

DEFINING CANCER-SPECIFIC DEATH

Aims of Research: Determining cause of death (COD) for cancer patients is important for defining clinical trial endpoints, and guiding treatment options. We aimed to qualitatively analyze 3 cases of patients enrolled in a clinical trial, for whom COD was ambiguous.

Hypotheses: We hypothesized that there are challenging cases in which COD is indeterminate, regardless of diagnostic tests and clinical expertise.

Significance: Clinicians often assign COD on death certificates without certainty of how a disease led to organ dysfunction and death. These challenging cases may have ethical implications on the legitimacy of clinical trial results, and the ability of patients to make informed decisions about treatment options.

Methods: As part of the Cancer Research UK-funded CAP trial (Cluster Randomized Trial of PSA testing for Prostate Cancer)¹, patients were triggered for review and examined as described by the CODE Committee². We examined 3 cases from this trial to better understand unconventional ways in which cancer may lead to death: (1) suicide from cancer-related depression; (2) inability to receive standard cancer treatment due to mental health issues; and (3) diagnoses of two cancers, with competing risk for progression/death.

Key Findings: In all 3 cases, we find that cancer diagnoses and treatments have complicated interactions with global performance and health, making COD difficult to predict and assign.

Importance: Clarifying COD is important for: (1) defining reproducible endpoints for clinical trials; (2) elucidating long-term effects of cancer treatment; and (3) predicting natural history prior to death. Exploration of challenging cases can help inform treatment options, and maximize beneficence. Furthermore, clarifying COD can alleviate moral distress in cases in which treatment options are unclear. The three cases studies help demonstrate both the practical and ethical complexities of assigning COD in patients with cancer.

References:

1. Turner, E. *et al.* Design and preliminary recruitment results of the Cluster randomised triAl of PSA testing for Prostate cancer (CAP). *Br. J. Cancer* **110**, 2829 (2014).
2. Williams, N. *et al.* Standardisation of information submitted to an endpoint committee for cause of death assignment in a cancer screening trial – lessons learnt from CAP (Cluster randomised triAl of PSA testing for Prostate cancer). *Bmc Med. Res. Methodol.* **15**, 6 (2015).