

**How can the Quality of Life and the Length of Life
of a Cancer Patient be Determined?**

Frequently family members will be concerned that a relative suffering from cancer has suffered too much or died too soon as a result of too much or too little treatment. These two questions are discussed in regard to the patients who were part of our study of total body irradiation and partial body irradiation. In this group there were 88 patients receiving radiation therapy and 27 patients who were evaluated and then treated by other methods.

In the period 1960 through 1971, patients were offered wide field radiation treatment only for palliation to relieve symptoms by shrinking tumors and hence increase patient comfort. Palliation is any treatment offered to patients for whom a curative attempt is not thought possible. In all cases, the tumor had spread (metastasized) from the initial site. Thus, a curative attempt of treatment was not possible based on the judgement of the attending physicians and consultants.

The goals of this palliative treatment were in large part realized¹. The steady and rapid progress of the tumor could only be stopped for relatively short periods of time and the same was true of relief of symptoms. Thus patient symptoms (except for short-term nausea and vomiting) were due to progression of tumor rather than the result of the treatment and were seen in both the treated and untreated patients.

Relief of pain and other symptoms are very difficult to measure and the interpretation of the natural progression of tumor as compared to effect of therapy is complex. As compared to the patients evaluated but not treated by total body or partial body irradiation, we found that their treatment was comparable in the degree of palliation and simpler for the patient than many of the chemotherapy treatment regimens used in the period 1960-1970. The frequency of symptoms and signs such as nausea, vomiting, weakness, and weight loss was no greater with the irradiated patients than in patients treated with other agents.

It is important to realize that in any given patient it is not possible to determine objectively whether death occurred too soon or was prolonged as a consequence of treatment. The only way

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that an estimate can be made is to compare the length of survival of a group of patients with the same tumor and extent of tumor treated by radiation to a group of patients with the same tumor and extent of tumor treated by different methods.

This comparison was performed for three tumors in our original paper in 1973¹. We found that for cancers of the lung, colon and breast that survival times were not different when compared to similar patients treated by different methods both at our hospital (Cincinnati General Hospital) or as reported in the medical literature.

As has been emphasized repeatedly, the patients treated by radiation at Cincinnati General Hospital did not differ from other patients in this hospital when compared by race, IQ, age or gender.

Reference

1. E.L. Saenger, MD, E.B. Silberstein, MD, B. Aron, MD, H. Horwitz, MD, J.G. Kereiakes, PhD, G.K. Bahr, PhD, H. Perry, MD, and B.I. Friedman, MD. *Whole Body and Partial Body Radiotherapy of Advanced Cancer*. Am. J. Roentgenol. 117(3):670-685. 1973.