

Abstract

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Short-Course Palliative Radiotherapy for Tumour-Related Bleeding in End-of-Life Care: A Focused Literature Review

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Short-Course Palliative Radiotherapy for Tumour-Related Bleeding in End-of-Life Care: A Focused Literature Review

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ABSTRACT

Introduction: Tumour-related bleeding can be a significant problem in advanced cancer, often resulting in transfusion, repeated hospital visits, and reduced quality of life. In patients with limited life expectancy, treatment should aim to control bleeding without adding unnecessary burden. This is particularly important near the end of life when prolonged treatment schedules may be difficult to complete. This review explored the role of short-course palliative radiotherapy in this setting.

Methods: A focused PubMed search was conducted to identify recent review articles and key clinical studies on haemostatic radiotherapy in advanced cancer. The literature was reviewed for bleeding response, short-course schedules, feasibility, and the clinical settings in which shorter treatment may be appropriate.

Results: Most available evidence comes from small retrospective studies. Overall, palliative radiotherapy provides good initial haemostatic control, and some studies have reported reduced transfusion requirements after treatment. Short-course treatment may be especially useful near the end of life, as it can reduce treatment visits while still controlling bleeding. In some series, bleeding control was similar to that seen with longer schedules. However, longer schedules were

associated with more treatment interruptions and longer hospital stays. In gynaecological malignancies, bleeding improvement was sometimes seen during treatment or soon after radiotherapy began. The evidence remains heterogeneous, and no standard fractionation schedule has been established.

Conclusion: Short-course palliative radiotherapy can be a practical option for tumour-related bleeding in patients with limited prognosis. It may provide effective symptom control with less treatment burden, although treatment should be individualised given the limited evidence.

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