



Opinion

Volume 10 Issue 1 - March 2018
DOI: 10.19080/CTOIJ.2018.10.555778

Canc Therapy & Oncol Int J

Copyright © All rights are reserved by Zuhair Alzibair

Critically Ill Cancer Patients: Issues in Management of Acute Respiratory Failure



Zuhair Alzibair*

Department of Medical Oncology, King Abdullah Medical City, Saudi Arabia

Submission: March 24, 2018; Published: March 29, 2018

*Correspondence Address: Zuhair Alzibair, Department of Medical Oncology, King Abdullah Medical City, Saudi Arabia, Email: abuzooz60@gmail.com

Objectives

Cancer incidence has increased over the last few decades [1]. On the other hand there is improvement in survival of patients with several types of solid tumors due to new advances in cancer therapy. As consequence there is increase in number of cancer patients who develop respiratory complications either due to the aggressive manifestations of their disease or the side effects of the treatment (.e.g. neutropenic infections, antineoplastic drugs related pneumonitis). Acute respiratory failure one of the main reasons for admitting cancer patients to intensive care units [2]. It is a dilemma weather that every critically sick cancer patient has to be admitted to ICU. Although the problem is worldwide; this issue looks more complicated in health facilities that have limited resources.

Methods

To review the current standards of diagnosis and management of acute respiratory failure in cancer patients, a methodological literature pub med search was conducted. Used key words were: cancer patients, oncology patients, acute respiratory failure, intensive care units and critical illness.

Results

There are available recommendations outlines for management of respiratory failure in critically cancer a patients [3-5]. Special consideration should be given to cancer patients while applying assessment tools for ICU admission. APACHE II, SAPS II and SOFA are the most relevant scores for assessing critically ill cancer patients [6]. The mortality of cancer patients admitted to ICU with acute respiratory failure remains high (around 50%- 60%) [2,7], so that early detection and proper management of respiratory complications by the primary physicians (oncologists/ internists) is of paramount. The decision of DNR (do not resuscitate) should be taken earlier for appropriate patients with advanced cancer by the primary treating oncologists to avoid unnecessary ICU admissions. In case of any unexpected or sudden deterioration in full code patients, the prognosis associated with the etiology of the acute

respiratory failure, in the context of life expectancy from the underlying malignancy should be discussed before or soon after admission to the ICU [8,9].

Conclusion

Multidisciplinary team approach is essential in treating critically ill cancer patients with acute respiratory failure. Although the discussion of the prognosis of cancer is very important, however malignancy/metastatic cancer itself should not be seen alone as an exclusion criterion for ICU admissions. Planned ceiling of care and addressing DNR status at appropriate time may help avoiding prolongation of suffering in patients with advanced cancer presenting with acute respiratory failure.

References

1. Ferlay J, Soerjomataram I, Dikshit R, Eser S, Mathers C, et al. (2015) Cancer incidence and mortality worldwide: Sources, methods and major patterns in GLOBOCAN 2012. *Int J Cancer* 136(5): 2015.
2. HMJ, Tabak J, Baier H (1982) Survival of patients with cancer in a medical critical care unit. *Arch Intern Med* 142(3): 527-529.
3. Pastores SM (2001) Acute respiratory failure in critically ill patients with cancer. *Diagnosis and management. Crit Care Clin* 17(3): 623-646.
4. Azoulay E (2014) On behalf of the Groupe de Recherche en R A, and animation Onco-H A, A New Standard of Care for Critically Ill Patients With Cancer.
5. Schellongowski P, Sperr WR, Wohlfarth P, Knoebl P, Rabitsch W, et al. (2016) Critically ill patients with cancer: chances and limitations of intensive care medicine-a narrative review. *ESMO Open* 1(5): e000018.
6. Kopterides P, Liberopoulos P, Ilias I, Anthi A, Pragkastis D, et al. (2011) General Prognostic Scores in Outcome Prediction for Cancer Patients Admitted to the Intensive Care Unit. *Am J Crit Care* 20(1): 56-66.
7. Staudinger T, Stoiser B, M ullner M, Locker GJ, Laczika K, et al. (2000) Outcome and prognostic factors in critically ill cancer patients admitted to the intensive care unit. *Crit Care Med* 28(5): 1322-1328.
8. Biskup E, Cai F, Vetter M, Marsch S (2017) Oncological patients in the intensive care unit: prognosis, decision-making, therapies and end-of-life care. *Swiss Med Wkly* 147(3132): 1-9.
9. Sihra L, Harris M, Reardon CO (2011) Using the Improving Palliative Care in the Intensive Care Unit (IPAL-ICU) Project to Promote Palliative Care Consultation. *J Pain Symptom Manage* 42(5): 672-675.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/CTOIJ.2018.10.555778](https://doi.org/10.19080/CTOIJ.2018.10.555778)

**Your next submission with Juniper Publishers
will reach you the below assets**

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>