**New scoring system can better predict life expectancy in cancer patients**

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**University of Manchester researchers have developed a new scoring system that can better predict how long patients with advanced cancer are likely to survive than current prognosis methods.**

The study, carried out with colleagues at St George’s, University of London, and published on the British Medical Journal’s website, will provide clinicians with extra tools to predict how long patients have to live.

“Predicting the course of a disease – called prognostication – is important for various reasons, such as guiding treatment decisions, determining eligibility for benefits, and helping patients organise their affairs at the end of life,” said Professor Chris Todd, one of the study authors, based in The University of Manchester School of Nursing, Midwifery and Social Work.

“Predicting prognosis outcomes is notoriously difficult and often inaccurate, as illustrated by the case of Abdelbaset Ali al-Megrahi, the Lockerbie bomber who was released from prison on compassionate grounds in August 2009 with an estimated life expectancy of three months; as far as we know he is still alive in Libya today.

“As well as looking at priorities in research in prognostication we have been developing a decision support tool that will improve the accuracy of these decisions and help patients and their families make decisions about where the patient can best be cared for when they are dying.”  
  
The study, led by Dr Paddy Stone at St George’s, University of London, involved 1,018 patients with advanced incurable cancer, no longer receiving treatment, and recently referred to palliative care services across the UK.   
  
Using a combination of clinical and laboratory variables known to predict survival, the team created two prognostic scores to predict whether patients were likely to survive for “days” (0-13 days), “weeks” (14-55 days) or “months” (more than 55 days) compared with actual survival and clinicians’ predictions.   
  
Factors that could have affected the results, such as age, gender, ethnicity, diagnosis, and extent of disease, were taken into account.   
  
Both scores were at least as accurate as a clinician’s estimate. One of the scores (which required a blood test) was significantly better than an individual doctor’s or nurse’s prediction, but neither scale was significantly more accurate than a multi-professional estimate of survival.   
  
This is the first study to benchmark a prognostic scoring system against current best practice, say the authors.

However, further validation work is needed before the scales can be recommended for use in routine clinical practice, they conclude.

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**Notes for editors**

A copy of the paper, 'Development of Prognosis in Palliative care Study (PIPS) predictor models to improve prognostication in advanced cancer: prospective cohort study', can be viewed here: <http://www.bmj.com/cgi/doi/10.1136/bmj.d4920>   
  
Click here to view an accompanying editorial: <http://www.bmj.com/cgi/doi/10.1136/bmj.d5171>

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