FEASIBILITY AND ACCEPTANCE OF ANTICANCER CHEMOTHERAPY FOR UROLOGIC CANCER IN HOSPITAL AT-HOME


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Introduction and Objectives:
Anticancer chemotherapy is commonly organized in conventional hospital units or in hospital day-care units. We studied the feasibility and the acceptance of the chemotherapy for urologic cancer patients treated in hospital at-home.

Materials and Methods:
All patients treated for metastatic urologic cancer can potentially benefit from chemotherapy organized in hospital at-home. Metastatic prostate cancer patients are treated with docetaxel + zoledronate every 4 weeks until tumor progression. Metastatic bladder cancer patients are treated with gemcitabine + carboplatin every 4 weeks until tumor progression. In the bone-metastatic renal cell carcinoma, patients are treated with intravenous bisphosphonates every 4 weeks. Hospitalization is possible in hospital-at-home for metastatic prostate, bladder, or renal cancer are prescribed in hospitalised patients. We studied the feasibility and the acceptance of the conventional chemotherapy for urologic cancer patients treated in hospital at-home.

Introduction and Objectives:
Anticancer chemotherapy is usually organized in conventional hospital units or in hospital day-care units. In the case of urology, chemotherapy for advanced and metastatic prostate and bladder cancer regularly take place in the departments of urology and oncology. New treatments, like bisphosphonates for metastatic prostate, bladder or renal cancer are prescribed in hospitalised patients. We studied the feasibility and the acceptance of the conventional chemotherapy for urologic cancer patients treated in hospital at-home.

RESULTS

1. Number of chemotherapy courses (cycles) for urologic cancer

The number of chemotherapy courses in hospital-at-home is rapidly increasing.

2. Number of NEW patients who received chemotherapy for urologic cancer

The number of new patients treated in hospitalisation at-home is approximately 10% every month.

3. Repartition of patients by cancer for the period 2001-2003 (102 patients)

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<tr>
<th>Cancer Type</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>%</th>
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| Prostate cancer   | 56   | 35   | 55   | 55%
| Bladder cancer    | 29   | 28   | 28   | 28%
| Renal cancer      | 16   | 16   | 16   | 16%
| Upper urinary tract cancer | 1   | 1   | 1   | 1%

4. Duration of chemotherapy

The main chemotherapy duration was 12 months.

5. Feasibility

Feasibility is superior to 95%. For legal reasons, the first course of taxane take systematically place in the conventional hospital unit (department of urology). No patient was hospitalised for grade III/IV toxicity of chemotherapy... bowel obstruction). Polychemotherapy protocols for testicular cancer are non-compatible with hospital at-home because of important hydration. Acceptance is superior to 95%, because of schedule flexibility and feasibility of the patient at-home.

CONCLUSIONS

Anticancer chemotherapy for urologic cancer patients is feasible in hospital at-home. The hole net of hospital at-home is safe with a permanent coordination with different medical references. Acceptance tend to be near to 100% because of low toxicity drugs, feasibility of organization and maintenance of the patients at-home. This new approach of anticancer treatments permit to the general practitioner to be close to the patient, to follow his treatments and to collaborate closely with the medical staff who prescribe chemotherapy.