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KÖLN

Reanimation bei Krebspatienten

Köln | Matthias Kochanek | Med. Klinik I

Conflicts of interest

Forschungsunterstützung

BMBF, Astellas

Vortragstätigkeit

Astellas, Pfizer, MSD, Gilead, BD

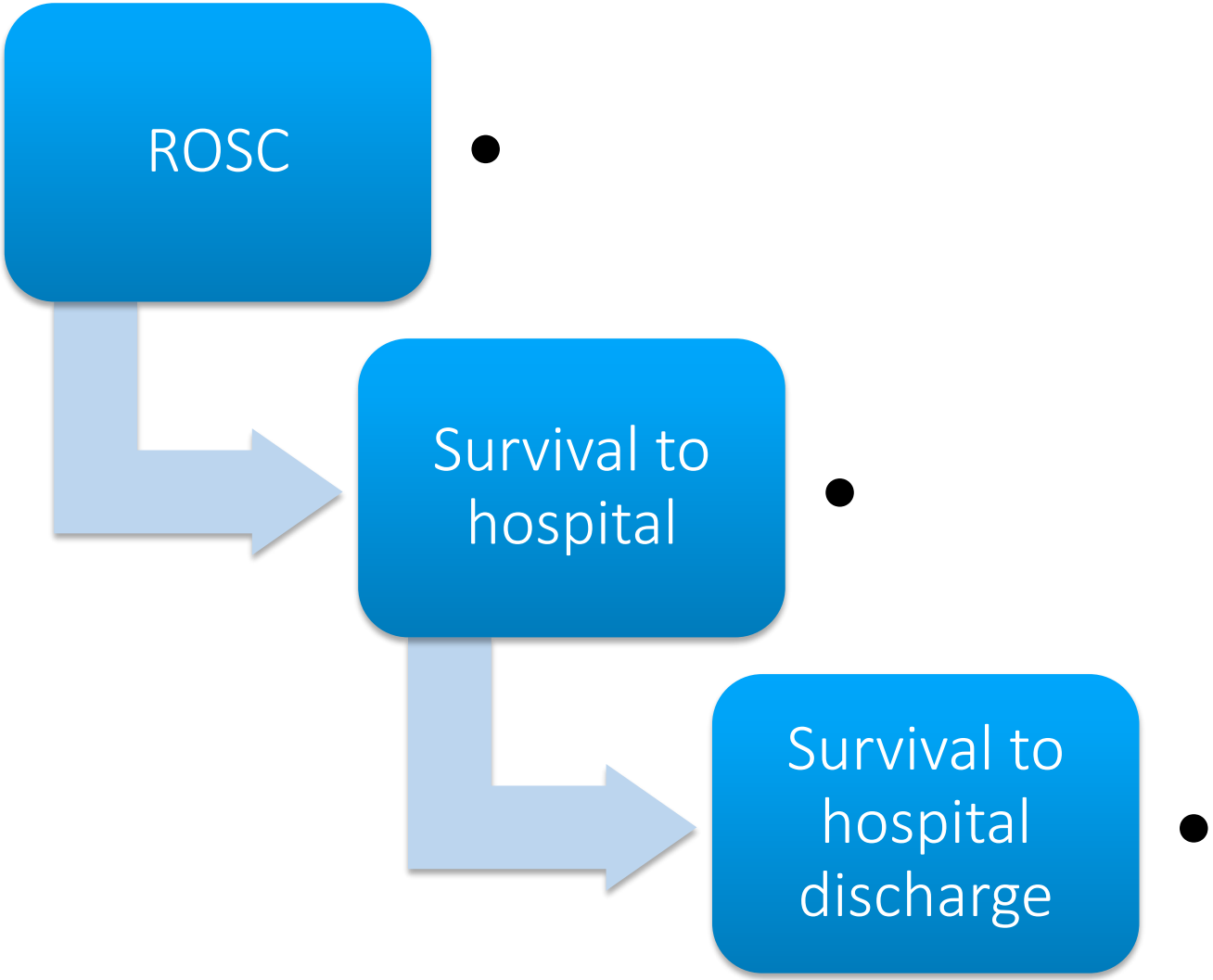
Beratertätigkeit

Astellas, Pfizer, MSD, Gilead

Common Sense

Just because you can, doesn‘t mean you should

Was hätten Sie gedacht ? Out of hospital



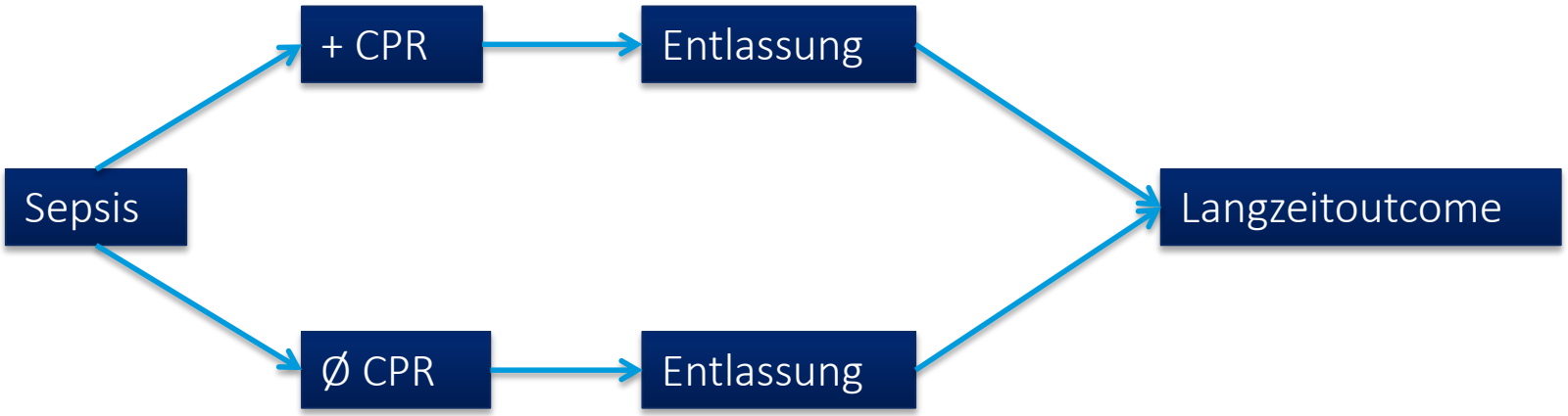
Gründe für eine Reanimation

- Cardiale Ursachen
- Pulmonale Ursachen
- Distriputive Ursachen (Sepsis)

