# An audit benchmarking 30 day mortality following palliative chemotherapy for solid tumours.

**Descriptor:**

A departmental audit of all adult patients receiving palliative systemic anti-cancer therapy (SACT) for solid tumours in a single month. Data for mortality at 30 days, 1 year and 18 months was collected.

**Background:**

The 2008 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommended regular audits of 30-day mortality for chemotherapy patients.

## The Cycle

**The standard:**

There remains no clear national benchmarking figure.

**Target:**

Departmental audit to benchmark mortality following palliative SACT for solid tumours.

## Assess local practice

**Indicators:**

Short term mortality following treatment with palliative SACT in local department.

**Data items to be collected:**

Mortality figures at 30 days, 12 months and 18 months.

**Suggested number:**

All patients receiving treatment within one calendar month.

**Suggestions for change if target not met:**

Re-audit, feedback to clinicians, identify trends/specific cancer sites

**Resources:**

Data collected from electronic chemotherapy prescription system (ChemoCare®)and hospital electronic records.

**References:**

1. NCEPOD Report Systemic Anti-Caner Therapy: For better, for worse? 2008O’Brien, MER et al. Mortality within 30 days of chemotherapy: a clinical governance benchmarking issue for oncology patients. British Journal of Cancer (2006) 95, 1632–1636
2. 30-day mortality after systemic anticancer treatment for breast and lung cancer in England: a population-based, observational study. Wallington M, Saxon E et al. Lancet Oncology (2016) 17, vol 9, 1203-1216; <https://doi.org/10.1016/S1470-2045(16)30383-7>
3. Mortality within 30 days following systemic anti-cancer therapy, a review of all cases over a 4 year period in a tertiary cancer centre. Khoja A et al. Eur J Cancer (2015) 51,2,233-240; <https://doi.org/10.1016/j.ejca.2014.11.011>

**Editor's comments:**

We encourage centres to present mortality figures so that departments can put their short term mortality in context.

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