

Predictive model for survival in metastatic cancer patients attending an out-patient palliative radiotherapy clinic

National Library of Canada - Validation of a Predictive Model for Survival in Metastatic Cancer Patients Attending an Outpatient Palliative Radiotherapy Clinic

Table 3. Prediction accuracy of the assessed scores						
Score ^a	% Sensitivity (95% CI)	% Specificity (95% CI)	% PPV (95% CI)	% NPV (95% CI)	% Accuracy (95% CI)	
21 days						
PP score: 9	69.9 (64.4-75.4)	83.7 (79.3-88.2)	80.2 (75.0-85.3)	74.8 (70.0-79.5)	77.0 (73.0-81.0)	
D-PP score: 9	72.9 (67.6-78.3)	80.2 (75.6-84.9)	77.6 (72.4-82.8)	75.9 (71.1-80.8)	76.7 (72.3-80.7)	
PPI: 5	73.7 (68.4-79.0)	67.1 (61.7-72.6)	67.8 (62.4-71.2)	73.1 (67.3-78.5)	70.5 (65.7-74.9)	
31 days						
PP score: 5	91.5 (88.5-94.5)	57.7 (51.2-64.3)	76.4 (71.4-81.4)	81.9 (75.9-88.0)	80.0 (84.9-91.1)	
D-PP score: 6	87.5 (83.6-91.6)	60.2 (52.0-74.3)	80.4 (75.3-84.5)	78.1 (72.3-84.0)	76.6 (73.8-83.4)	
PPI: 4	84.8 (80.8-88.7)	53.6 (47.1-68.2)	73.2 (68.8-77.7)	70.2 (63.3-77.2)	72.3 (67.8-76.7)	
PPS alone accuracy: 59% (95% CI).						
^a We chose to show the best performance cutoff for each score.						
Abbreviations: CI, confidence interval; D-PP, PP score including deficit; NPV, negative predictive value; PP, Palliative Prognostic Score; PPi, Palliative Prognostic Index; PPV, positive predictive value.						

Description: -

-predictive model for survival in metastatic cancer patients attending an out-patient palliative radiotherapy clinic

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Notes: Thesis (M.Sc.) -- University of Toronto, 2001.

This edition was published in 2001



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Survival after palliative radiation therapy for cancer: the METSSS model

For instance, the promise for improved tumor control with diminished toxicity is great for newer treatment types such as stereotactic radiosurgery for brain metastases and stereotactic body radiotherapy for clinical conditions such as primary lung cancer or metastases in the spine, liver, or lung. Lancet 2005, 365 9453 :82—93.

Development of a Score Predicting Survival after Palliative Reirradiation

Int J Radiat Oncol Biol Phys 2009;73:280-7. A Siemens Somatom Plus 4 Siemens, Erlangen, Germany was used for treatment planning. J Bone Joint Surg Am 2018;100:196-204.

Validation of a Predictive Model for Survival in Metastatic Cancer Patients Attending an Outpatient Palliative Radiotherapy Clinic

Five courses 6% remained incomplete, typically because of earlier than expected clinical deterioration. The Survival Prediction Score SPS , developed and validated by Chow et al.

Survival after palliative radiation therapy for cancer: the METSSS model

Strobel O, Hartwig W, Hackert T, Hinz U, Berens V, Grenacher L, Bergmann F, Debus J, Jager D, Buchler M, Werner J: Re-resection for Isolated Local Recurrence of Pancreatic Cancer is Feasible, Safe, and Associated with Encouraging Survival. Patient characteristics From 1997 to 2011, a total of 44 PAC patients with metastatic disease incorporating 66 lesions were treated with palliative radiation therapy RT. Our score based on KPS, use of steroids, presence of liver metastases, and pleural effusion performed promisingly.

A predictive model for survival in metastatic cancer patients attending an outpatient palliative radiotherapy clinic

Conclusion Overall survival of all patients with metastatic disease was considerably worse. Several factors complicate the survival prognostication of cancer patients, including patient factors such as co-morbid illnesses, disease-related factors such as tumor stage and histology, and psychological factors such as the desire of caregivers to maintain a hopeful outlook.

Accuracy of survival prediction by palliative radiation oncologists

Ultimately, the goal of researching CPS is to improve the quality of life QOL of patients by determining how to provide them with more accurate prognoses, allowing them to make critical decisions and have open communication with those closest to them about their wishes nearing the end-of-life.

The challenge of prognostication in palliative radiotherapy: the way forward is shared decision

Number of patients in each group: 20, 26, 18, and 6. A contrast agent enhanced CT scan and a 4D-CT series for quantifying liver motion was acquired for treatment planning. A significant decrease in accuracy was observed since the previous RRRP study in 2005.

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