Outcome Sepsis und Reanimation

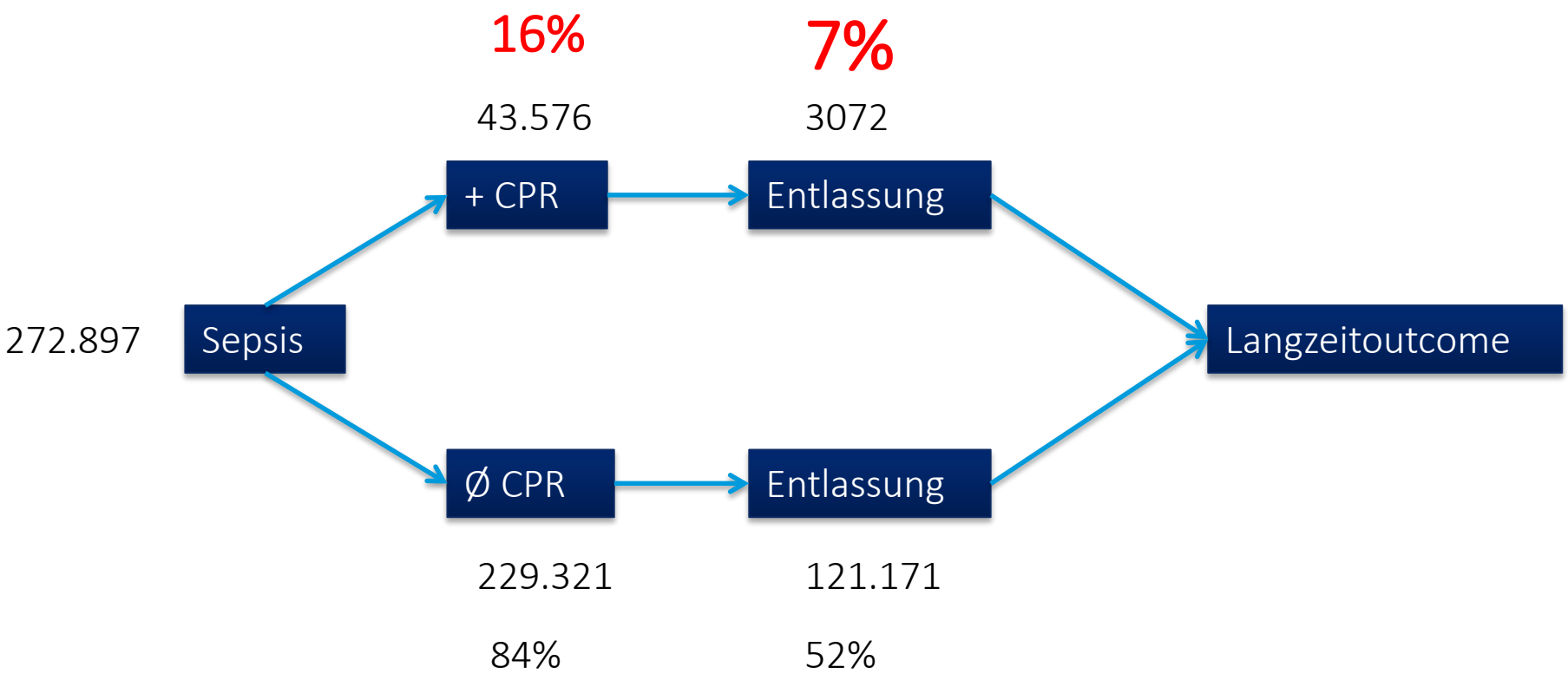
Long-Term Outcomes in Critically Ill Septic Patients Who Survived Cardiopulmonary Resuscitation*

Pei-Wen Chao, MD[1,2]; Hsi Chu, MD[3,4]; Yung-Tai Chen, MD[3,5]; Yu-Ning Shih, MD[3,4]; Shu-Chen Kuo, MD[3,6,7]; Szu-Yuan Li, MD, PhD[3,8]; Shuo-Ming Ou, MD[3,8]; Chia-Jen Shih, MD[3,9,10]



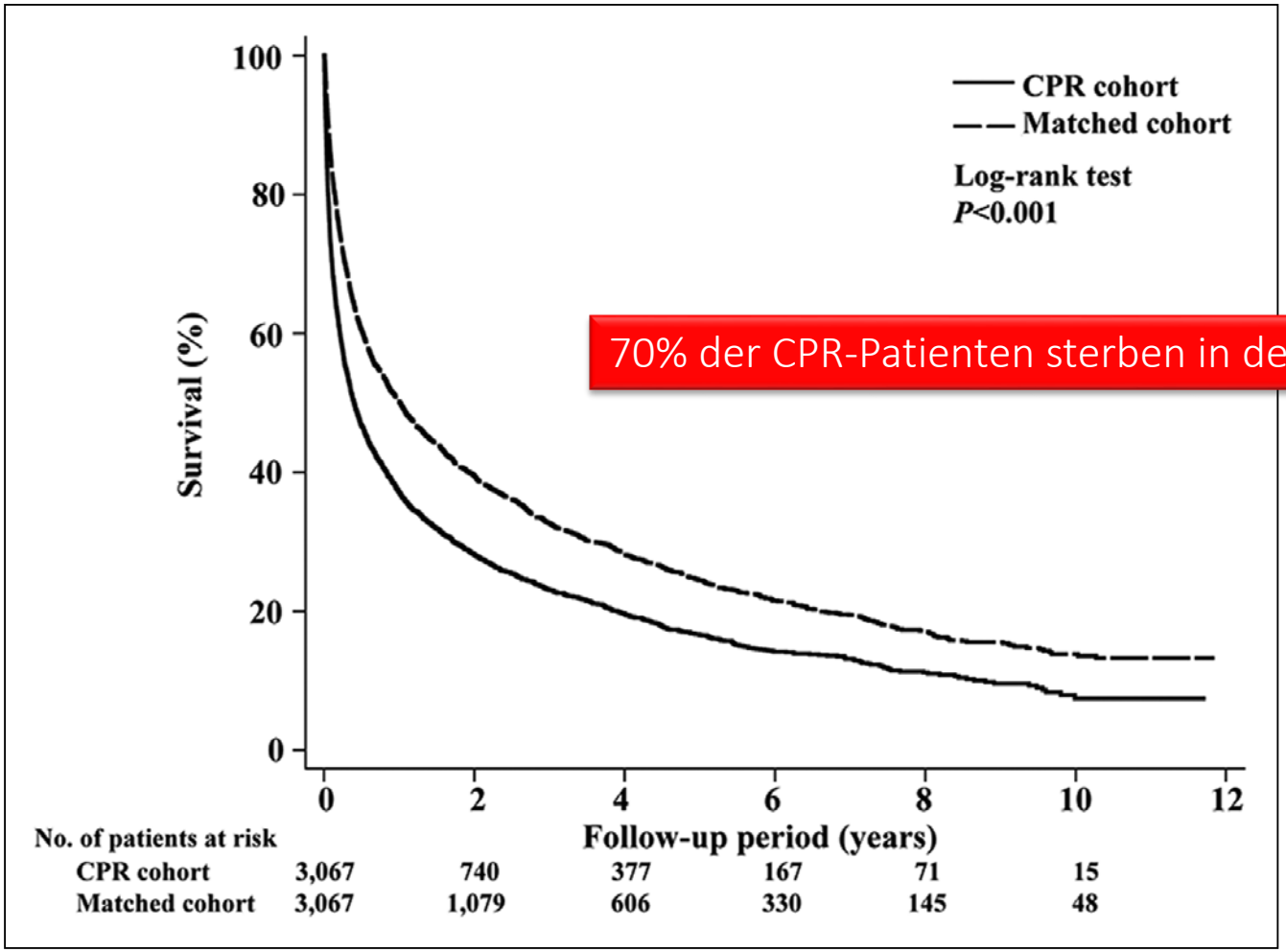
Crit Care Med, 44(6), 1067-1074

Langezeit Outcome Reanimation



Crit Care Med, 44(6), 1067-1074

Langezeit Outcome Reanimation



70% der CPR-Patienten sterben in den ersten 2 Jahren

Crit Care Med, 44(6), 1067-1074

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Langezeit Outcome Reanimation

