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Examining the Role of Palliative Procedures in Patients with Stage IV GI Cancers

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Background: When dealing with patients who have been diagnosed with Stage IV (incurable) GI cancers, often there is great deliberation that takes place between the oncology team (surgeon, oncologist, hospice providers, etc.) as to whether a procedural intervention would be useful in alleviating the symptoms brought on by the advanced malignancy. Unfortunately there is not a lot of data in the literature which can be used to dictate the care of these patients with any scientific reliability. Often the judgment of treatment modalities is subsumed by the “art of medicine.”

Objectives: This study sought to retrospectively examine the role of invasive procedures as a means of palliation in patients with stage IV GI cancers.

Methods: A list of all patients who were diagnosed with Stage IV GI cancers (GE junction to Rectum including pancreatic and hepatobiliary tumors) was obtained from the UMass Tumor Registry. From this list, all patients over 18 years of age, who received invasive procedures as a means of palliation of the symptoms brought on as a result of their primary malignancies were selected for this study. This included all surgical, endoscopic, radiologic, urologic, and drainage procedures. Subsequently an extensive retrospective chart review was carried out to determine the efficacy of these procedures in palliating the aforementioned symptoms. We specifically examined the patient’s charts to determine if the procedure was palliative, and if so, was it successful. From that point we looked to see for how long the patient received palliation of their symptoms.

Results: From January 1, 2000 through December 31, 2005, there were 298 patients diagnosed with Stage IV GI cancers at UMass. Of these patients, 289 fit the criteria for this study. Of this inclusion population, 249 (86%) had expired prior to the conduction of this study. Most of these patients (77%) had a pathologic diagnosis of Adenocarcinoma with the majority of cases affecting the Colon (37%) or the Pancreas (24%). Of these 289 patients 126 (44%) received palliative chemotherapy and 55 (20%) received palliative radiation treatments. Overall 306 invasive procedures were undertaken in 193 (67%) patients (1.06 procedures per patient), with the majority of these being surgical (56%) and endoscopic (25%). Of these 306 procedures, 270 were carried out with palliative intent with an efficacy of 90% (244). Specifically relating to surgical procedures, 146 were palliative in nature, with an efficacy of 94% (137). The symptoms that were most commonly in need of palliative interventions were Bowel Obstruction (26%), Obstructive Jaundice (21%), Shortness of Breath (7%), and Ascites (7%). However, these
procedures were not without complication as they resulted in morbidity in 47 patients (24%) and mortality in nine (5%).

**Conclusion:** In this study, there is good indication that invasive procedures are actually quite effective in palliating the symptoms encountered as a consequence of advanced malignancies of the GI system. In light of these benefits, there are still no reliable criteria to predict which patients might respond better and for longer with less risk of complications from these invasive procedures than others. From this point, our plan is to begin to analyze the populations which received the most benefit from their palliative procedures as well as the population which did not fare well. Our goal is to delineate the population for whom these procedures should be recommended in the future.