

Your medical decisions are your own. Neither this article nor its authors or promoters are responsible for any decisions you make. You are encouraged to consult with your doctor.

Chemotherapy

James A. Avery, MD, CMD, FAAHPM, FCCP, FACP
The University of Virginia School of Medicine
Roger C. Bone Award Recipient for National Leadership in End-of-Life Care

One of the most important roles that a health care team plays is to help you as their patient (or the patient's decision-maker) consider treatment options. Teams go on the journey with you – honoring your choices and decisions to the best of their ability. This includes making sure that you are well informed, that you understand the choices you are making, and that such choices meet the patient's goals.

“Wisdom Comes Through a Multitude of Counselors”

Although written two thousand years ago, the above quote applies perfectly when you consider chemotherapy. Simply talking to others can help you to better think through this often difficult and complicated decision. You as the patient should, for instance, involve your loved ones. Some patients seem to find comfort discussing their decision with non-medical people such as their psychiatrist or counselor. Others find it beneficial to talk with their pastors, rabbis, priests or other spiritual counselors.

The point is that it is good to talk about this decision with others – it will help you make a better decision by allowing you to voice your ideas and thoughts. And remember, some people will have had a bad experience with chemotherapy and have very strong feelings. Don't let one opinion sway you one way or other – simply remember to bring up such issues with your doctor. And, finally, consider taking a trusted friend/family member with you to the doctor's office. Four ears are better than two.

Discuss Your Goals with Your Doctor

Cancer doctors have your best interests in mind but they do not know what your goals are - unless you tell them. Your goal of therapy is what **you** expect from the treatment. If your goal of therapy is to treat your cancer as aggressively as possible, the treatment side effects will usually be more severe than those of someone whose goal of therapy is less ambitious. In general, most patients on hospice have already determined that their goal of therapy is to be as comfortable as possible or to maintain their normal activities of daily living for as long as possible.

Five Questions

On the back of this page are five questions that patients would do well to ask their physicians when considering chemotherapy? Feel free to show this sheet to your cancer physician. They will be happy to answer your questions.

Five questions to consider asking when contemplating chemotherapy:

1. *How many people get better?*

Oncologists call this the “response rate”. The “response rate” is the number of patients that have a reduction in the size of their tumor. Response rates are usually broken down into two categories:

- a. Complete Response (complete destruction of measurable tumor)
- b. Partial Response (more than a 50% reduction in measurable tumor)

The oncologist will usually give you a number in a percent. For instance, a chemotherapy regimen that has a partial response rate of 25% would mean that 1 out of every 4 patients will have more than a 50% reduction in the size of the cancer. Keep in mind that response rate data generally comes from clinical trials using patients with a good performance status who are closely monitored; the response rate for patients outside of clinical trials (i.e., the general population) can be expected to be lower.

2. *How much time would I gain by this therapy if I was a responder?*

Oncologists call this the Median Duration of Response (MDR) or the Time to Progression (TTP). This answer will usually be given in months. For instance, if your cancer doctor says that the MDR (or TTP) is 3 months for the chemotherapy regimen, then three months would roughly correlate to the months of added life that can be expected - if you are one of the “responders” (see question #1.)

3. *What will this chemotherapy regimen mean for my quality of life?*

Everything done in medicine can have side effects. It is important that you are aware of these before you agree to receive chemotherapy.

- a. What percent of patients get sick on this regimen?
- b. What are the common side effects?
- c. How often will blood need to be drawn?
- d. How often will I need to come to the office?
- e. Will I need to be admitted to the hospital?
- f. Are other follow-up tests required or expected?

4. *How long must the chemotherapy be continued?*

Typically, cancer doctors wait two full cycles of treatment before assessing a response. However, if a tumor is growing during the first cycle, the tumor will almost always continue to grow through a second cycle. For those who “respond” (see question #1) chemotherapy is usually continued until it stops working or until the patient can no longer tolerate it.

5. *If a person wanted quality over quantity of life, would you recommend this chemotherapy regimen?*

It is important that you understand the purpose and goals of the proposed chemotherapy and make sure they fit with your goals of therapy.