Risikofaktoren:

- Alter (pro 10 Jahre 1,16 HR)
- Charlson Comorbidity Index
- Pneumonie
- Vasopressoren
- ANV/ CNV ± HD
- ASS/ Clopidogrel
- Krebs

Krebs und Intensivstation

Alter und Krebs

Altersgruppe	Häufigkeit n=219	Prozent %
unter 40	21	9,6
40-49	16	7,3
50-59	42	19,2
60-69	54	24,7
70-79	64	29,2
über 79	22	10,0

Kochanek et al. submitted

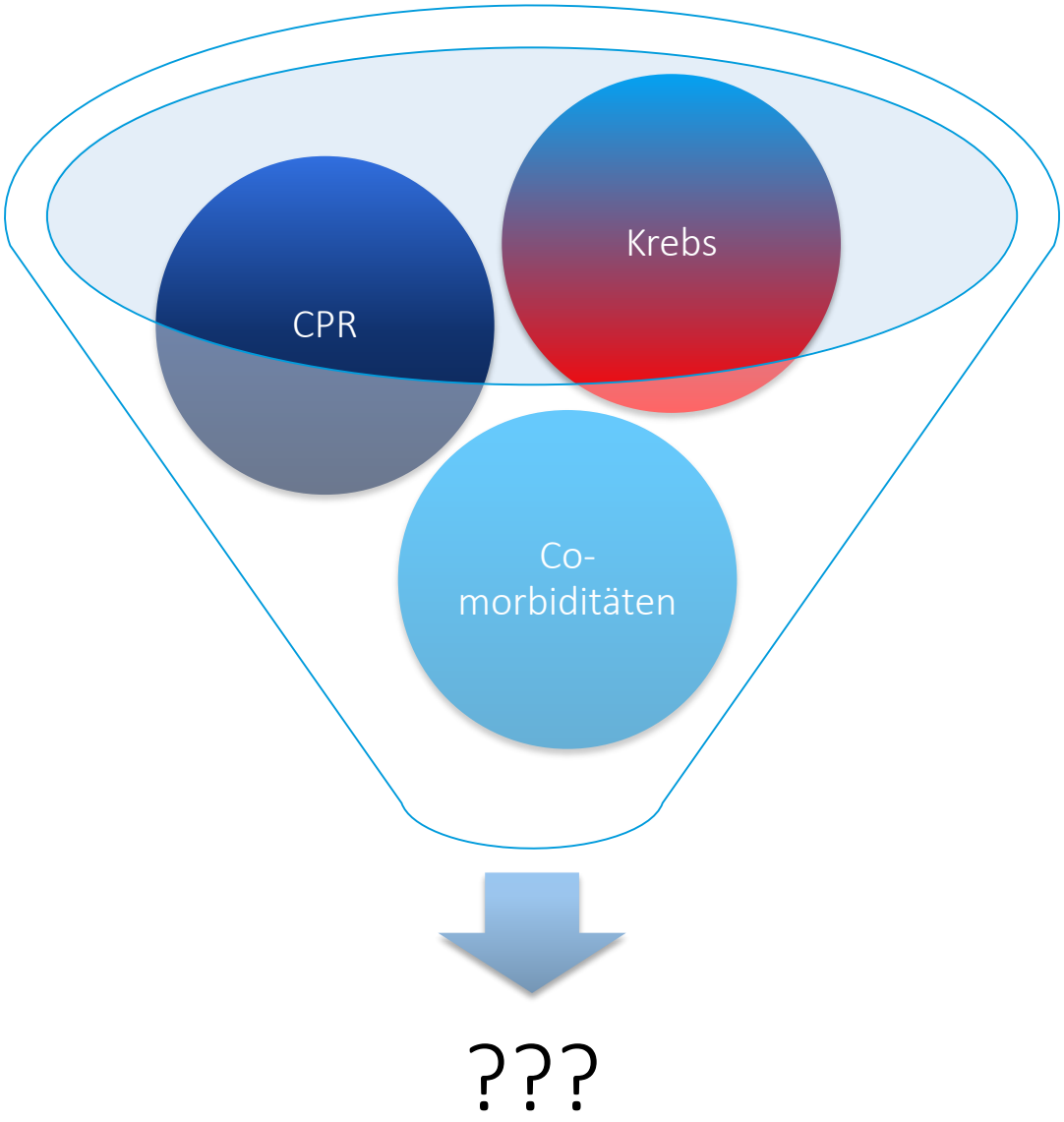
Komorbiditäten

	Gesamt (n=221) % (n)
Herz	29,9 (66)
Lunge	27,1 (60)
Abdomen	21,7 (48)
Niere	18,6 (41)
ZNS	17,6 (38)
Skelett/Muskulatur	5,4 (12)
Urogenital	4,5 (10)
Stoffwechsel	1,4 (3)

Kochanek et al. submitted

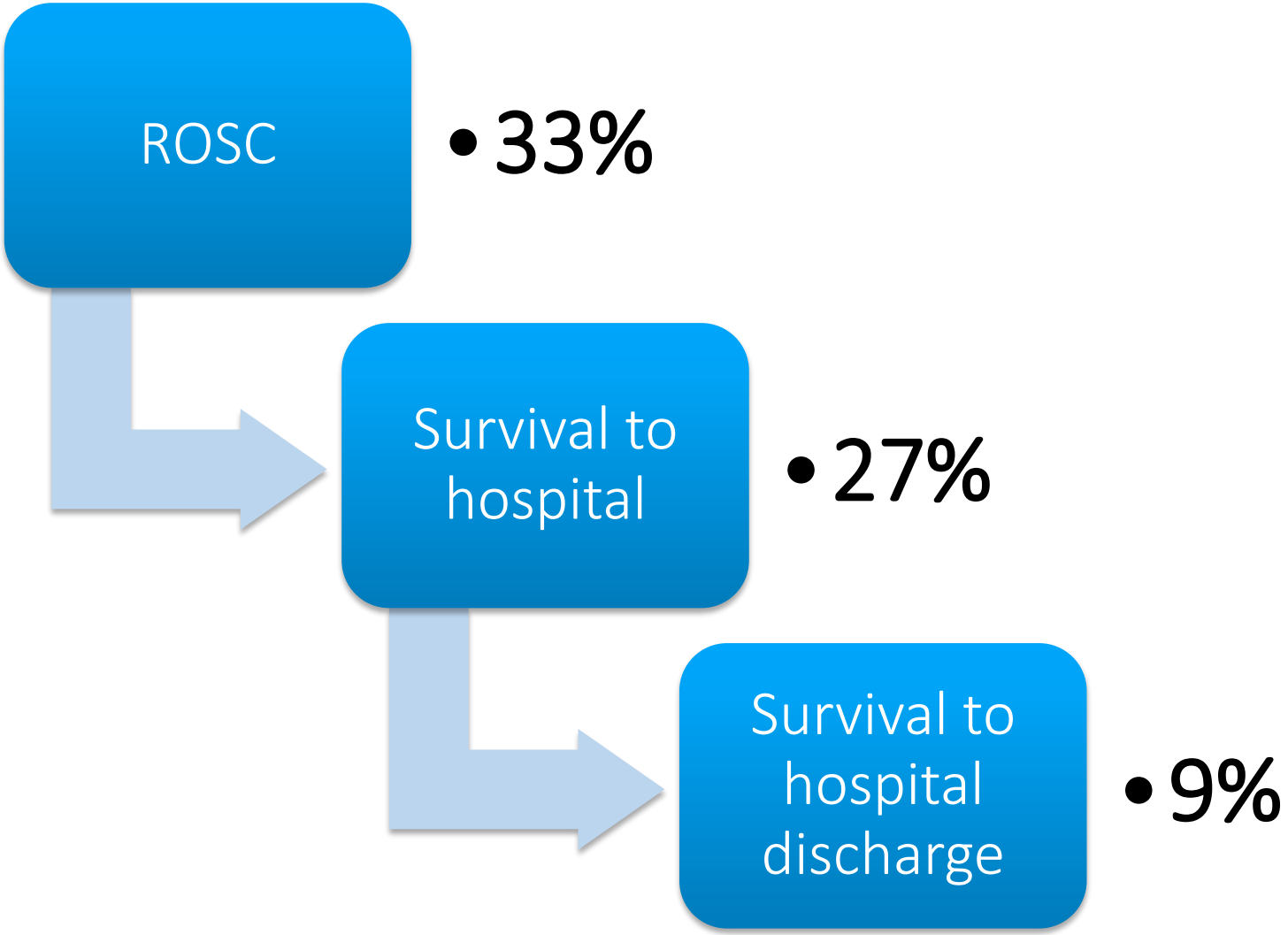
Aufnahmegründe für Krebs-Patienten auf die Intensivstation

