotherapy, radiation or surgery rarely yields more than an extra month to a year of survival, depending on the stage of the disease.

This raises a tough question: should patients who know they are going to die soon spend a substantial amount of what little time they have left undergoing aggressive and difficult treatment—treatment likely to bring them only a brief period of additional life?

"It's about balancing quality and quantity of life, really," said Dr. Casey Boyd, a University of Texas Medical Branch at Galveston surgery resident and lead author of a paper analyzing the problem in the current issue of *Annals of Surgical Oncology*. "For pancreatic cancer we know the quantity of life is short, so maximizing the quality of life is important—and the best way we can do that is to give patients concrete data that they can look at and use in their [treatment decisions](#)."

Boyd and her colleagues approached the issue by drawing on the National Cancer Institute's Surveillance, Epidemiology and End Results database, examining SEER records for 25,476 pancreatic cancer patients and focusing on two factors that directly affect patients' lives: hospital days and days spent in medical care. (Hospital days were days spent as hospital inpatients, while medical care days included days in the hospital

as well as other days on which the patient visited a physician, underwent a [diagnostic test](#), or received a treatment).

"This study is the first to bring together hospital and medical care days in pancreatic [cancer patients](#) with stage, treatment and survival, and it gives us a quantitative look at the whole experience of a patient with pancreatic cancer," Boyd said. "We hope that physicians can use the information in this paper to give patients what they need to make critical decisions."

For example, Boyd said, a doctor could draw on the paper to counsel a patient with metastatic [pancreatic cancer](#)—the most common and deadly type. "The physician could say, if you have [chemotherapy](#) you may live four to six weeks longer, but a lot of that time you're going to be in the hospital, or getting a test, or getting a needle poked in your arm for your chemotherapy," she said. "Some patients may say, I want that, I want the most life that you can give me."

Others, she noted, might make a different choice if given an accurate picture of the treatment experience.

"They might say, it's not really worth it to me—it's a few extra weeks, but they may be miserable weeks," Boyd said. "They may decide not to have any treatment and maybe just have hospice, or just spend time with their family."

The ability to help patients make such difficult decisions was the main goal of the study, according to Boyd.

"Really, this paper is about empowering the patient," she said. "We want to provide them with the information they need to make their own personalized treatment decisions."

Provided by University of Texas Medical Branch at Galveston

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