

Journal Watch

A prospective evaluation of palliative outcomes for surgery of advanced malignancies.
McCahill LE, Smith DD, Borneman T, et al. *Annals of Surgical Oncology* 2003; 10(6):654-663.

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Abstract:

Background: We prospectively evaluated the effectiveness of major surgery in treating symptoms of advanced malignancies.

Methods: Fifty-nine patients were evaluated for major symptoms of intent to treat and were followed up until death or last clinical evaluation. Surgeons identified planned operations before surgery as either curative or palliative and estimated patient survival time. An independent observer assessed symptom relief. A palliative surgery outcome score was determined for each symptomatic patient.

Results: Surgeons identified 22 operations (37%) as palliative intent and 37 (63%) as curative intent. The median overall survival time was 14.9 months and did not differ between curative and palliative operations. Surgical morbidity was high but did not differ between palliative (41%) and curative (44%) operations. Thirty-nine patients (56%) were symptomatic before surgery, and major symptom resolution was achieved after surgery in 26 (79%) of 33. Good to excellent palliation, defined as a palliative surgery outcome score > 70, was achieved in 64% of symptomatic patients.

Conclusions: Most symptomatic patients with advanced malignancies undergoing major operations attained good to excellent symptom relief. Outcome measurements other than survival are feasible and can better define the role of surgery in multimodality palliative care. A new outcome measure to evaluate major palliative operations is proposed.

Key Words: Palliative surgery – Quality of life – Outcomes – Advanced malignancy.

Comments:

Strengths/uniqueness:

Using carefully selected definitions and good follow-up focused on symptoms, rather than simply surgical complications and survival, the authors have produced an innovative report investigating the benefits of palliative surgery.

Weaknesses:

Results are limited by the relatively small patient numbers and the apparent predominance of gastrointestinal tumors in this patient cohort. Using and reporting pain assessment results would have strengthened the apparent improvement in the 78% of patients with pain.

Relevance to Palliative Care:

The authors have reported findings that raise interesting questions and provide good advice to guide future research in this area. Surgeons attempting to report results that do not include symptom issues and more accurate definitions will have failed the raised standards of this report.