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Study Suggests Overuse of Chemotherapy Near Life's End

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SAN FRANCISCO, May 12— Many cancer patients receive chemotherapy at the end of life, even if their kind of cancer is known to be unresponsive to the drugs, according to a study reported here today.

The study, involving cancer patients who died in Massachusetts in 1996, found that a third of them received chemotherapy in the last six months of their lives. That finding "strongly suggests overuse of chemotherapy at the end of life," said Dr. Ezekiel J. Emanuel, the senior author.

Dr. Emanuel, the chairman of the department of clinical bioethics at the National Institutes of Health, was one of several researchers to report findings on cancer care at the opening of a meeting of the American Society of Clinical Oncology, expected to draw more than 24,000 cancer specialists.

His team's findings support the growing view that oncologists continue to prescribe chemotherapy for too many cancer patients when clinical evidence indicates they are in the terminal stages of the disease. There are no guidelines for the appropriate use of chemotherapy at the end of life based on scientifically controlled trials or consensus statements, Dr. Emanuel said in an interview.

Dr. Emanuel's team from Boston University and Stanford University linked information from death certificates in Massachusetts and Medicare billing records. The researchers used standard textbooks to classify whether different cancers were generally responsive or unresponsive to chemotherapy. Responsive cancers included in the study were breast, colon and ovarian. Unresponsive cancers included gallbladder, kidney, liver and pancreatic cancer and melanoma.

The researchers then analyzed information about the 7,919 people in the study who died of cancer and concluded that responsive and unresponsive cancers were treated equally often with chemotherapy at the end of life.

About one-third of patients with unresponsive cancers received chemotherapy in the last six months of life; the figures dropped below 10 percent in the last month of life.

Additional studies are needed before such findings can be confirmed nationally and to develop guidelines on when chemotherapy should be stopped in terminal cases, Dr. Emanuel said. He also urged studies to determine how much managed care and traditional fee-for-service practices influenced the timing of chemotherapy. In addition, he said, studies are needed to better understand how the interaction among doctors, patients and families influence the use of chemotherapy in terminal stages of cancer.

Dr. Emanuel's study was one of many that researchers have conducted in response to public criticism about cancer care. Other studies reported today dealt with how patients feel during chemotherapy, how families respond to the stress the patients experience, and issues surrounding care at the end of life.