



# Effective Health Care

## CPR in Advanced Cancer Patients Nomination Summary Document

### Results of Topic Selection Process & Next Steps

- CPR in advanced cancer patients was found to be addressed by a 2006 review by Reisfield and colleagues and an in-process Effective Health Care (EHC) Program review on end-of-life and hospice care. Given that the existing and in-process reviews cover this nomination, no further activity will be undertaken on this topic.
  - Reisfield GM, Wallace SK, Munsell MF, et al. Survival in cancer patients undergoing in-hospital cardiopulmonary resuscitation: a meta-analysis. *Resuscitation* 2006 Nov; 71(2): 152-60. PMID: 16987581.
  - Closing the Quality Gap: Revisiting the State of the Science. End-of-life and Hospice Care. Rockville, MD: Agency for Healthcare Research and Quality; 2011. To view a description and status of the research review, please go to:  
<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/>
- To sign up for notification when this and other EHC Program topics are posted, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>

### Topic Description

<b>Nominator:</b>	Individual
<b>Nomination Summary:</b>	The nominator is interested in the benefits and harms of cardiopulmonary resuscitation (CPR) in patients with advanced cancer.  <b>PICO from Nomination</b> <b>Population(s):</b> Patients with advanced/metastatic cancers; subgroups based on prior lines of treatment and estimated survival <b>Intervention(s):</b> CPR <b>Comparator(s):</b> No CPR <b>Outcome(s):</b> Successful extubation and rehabilitation; survival; improved decision making regarding potential benefits and harms of CPR for patients with advanced cancers. Potential harms include pain; psychological distress to the patient and family; false hope/expectations of the patient and family.
<b>Key Questions from Nominator:</b>	<ol style="list-style-type: none"><li>1. What are the potential benefits and harms of CPR in patients with advanced/metastatic cancers?</li><li>2. Can patient-level variables be identified for which resuscitation leads to greater harms than benefits?</li></ol>

3. Can patients and providers be better informed about expected outcomes of cardiopulmonary resuscitation based on patient-level characteristics in order to make better informed decisions about selecting code status options?

## Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- This topic was found to be addressed by two products:
  - A 2006 systematic review by Reisfield and colleagues titled “Survival in cancer patients undergoing in-hospital cardiopulmonary resuscitation: a meta-analysis,” aimed to determine the rate of survival to discharge in cancer patients undergoing in-hospital CPR and included 42 studies comprising 1,707 patients.
  - A draft AHRQ comparative effectiveness review titled “Closing the Quality Gap: Revisiting the State of the Science. End-of-life and Hospice Care”. Key questions from this report include:
    - **Key Question 1:** What is the effectiveness of quality improvement interventions for key targets of quality improvement and settings relevant to palliative care?
      - a) Specific targets of quality improvement: What is the effectiveness in terms of processes and outcomes for pain; communication and decision making; continuity, coordination, and transitions; and patient and family distress, in palliative care populations?
      - b) Specific settings: What is the effectiveness of quality improvement interventions in any target of palliative care within hospice programs or nursing homes?
    - **Key Question 2:** What is the evidence for different quality improvement models for improving palliative care?
      - a) What is the evidence for different types of quality improvement interventions?
      - b) What is the evidence for different models in palliative care: integrative compared with consultative?