



Title	Use of Palliative Surgery in the Treatment of Cancer Patients
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Aim

To assess the literature on elective palliative procedures in the surgical specialties of gastroenterologic surgery, neurosurgery, thoracic surgery, urology, and orthopedic surgery.

Conclusions and results

Gastroenterological surgery (partial list):

- Stent and laser treatment give quick, palliative relief of symptoms from dysphagia in cancer of the esophagus. Laser treatment often requires repeated sessions. Self-expanding metal stents yield fewer complications and have replaced plastic tubes.
- Stents and bypass surgery of obstructed bile ducts due to malignancy give equal palliation of icterus and pruritus. Stent insertion may use less resources than surgery. The complication rates of the two methods do not differ in randomized trials.

Neurological surgery:

- Cytoreductive surgery is superior to biopsy in improving quality of life and survival in intracranial cancer.
- Surgery of metastases to the brain is useful in single metastasis and stable cancer.

Orthopedic surgery (partial list):

- Metastases to the long bones and hip may require surgery to relieve pain and maintain function. This demands surgical stabilization and immediate functionality.
- Surgery of metastases to the back is required to support a fracture site and when radiation therapy fails to relieve pain.

Thoracic surgery (partial list):

- Survival can increase by surgical removal of metastases from primary cancers of other organs. Best results: metastases from cancer of the testis and soft tissue carcinomas.

- Treating obstructions from cancer of the central airways can prevent pain, obstructed breathing, and infection. Treatment mode: laser or stenting.

Urological surgery (partial list):

- Transurethral resection (TUR) is the most common treatment for local symptoms, eg, hemorrhage and obstruction due to cancer of the prostate and bladder. Stent is a good alternative to TUR or catheter in waiting for the effect of hormonal treatment.
- Local symptoms of bladder hemorrhage are commonly treated by TURB. Rinsing the bladder with a solution of aluminum is an alternative if hemorrhaging does not stop.

Methods

A systematic literature search included MEDLINE, HTA database, Cochrane Controlled Clinical Trials, Cochrane Database of Systematic Review, Database of Abstracts of Reviews of Effectiveness (DARE), NHS Economic Evaluation Database, CancerLit, and EMBASE for 1966–2003. Controlled clinical trials were preferred, but when not available studies of a lower evidence level that presented the best available evidence on the subject were accepted.