

Time-limited strategies feasible for ICU critical cancer care

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(HealthDay)—For patients with poor-prognosis cancer, trials of intensive care unit (ICU) care of short duration may be sufficient, according to a study published online Oct. 15 in *JAMA Oncology*.

Mark G. Shrime, M.D., M.P.H., Ph.D., from Harvard Medical School in Boston, and colleagues examined the optimal duration of [intensive care](#) for short-term mortality in [critically ill patients](#) with cancer. The hospital course of patients with poor-prognosis primary tumors, metastatic disease, or hematologic malignant neoplasms was simulated using a state-transition microsimulation model. Transition probabilities were derived from 920 patients. The model was validated in three independent cohorts with 349, 158, and 117 participants.

The researchers found that compared with aggressive care, a three-,

eight-, or 15-day trial of intensive care resulted in decreased mean 30-day survival in all but the sickest patients; variable clinical magnitude of these differences was observed. In the sickest patients, trial duration of eight days offered mean survival duration that was no more than one day different from time-unlimited care; for healthier patients, trial durations of 10 to 12 days were required. Trial durations of one to four days offered mean survival that did not differ significantly from time-unlimited care for the subset of [patients](#) with solid tumors.

"These results, in combination with individual preference, may be helpful in guiding decision making at the end of life in this patient population," the authors write.

One author disclosed ties to Ethicon.

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