

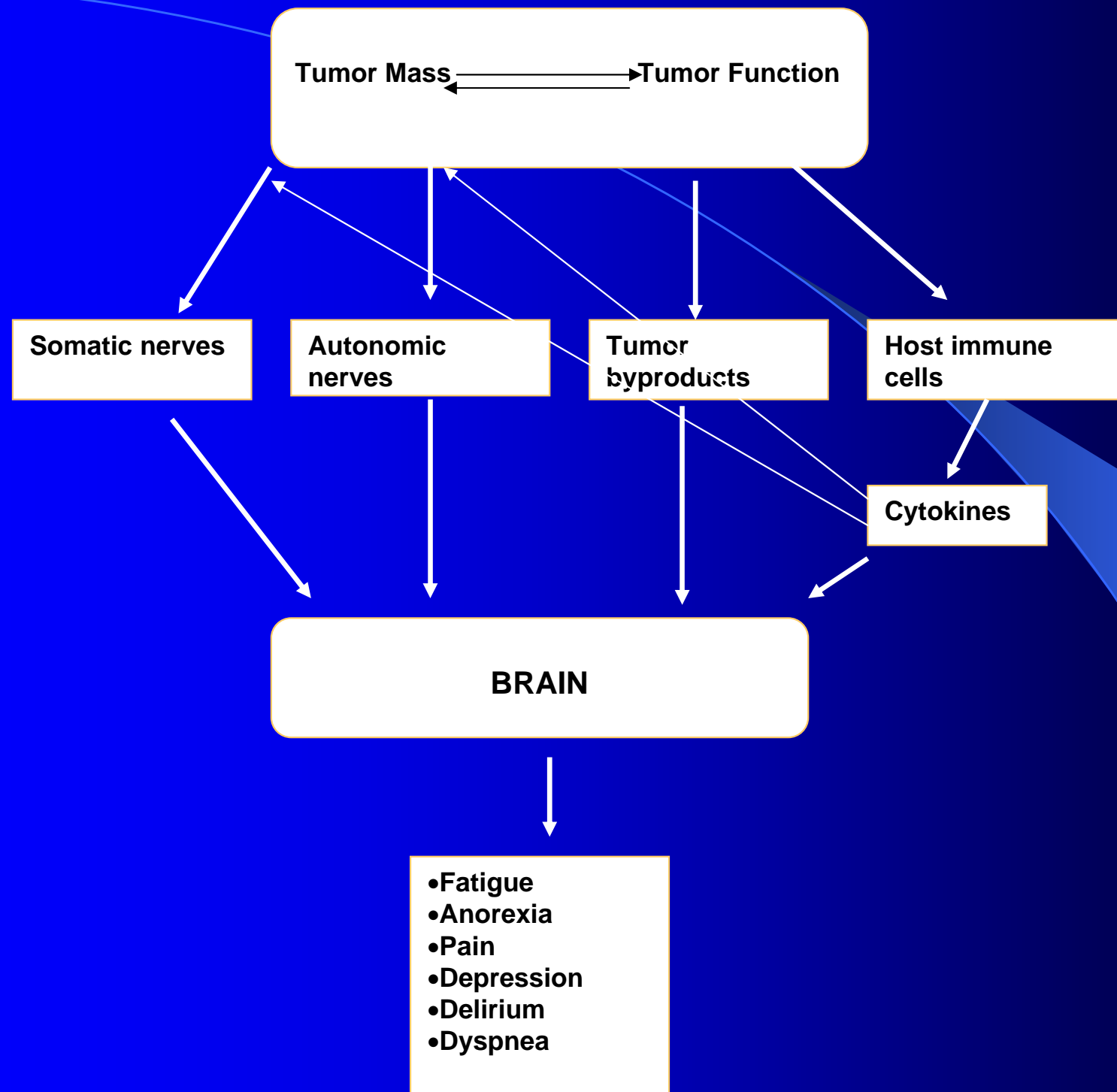
# **Critical evaluation of Priorities and therapeutic outcome measures**

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# Patient's Problems

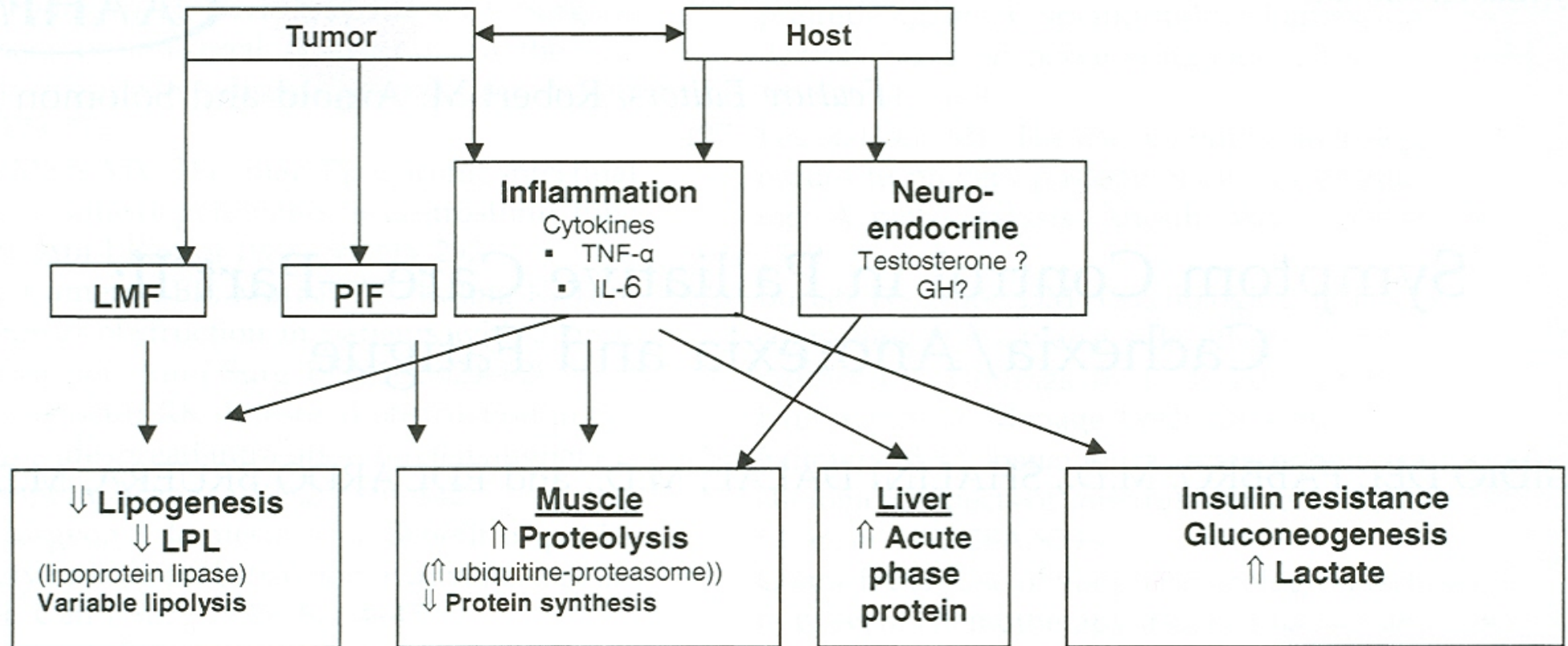
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- Pain (80%)
- Fatigue (90%)
- Weight Loss (80%)
- Lack of Appetite (80%)
- Nausea, Vomiting (90%)
- Anxiety (25%)
- Shortness of Breath (50%)
- Confusion-Agitation (80%)



Cachexia

# Why does cachexia happen?



# Clinical effects of cachexia

- Symptoms: anorexia, fatigue, nausea
- Psychological distress Pt/family
- Body composition
- Physical function
- Survival

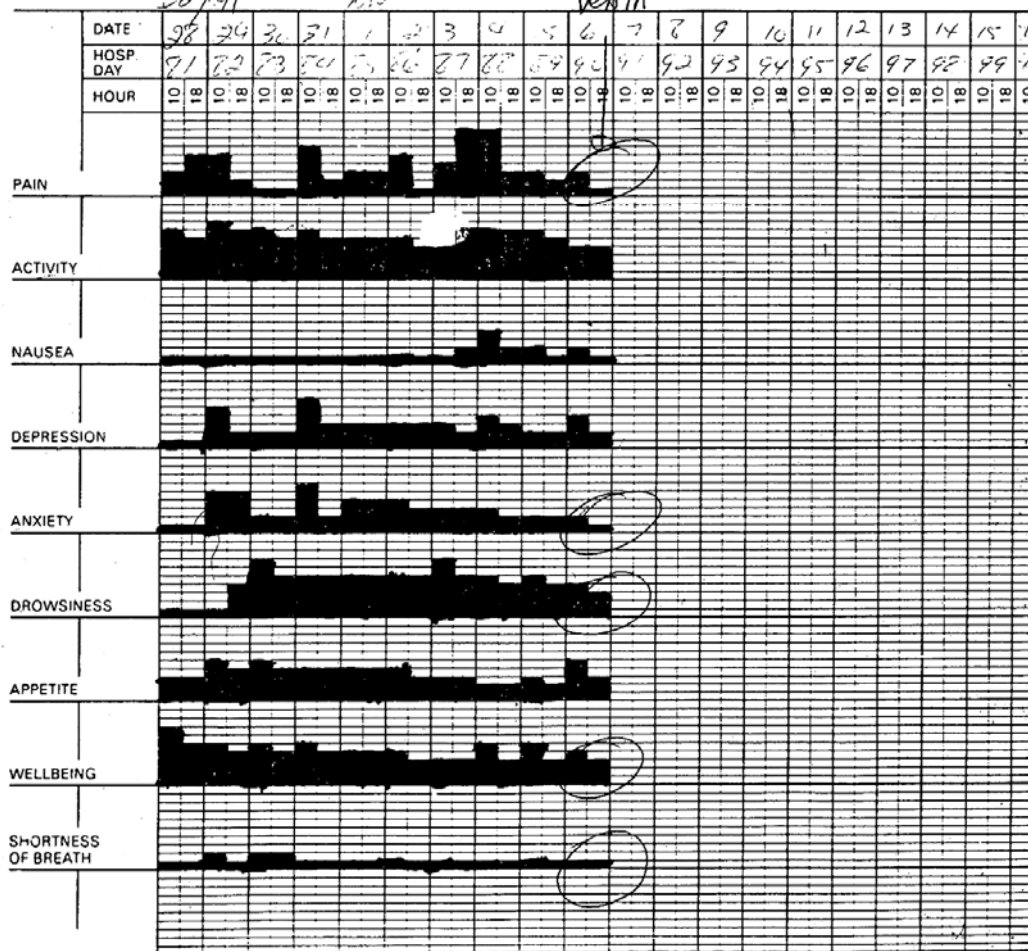
# Symptoms/ distress Pt & family

- Global: ESAS, Q of L scales
- Specific: Fatigue (FACIT-F), mood, nausea, etc
- Family distress tools



The General Hospital  
(Grey Nuns) of Edmonton

# SYMPTOM ASSESSMENT GRAPH



ASSESSED BY

P P P P N N N N W W N N N N

Code P - Patient N - Nurse NA - Nurse Assisted F - