

Some patients with imminently fatal cancer still receive treatment

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Some patients who died within one month of being newly diagnosed with metastatic cancer in the United States received ineffective surgery, chemotherapy, radiation, and hormonal therapy according to a new American Cancer Society study. The authors say the findings highlight the need to better identify patients with imminently fatal metastatic cancer who may not benefit from aggressive and expensive therapies. The study appears early online in *JNCI Cancer Spectrum*.

with imminently fatal de novo metastatic cancer who may not benefit from attempted life-prolonging aggressive and expensive therapies.

More information: Helmneh M Sineshaw et al, Treatment patterns among de-novo metastatic cancer patients who died within one month of diagnosis, *JNCI Cancer Spectrum* (2019). DOI: [10.1093/jncics/pkz021](https://doi.org/10.1093/jncics/pkz021)

Little is known about patterns of and factors associated with treatment of newly-presented (de novo) [metastatic cancer](#) patients who die soon after diagnosis. For the new study, a team led by Helmneh Sineshaw, MD, MPH, and including researchers from the American Cancer Society, Dana-Farber Cancer Institute (Boston, Mass.), Baptist Cancer Center (Memphis, TN), and Mayo Clinic College of Medicine (Rochester, MN), examined treatment patterns for 100,848 [adult patients](#) in the National Cancer Data Base. All were newly-diagnosed with metastatic lung, colorectal, breast, or [pancreatic cancer](#) and died within one month of diagnosis.

Provided by American Cancer Society

They found wide variations in treatment by cancer type, over time, age, insurance, and type of treatment facility. Surgery rates ranged from 0.4% of pancreatic cancer patients to 28.3% of colorectal cancer patients. Chemotherapy use ranged from 5.8% of colorectal cancer patients to 11% of lung and breast cancer patients. Radiotherapy rates ranged from 1.3% in pancreatic cancer patients to 18.7% of lung cancer patients. Use of some treatment, for example surgery for colorectal and breast cancer, declined over time. Lung cancer patients treated at community cancer centers had 48% lower odds of radiation than those treated at National Cancer Institute-designated cancer centers.

Those variations indicated to the authors that more research is warranted to better identify patients

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