1. Lunge: Akutes respiratorisches Versagen (>50%)
2. Infektion: Sepsis/ septischer Schock mit Multiorganversagen
3. Krebs assoziierte Erkrankungen


Krebs
CPR
Co-
morbiditäten
???

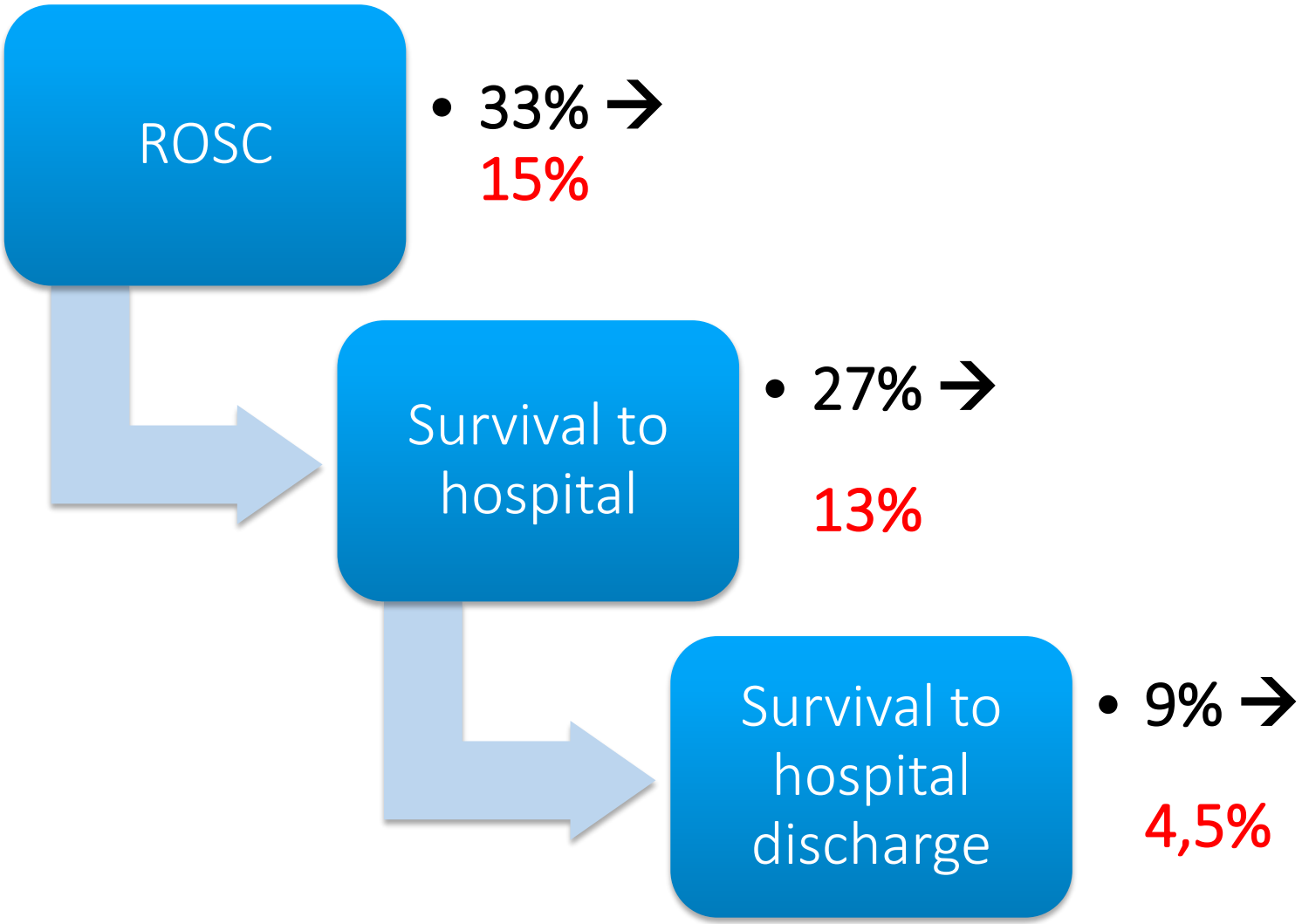
Wir müssen sprechen

Was hätten Sie gedacht ? Out of hospital



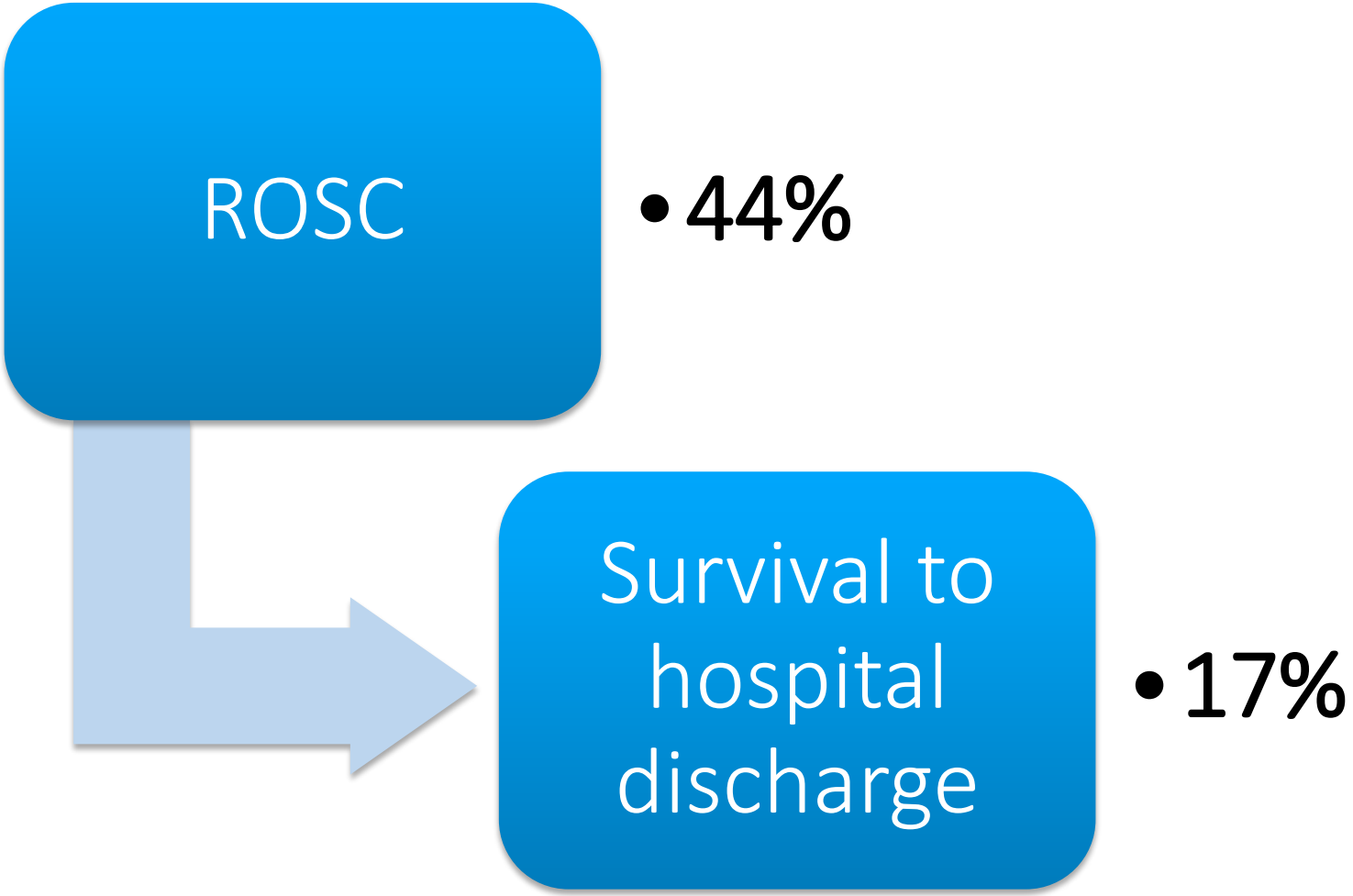
Savastano S, Journal of Cardiovascular Medicine. 2014;15(8):609–615.

Was hätten Sie gedacht ? Out of hospital und Krebs



Osinski A, Support Care Cancer. 2016;25(2):677–685.

