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PDF generated on July 20, 2016 from

<http://www.cancer.net/about-us/collaborations/top-five-list-oncology/choosing-wisely%C2%AE-top-five-cancer-related-tests-procedures-and-treatments-many-patients-do-not-need/topic-1-cancer-directed-treatments-end-life>

Topic #1: Cancer-Directed Treatments at the End of Life **[1]**

Background

Cancer care is made up of treatment(s) to slow, stop, or eliminate the cancer combined with treatments to relieve the related symptoms and side effects, called [palliative or supportive care](#) [2]. However, for some people, there is a point when the available treatments cannot control the growth and spread of the cancer. This may be called advanced or terminal cancer. Then, the main focus of treatment is on managing the symptoms of the cancer.

A diagnosis of advanced or terminal cancer is very difficult to hear. Some patients, families, and doctors may choose to continue treatment directed at the cancer in the hope of slowing its growth, even when a patient's physical condition has significantly worsened. At this point, however, research shows that further cancer-directed treatments often do not help improve a patient's quality or length of life. Because of the side effects from chemotherapy, giving this treatment when it is not likely to slow the growth of cancer may actually decrease the length of a patient's life and prevent him or her from getting the benefits of [hospice care](#) [3], which is palliative care given toward the end of a person's life.

It is important to note that this is very specific to the type of cancer and the situation. Some patients with a type of cancer that is more easily treated with chemotherapy may still benefit from cancer-directed treatment even though they are in bed most of the time. This is not always true for other types of cancers that have continued to grow despite several different treatments.

Recommendation

ASCO recommends that the treatment focuses on managing symptoms for patients with advanced or terminal cancer in the following situation:

- The patient is so weakened from the cancer that he or she is unable to care for himself/herself and needs to stay in a bed or chair for all or most of the day (a measure of this is called performance status). A good test of performance status is if the patient can walk into the clinic without any help; and,
- Previous treatments have not worked and there are no additional standard treatment options; and,
- The patient is unable to participate in a [clinical trial](#) [4] (research study). This may be because there are no clinical trials available when all the approved treatments have failed, but it is worth asking the doctor, as new research is being done all the time.

Patients with advanced or terminal cancer who are more likely to benefit from further cancer-directed treatment include those whose physical limitations are from a condition other than cancer and not from pain from the cancer, or those who have factors involved in their cancer that make it more treatable, such as certain [genetic changes](#) [5].

For nearly all patients with common solid cancers such as lung, colon, or breast cancer, further cancer treatments at this point only add to their symptoms and side effects without providing any medical benefit.

What this means for patients

If you have been diagnosed with advanced or terminal cancer, it is important to have open and honest conversations with your doctor and health care team about your prognosis (chance of recovery) and the goals of treatment.

Making sure a person with advanced or terminal cancer is physically comfortable and free from pain is extremely important. Patients with cancer that cannot be cured are strongly encouraged to talk with their doctors and learn more about hospice care while they are still relatively well. When planning for end-of-life care, you and your family should consider thinking about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families.

Questions to ask your doctor

- What type of cancer do I have?
- What is the stage? What does this mean?
- What is my prognosis?
- What is the goal of further treatment? Is it directly treating the cancer or improving my symptoms, or both?
- What is the cost of further treatment?

- What will happen if I don't have further treatment? What is my expected prognosis if I do choose further cancer-directed treatment?
- How can the symptoms and side effects from my cancer be managed?
- What other steps can I take to help maintain my quality of life?
- Do you recommend talking with a hospice coordinator?

For More Information

Consumer Reports: [Care at the End of Life for Advanced Cancer Patients](#) [6] (Topic 1; PDF)

[Advanced Cancer Care Planning](#) [7]

[End-of-life Care](#) [8]

[Managing Side Effects](#) [9]

[ASCO Recommends Palliative Care as a Part of Cancer Treatment](#) [10]

Links

- [1] <http://www.cancer.net/about-us/collaborations/top-five-list-oncology/choosing-wisely%C2%AE-top-five-cancer-related-tests-procedures-and-treatments-many-patients-do-not-need/topic-1-cancer-directed-treatments-end-life>
- [2] <http://www.cancer.net/node/25282>
- [3] <http://www.cancer.net/node/25274>
- [4] <http://www.cancer.net/node/25223>
- [5] <http://www.cancer.net/node/24522>
- [6] <http://consumerhealthchoices.org/wp-content/uploads/2013/02/Choosing-WiselyCancerTreatmentsASCO-ER.pdf>
- [7] <http://www.cancer.net/node/25113>
- [8] <http://www.cancer.net/node/25110>
- [9] <http://www.cancer.net/node/25238>
- [10] <http://www.cancer.net/node/24401>