

The Facts

On the Right Course?

A review of the quality of care provided to patients aged 24 years and under who were receiving systemic anti-cancer therapy and subsequently died or were admitted to critical care.

STUDY POPULATION

- The patients in this study were high-risk with diagnoses that needed aggressive therapy and therefore had less good survival rates when compared with the population of childhood cancer as a whole – THE NUMBERS SHOULD NOT BE EXTRAPOLATED
- 53% of the patients had relapsed disease
- 66% of patients had been treated with more than one protocol of therapy
- The population had a significant number of comorbidities
- The unplanned admission to critical care or death occurred during the first cycle of therapy in around half the patients – so the choice of protocol had not given the relapsed patients any prolongation of survival before the event took place

ORGANISATION OF SERVICES

- 5% of hospitals were not part of a specific cancer network
- 54% of hospitals had no formal policy that SACT prescribed by a pharmacist should be checked by a second pharmacist
- 43% of hospitals allowed non-medical staff to prescribe SACT
- Patients had a maximum journey time of more than one hour in 27/113 (23.3%) hospitals where they treated
- 97% of hospitals had age appropriate multidisciplinary team meetings
- 53% of hospitals did not audit SACT toxicity
- 57% of hospitals did not audit death within 60 days of SACT
- 97% of hospitals participated in peer review or self-assessment exercises relating to UK cancer standards
- 22% of hospitals provided advice over the telephone was by general rather than specialist staff
- 63% of hospitals to which teenage and young adult patients were admitted, had separate facilities or protocols for this group

MANAGEMENT OF SYSTEMIC ANTI-CANCER THERAPY

- 33% of patients did not have their protocol of SACT discussed in a multidisciplinary team meeting
- 12% of cases highlighted that clinicians felt under pressure from the patient's family to prescribe SACT



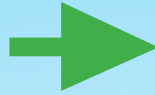
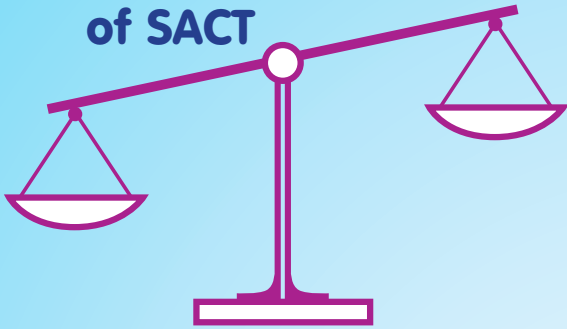
- 62% of notes had a copy of the consent form included
- 11% sets of case notes had no evidence that the intent of treatment was clear
- 18% of consent forms did not state the risk/benefit of SACT or the chances of cure in 20%
- 44% of consent forms mentioned that SACT could be life threatening
- 55% of patients did not have a formal assessment of performance status carried out before a protocol was considered
- 56% of patients had a formal assessment of toxicity of the last SACT cycle
- 70% of patients had an assessment of disease response – of these 48/80 patients were not responding to treatment and in the opinion of the reviewers only 20/41 of these should have received SACT
- 66% of cases notes had documented evidence that patients and their families had received adequate training in the management of febrile neutropaenia
- 82% of patients were not on a clinical trial.

ADMISSION TO HOSPITAL

- 31% of patients were not reviewed by a consultant within 14 hours of admission
- 92% of patients had their vital signs appropriately recorded
- 26% of patients had signs of sepsis on admission
- 31% of patients had other problems relating to the toxicity of SACT on admission
- 18% of patients admitted to critical care had ceilings of treatment in place
- 22% of patients had their death hastened due to a complication of SACT, in the reviewers opinion.
- 80% of patient cases were discussed at an audit or morbidity and mortality meeting.

TO IMPROVE THE CARE PROVIDED TO CHILDREN, TEENS & YOUNG ADULTS WE NEED TO:

DISCUSS the risks and benefits of SACT



INVOLVE a MULTIDISCIPLINARY TEAM where possible to aid the decision making



CHECK performance status before starting a new treatment



DOCUMENT & CONSIDER



- INTENT of therapy
- CHANCES of cure
- BENEFITS of palliative therapy

TRAIN & PREPARE families to spot signs of sepsis early