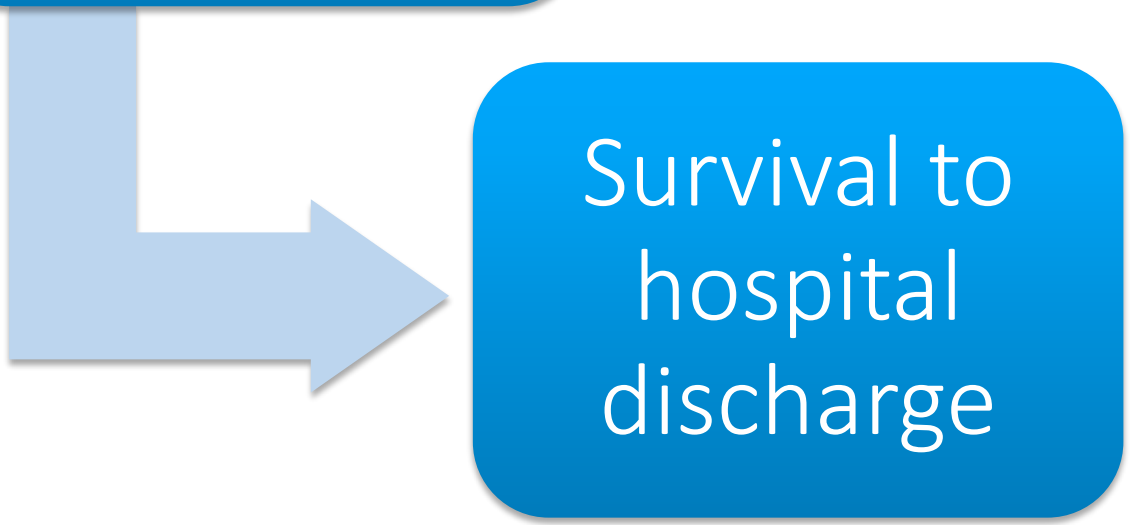
Was hätten Sie gedacht ? In hospital



Peberdy MA, Resuscitation. 2003;58(3):297–308.

Was hätten Sie gedacht ? In hospital und Krebs

- 44%



- 17%

→6-8%

Peberdy MA, Resuscitation. 2003;58(3):297–308.

Osinski A, Support Care Cancer. 2016;25(2):677–685.

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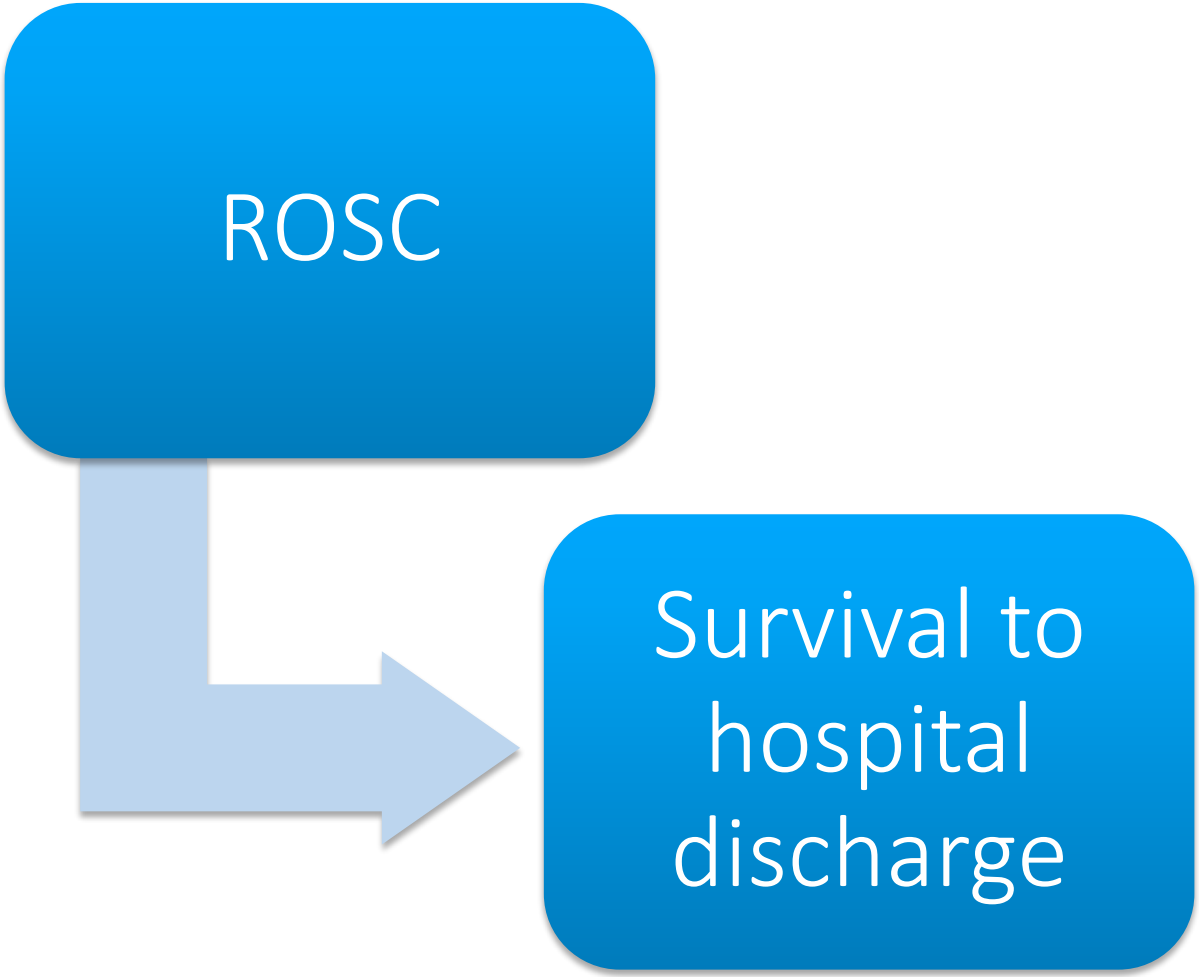
Was hätten Sie gedacht ? ICU und Krebs



- 2,2%

Peberdy MA, Resuscitation. 2003;58(3):297–308.

