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Determining Prognosis in Advanced Cancer

“How Long do I have, doc?” is among the most common questions asked by cancer patients, especially when informed that there are no further effective anti-neoplastic treatment options. Although prognostication is not an exact science, there is abundant data to help clinicians provide useful information to patients and families, information critical to making realistic end-of-life decisions and referrals for hospice service.

The single most important predictive factor is **Functional Ability**; a measure of how much a patient can do for themselves, of their activity and energy level. Patients with solid tumors typically lose 70% - 80% of their functional ability in the last 3 months of life. The two scales used to measure functional ability are the **Karnofsky Index** (100 = normal; 0 = dead) and the **ECOG** (Eastern Cooperative Oncology Group) scale, (0 = normal; 5 = dead). A median survival of 3 months correlates with a Karnofsky score of less than 50 or an ECOG score of less than 3.

The question to ask patients is: “How much time do you spend in bed or lying down?” If the response is greater than 50% of the time and is progressively increasing, this correlates to a median survival of approximately 3 months. Survival time decreases for added physical symptoms, especially dyspnea, if secondary to the cancer.

Several common cancer syndromes have well-documented short median survival times:

- ❖ Malignant hypercalcemia: 8 weeks (except newly diagnosed breast cancer or myeloma)
- ❖ Malignant pericardial effusion: 8 weeks
- ❖ Carcinomatous meningitis: 8-12 weeks
- ❖ Multiple brain metastases: 1-2 months w/o radiation; 3-6 months with radiation

In general, a patient with metastatic solid cancer, acute leukemia or high-grade lymphoma, who will not be receiving systemic chemotherapy, has a prognosis of less than 6 months (of course, there are notable exceptions to this). Other indicators of less than 6 months prognosis include malignant ascites, malignant pleural effusion or malignant bowel obstruction that cannot be surgically bypassed.

References: den Daas, N. Estimating length of survival in end-stage cancer: a review of the literature. *J Pain Symp Manage* 10:548-555, 1995; Lassauniere JM and Vinant P. Prognostic factors, survival & advanced cancer. *J Pall Med* 8:52-54, 1992; Miller RJ. Predicting survival in the advanced cancer patient. *Henry Ford Hosp Med J* 39:81-84, 1991; Ralston SH, et al. Cancer associated hypercalcemia. *Ann Int Med* 112:499:504, 1990; Reuben DB and Mor V. Clinical symptoms and length of survival in patients with terminal cancer. *Arch Int Med* 148:1586-1591, 1998.