Summary points

Patients of all ages who present late with chemoresponsive tumours may benefit from chemotherapy

A few patients will gain improved survival while others may get symptom relief or time to prepare for death

Many patients in this situation would choose to try chemotherapy

Patients need to be carefully supported medically, especially if frail at the time of treatment

General physicians and surgeons should refer these patients for an oncology opinion

is associated with a more severe early grief reaction among relatives than is expected death.[17]

Slevin and colleagues showed that cancer patients wanted to try chemotherapy at predicted success rates far below the level which doctors, nurses, and the general public thought reasonable.[18] In their study, patients would consider a trial of chemotherapy for relief of cancer related symptoms even if there was only a 1% chance of success, despite mild toxicity. Similarly, they would accept major toxicity for a 10% chance of symptom relief. Silvestri et al showed that 68% of patients with non-small cell lung cancer would accept chemotherapy if it significantly reduced the symptoms of the cancer with no survival benefit, even if there was a 20% chance of experiencing side effects from the chemotherapy.[19]

Conclusions

We argue from extrapolation of current data and from anecdotal experience, that reduced dose chemotherapy can be beneficial even in late presenting moribund patients. Full supportive medical care must be given to optimise the chances of a response. Prospective trials are needed to determine the response rates and benefits.

Although healthcare professionals may be reluctant to give chemotherapy to very ill patients, patients are often keen to try it even if the benefits may be small. Most late presenting, moribund cancer patients will present to surgeons and physicians in district general hospitals. It is therefore important that generalists consider referring such patients to an oncologist.

Contributors and sources: SJB and SMBR work as haemato-oncologists and also care for patients admitted with solid tumours. SJB was lead clinician for cancer services for Bexley for six years. CDS is a chest physician with an interest in palliative care. PGH is a consultant medical oncologist at Guy's and St Thomas's Hospital NHS Trust since 1982. He has been principal investigator in many national and international trials, with particular interest in the areas of gynaecological cancers, lung cancers, elderly people, and quality of life. Information was obtained from literature searches in the Cochrane Library, Medline, and Embase databases.

Competing interests: None declared.

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(Accepted 10 March 2004)

Professor Roger Williams: An Apology

In the 23 November 2002 issue of the *BMJ* we published an article entitled "Institutional Corruption in Medicine" by Peter Wilmshurst (*BMJ* 2002;325:1232-1235). The article concerned the falsified research of Dr Anjan Kumar Banerjee, whose registration was suspended by the Professional Conduct Committee of the General Medical Council in November 2000. It has been drawn to our attention by Professor Roger Williams, professor of hepatology at the Royal Free and University College Medical School, London, that readers may have understood the article to mean that Professor Williams (who was then director of the Liver Unit at King's College Medical School, London) had turned a blind eye to Banerjee's fraudulent research or had been party to a cover-up. We are happy to confirm that it was never our intention to make any such suggestion, which would plainly have been untrue, and to express our sincere apologies to Professor Williams for any distress and embarrassment that he has been caused.