Internal Medicine Section

A Study of Compliance with UK Guidelines on 30-Day Mortality after Systemic Anti-Cancer Therapy

Nicholas Pang

Academic adviser: Ray Dang, M.D.
Newcastle University, United Kingdom

In November 2008, the United Kingdom National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published an inquiry into deaths within 30 days of systemic anti-cancer therapy (SACT). This study aims to replicate the national enquiry on a hospital level and perform root cause analysis of any identifiable causes of death. The main objective of this study is to conduct a systematic case-by-case enquiry into deaths fulfilling study criteria to ascertain any remediable factors present in each death, reflecting the rigorous methodology of the national study. Also, another objective is to ensure there were no compromises in the quality of clinical care or organisational policy and to suggest relevant changes in practice. The inclusion criteria were all patients who had identifiably died within 30 days of SACT in James Cook University Hospital in 2009. Information was gathered from patient case notes and the minutes of the 2009 hospital mortality meetings. 5 areas of clinical care, namely decision to treat, prescriptions and administrations, safety, hospital admissions during last 30 days of life and palliative care were investigated. Results 12 deaths were deemed eligible for inclusion. Of these only 6 died of causes directly related to malignancy. Half the deaths were in patients with performance status above 3 (bedridden >50% daily) at time of decision of final SACT, reflecting national concerns about overly infirm patients receiving inappropriate SACT. Also flagged up were alarmingly infrequent SACT discussions at multidisciplinary meetings (2/12) and non-consideration of dose reductions in patients with serious comorbidities, mirroring poor practise at national level. Among other minor treatment issues, crucially, prophylactic granulocyte-colony stimulating factor (G-CSF) in patients who had previously suffered SACT toxicity was rarely considered. Evidently findings of poor practice at national level are echoed at hospital level, confirming the reproducibility of the NCEPOD inquiry. Existing hospital-level policies that would avert many abovementioned failures in clinical practice were not rigidly adhered to. This implies unnecessary deaths are possibly occurring. In conclusion, despite relatively small patient numbers dying within 30 days of SACT, there are still avoidable sources of clinical error that may compromise haematological standards of care.

About Results of Clinical Use of Preparation Actilyse® (Rt-PA) at Patients with an Ischemic Stroke

Alexei Bandati, Viorel Grigor

Academic adviser: Stanislav Groppa M.D., Ph.D., Professor
State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Measures to expedite clot lysis and restore circulation may limit the extent of brain injury and improve outcome after stroke. Unfortunately, intracranial bleeding was frequent among persons enrolled in studies performed in the late 1960s and 1970s, and the therapy was abandoned. More recently, interest in thrombolytic therapy revived because of development of new drugs and their successful use in the care of persons with myocardial ischemia. In addition, a meta-analysis