Osinski A, Support Care Cancer. 2016;25(2):677–685.

Welche Entscheidungshilfen haben wir?

Characteristics of Cardiac Arrest in Cancer Patients as a Predictor of Survival after Cardiopulmonary Resuscitation

Michael S. Ewer, M.D., M.P.H., J.D.[1,2]
Susannah K. Kish, M.S.N., R.N., C.C.R.N.[3]
Charles G. Martin, Ph.D., M.B.A.[4]
Kristen J. Price, M.D.[3]
Thomas W. Feeley, M.D.[3]

[1] Department of Cardiology, The University of Texas M. D. Anderson Cancer Center, Houston, Texas.

[2] Department of Medical Affairs, The University of Texas M. D. Anderson Cancer Center, Houston, Texas.

[3] Department of Critical Care, The University of Texas M. D. Anderson Cancer Center, Houston, Texas.

[4] Department of Biostatistics, The University of Texas M. D. Anderson Cancer Center, Houston, Texas.

BACKGROUND. Despite advances in cardiopulmonary resuscitation and the education of its providers, survival remains dismal for cancer patients suffering in-hospital cardiac arrest. In an effort to determine if characteristics of cardiac arrest would represent a useful parameter for prognostication and recommendations regarding the suitability of ongoing resuscitation for various groups, this review was undertaken for patients who experienced in-hospital cardiac arrest.

METHODS. A retrospective study of data gathered between January 1993 and December 1997 was undertaken in a 518-bed comprehensive cancer center. The records of 243 inpatients who experienced cardiac arrest and received cardiopulmonary resuscitation were reviewed, and their course observed until hospital discharge or death.

RESULTS. Sixteen of 73 patients (22%) who had sudden, unanticipated cardiac arrests survived to be discharged from the hospital; however, none (0 of 171) of the patients who experienced an anticipated cardiac arrest survived ($P < 0.001$). Logistic regression analysis revealed that anticipated cardiac arrest associated with metabolic derangement was an independent predictor of hospital mortality.

CONCLUSIONS. Patients experiencing an anticipated cardiac arrest, the course of which could not be interrupted through aggressive management in an intensive

Ewer MS, Cancer. 2001;92(7):1905–1912.

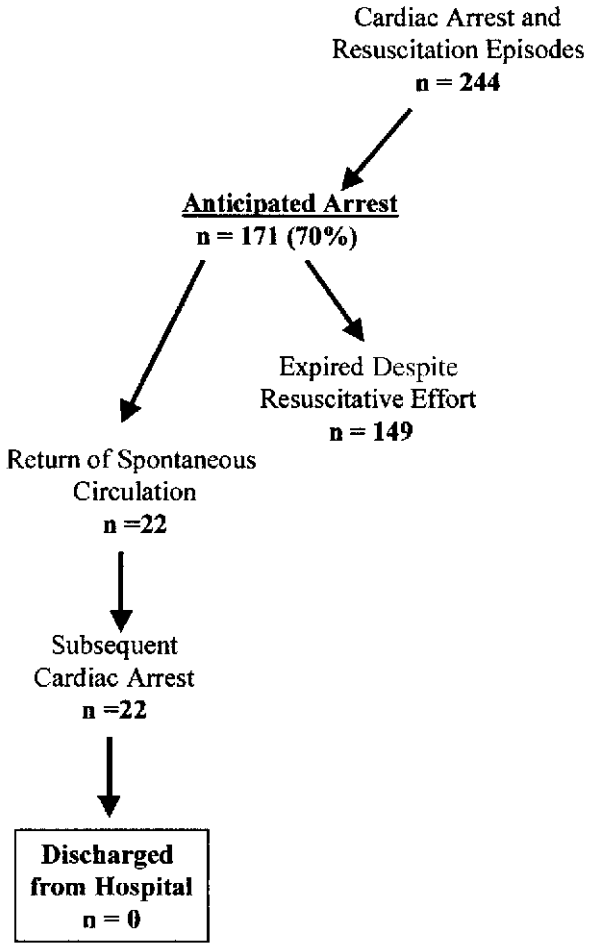
Welche Entscheidungshilfen haben wir?

Parameter mit schlechten Outcome:

→ Hämatologische Erkrankungen

→ Reanimation auf der Intensivstation

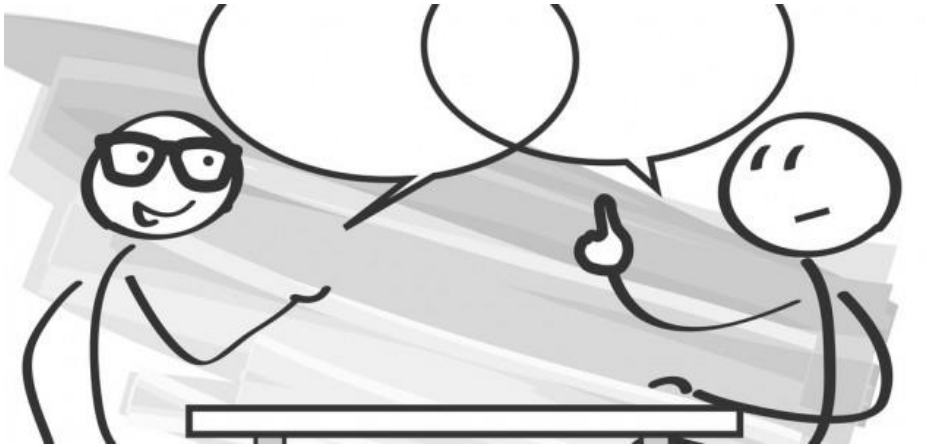
→ Erwartetes Reanimationsereignis



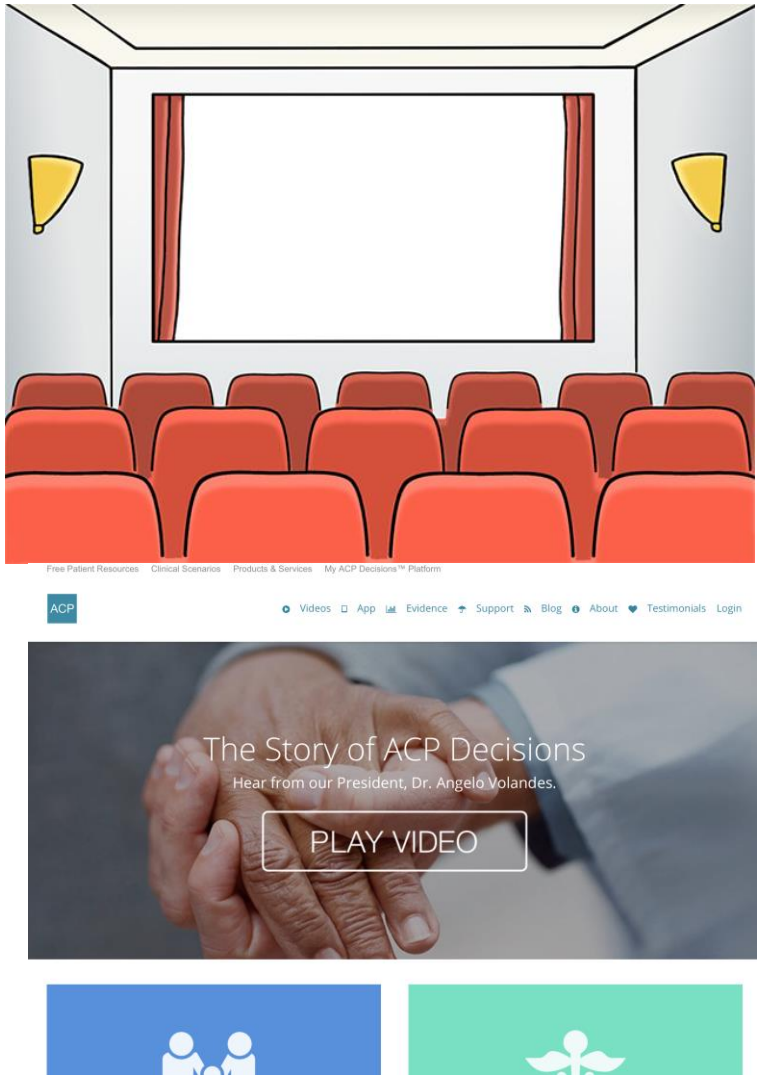
Wir müssen sprechen

Wie können wir Informationen vermitteln

Aufklärungsgespäch



Video



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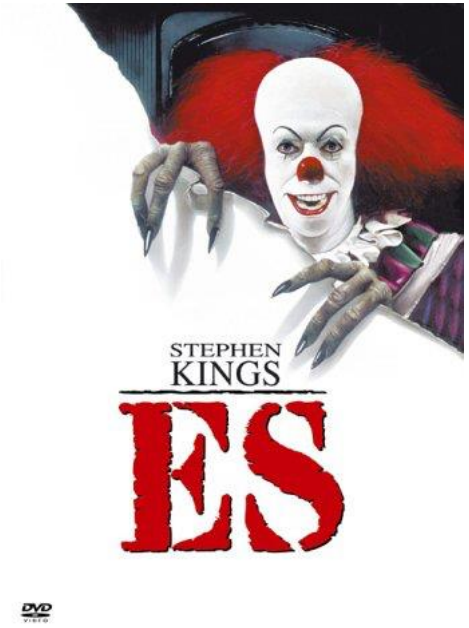

Ist schon ein ziemlicher Horrorfilm!!

Wie können wir Informationen vermitteln

VOLUME 31 · NUMBER 3 · JANUARY 20 2013

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Volandes AE, JCO 2013;31(3):380–386.

Randomized Controlled Trial of a Video Decision Support Tool for Cardiopulmonary Resuscitation Decision Making in Advanced Cancer

Angelo E. Volandes, Michael K. Paasche-Orlow, Susan L. Mitchell, Areej El-Jawahri, Aretha Delight Davis, Michael J. Barry, Kevan L. Hartshorn, Vicki Ann Jackson, Muriel R. Gillick, Elizabeth S. Walker-Corkery, Yuchiao Chang, Lenny López, Margaret Kemeny, Linda Bulone, Eileen Mann, Sumi Misra, Matt Peachey, Elmer D. Abbo, April F. Eichler, Andrew S. Epstein, Ariela Noy, Tomer T. Levin, and Jennifer S. Temel

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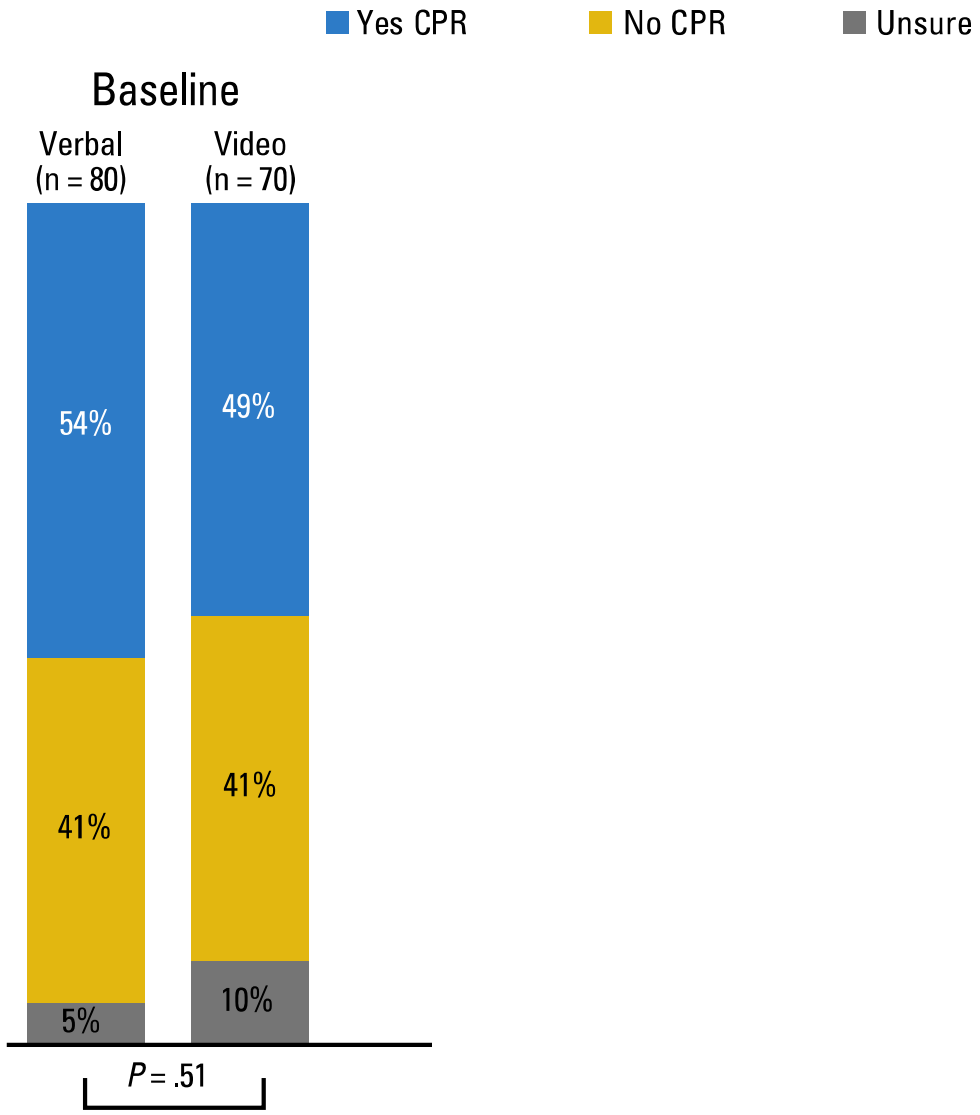


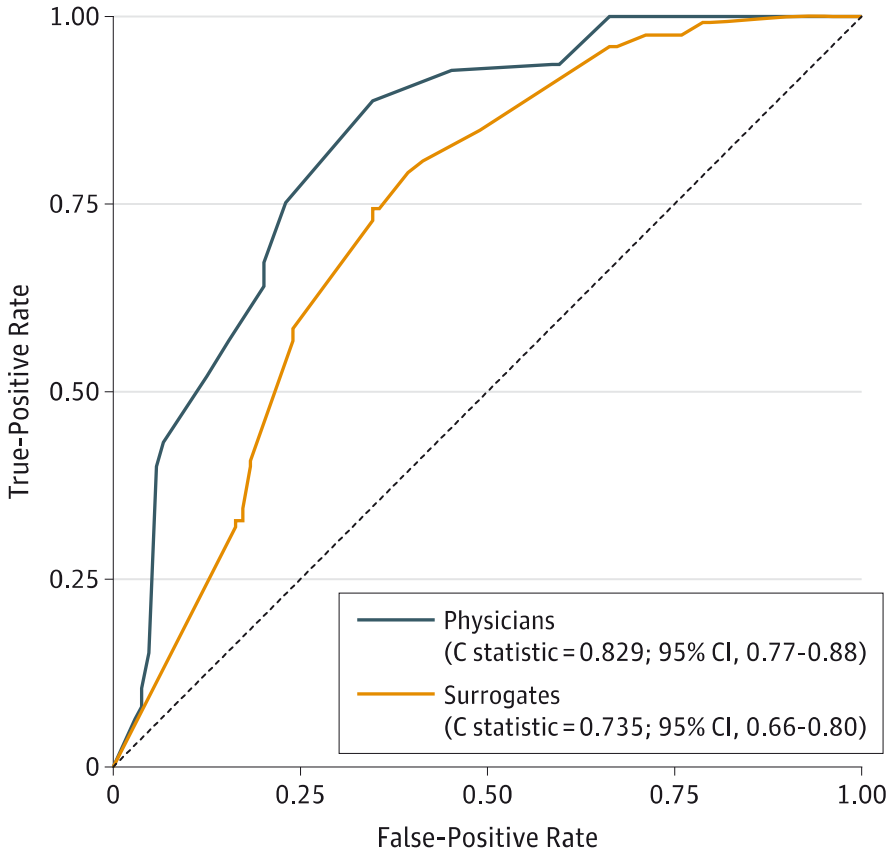
Diskordante Einschätzung

Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Prevalence of and Factors Related to Discordance About Prognosis Between Physicians and Surrogate Decision Makers of Critically Ill Patients

Douglas B. White, MD, MAS; Natalie Ernecoff, MPH; Praewpannarai Buddadhumaruk, RN, MS; Seoyeon Hong, PhD; Lisa Weissfeld, PhD; J. Randall Curtis, MD, MPH; John M. Luce, MD; Bernard Lo, MD

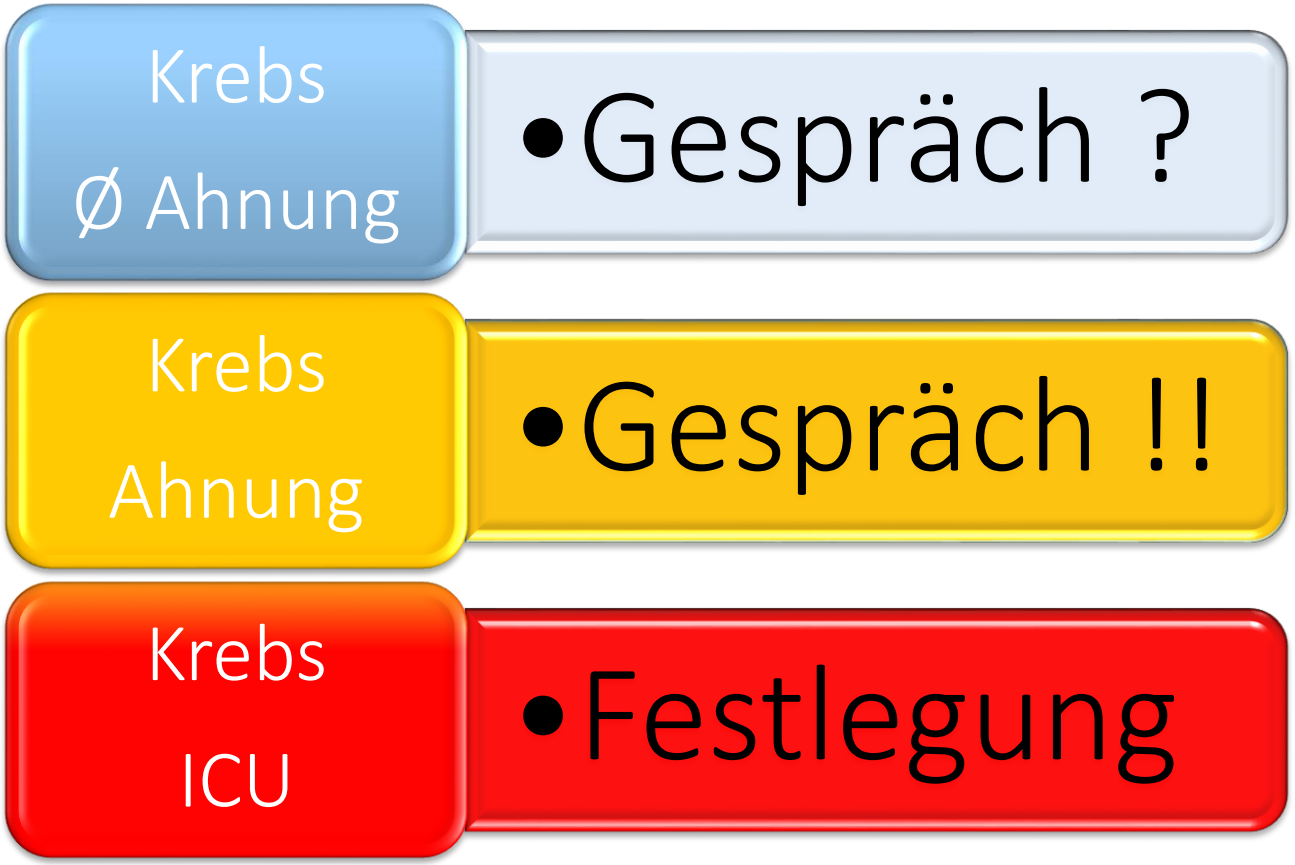
JAMA. 2016;315(19):2086-2094



Gründe:

- Arzt unterschätz die Kräfte des Patienten
- Hoffnung auf ein Benefit für den Patienten und sich selbst
- Religiöse Gründe
- „Arzt ist grundsätzliche pessimistisch“

Wie könnte ich eine Lösung finden



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Zusammenfassung

- Alles Tun, um eine Reanimation zu vermeiden
- Wenn unerwartet → Reanimation
- Wenn erwartet → ø Reanimation oder nur umschriebene Reanimation
- Gespräch suchen → Gespräch machen → Festlegung
- Fakten dringend erforderlich für eine gute Aufklärung

Viehlen Dankh für die AuFmerksahmKeith