



## Latest developments and new challenges for Cancer patients in Intensive Care Unit

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### Abstract:

It has been believed for years that cancer patients have not been referred to the Intensive Care Unit (ICU) because they have serious and potentially reversible acute illnesses. Fortunately, a variety of tests have shown that this is not the case. Today, the number of cancer patients in ICUs around the world is rising every year, and both longevity and quality of life are growing in the same way.

This progress is due to several causes, from progress in anti-tumour therapy to improved patient care in the ICU. We are working towards an individualized and dynamic approach that will be tailored to the form of tumor and the immune response of the patient. The prognosis of vital cancer patients is time-dependent and so ICU-intensive patients must face the difficulty of making a successful selection of patients for early admission and efficient diagnosis and care. Oncological and haematological disorders are one of the major causes of morbidity and mortality worldwide.

In view of the reality that cancer therapies have improved their effectiveness, correlated with stronger prognosis and increased life expectancy, it is foreseeable that the amount of cancer patients needing admission to ICU would continue to rise in the coming years, constituting an area of compulsory continuing education for intensive care staff.

Observational findings have demonstrated an increase, not only in terms of survival but also in terms of the quality of life of cancer patients seeking admission to the ICU. However, this is also notably worse than that of the general public at 3 and 12 months post-hospital discharge, particularly in haematological patients. Ageing, low functional status prior to ICU entry, and higher levels of multi-organ loss during ICU stay are independent predictors of lower quality of life.

A research published in France revealed comparable health results, with hospital mortality rates, 3-month mortality and 1-year mortality of 39%, 47% and 57% respectively (Azoulay et al. 2013). These findings are well away from classical research, which posed unacceptably high mortality rates that did not



warrant intensive control of these populations.

There is no question that the change in the prognosis of cancer patients in ICU is multifactorial. Awareness of these variables is important for patient management and a challenge for sustainable change.

### Biography:

Evangelia Michailidou, Intensive Medicine Department, Hippokration General Hospital, Thessaloniki, Greece.

### Publication of speakers:

1. Michailidou, Evangelia. (2020). The Dunning-Kruger Effect to residents and young Attendings in Intensive Medicine. 5. 10.32474/SCSOAJ.2020.05.000219.
2. Michailidou, Evangelia. (2020). HEALTH CARE SYSTEM FOR IMMIGRANTS (ACCESSIBILITY, QUALITY, COST). 6. 2208-2425.
3. Michailidou, Evangelia. (2020). Extended Abstracts Journal of Aging and Geriatric Psychiatry. Journal of Aging and Long-Term Care. 4.
4. Michailidou, Evangelia & Hampla, Antigoni. (2020). Ethical Harassment in ICU Workplaces. 5. 569-573. 10.32474/SCSOAJ.2020.05.000225.
5. Michailidou, Evangelia. (2020). The Partnership between Surgeons and Anesthesiologists.

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