TITLE: Catheters for the Management of Malignant Ascites: Clinical and Cost Effectiveness and Guidelines

DATE: 16 March 2011

RESEARCH QUESTIONS:

1. What is the clinical effectiveness of long-term indwelling tunnelled pleural catheters or short-term catheters for abdominal paracentesis for the management of malignant ascites?

2. What is the cost-effectiveness of long-term indwelling tunnelled pleural catheters or short-term catheters for abdominal paracentesis for the management of malignant ascites?

3. What are the guidelines for use of long-term indwelling tunnelled pleural catheters or short-term catheters for abdominal paracentesis for the management of malignant ascites?

KEY MESSAGE

No studies directly compared long-term indwelling catheters with short-term catheters for the management of ascites. Limited evidence derived from a systematic review of non-randomized studies suggests that indwelling catheters may be safe and effective in the management of malignant ascites.

METHODS

A limited literature search was conducted on key resources including PubMed, Embase, The Cochrane Library (2011, Issue 2), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population and conference abstracts were removed. The search was also limited to English language documents published between January 1, 2006 and March 9, 2011. Internet links were provided, where available.

Disclaimer: The Rapid Response Service is an information service for those involved in planning and providing health care in Canada. Rapid responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. Rapid responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

Copyright: This report contains CADTH copyright material and may contain material in which a third party owns copyright. This report may be used for the purposes of research or private study only. It may not be copied, posted on a web site, redistributed by email or stored on an electronic system without the prior written permission of CADTH or applicable copyright owner.

Links: This report may contain links to other information available on the websites of third parties on the Internet. CADTH does not have control over the content of such sites. Use of third party sites is governed by the owners’ own terms and conditions.
RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, economic evaluations, and evidence-based guidelines.

There were no studies which directly addressed clinical safety and effectiveness of long-term indwelling tunnelled pleural catheters compared with short-term catheters for abdominal paracentesis for the management of malignant ascites. The literature search identified three systematic reviews. One systematic review reported the results of a systematic review and guidelines concerning malignant ascites, another one reported the results of long-term catheter use for managing ascites with a systematic literature review and a retrospective chart review and a third one investigated the management of drainage for malignant ascites in gynaecological cancer. There were seven non-randomized studies including two prospective studies, two retrospective studies, and three individual case reports. There were no health technology assessments, randomized controlled trials, economic evaluations identified.

Health technology assessments
No literature identified.

Systematic reviews and meta-analyses


Randomized controlled trials
No literature identified.

Non-randomized studies

Prospective studies


Retrospective studies


Individual case reports


Economic evaluations
No literature identified.

Guidelines and recommendations


PREPARED BY:
Canadian Agency for Drugs and Technologies in Health
Tel: 1-866-898-8439
www.cadth.ca
APPENDIX – FURTHER INFORMATION:

Review articles

PubMed: PM21326592

PubMed: PM16530120

Additional references

PubMed: PM17187534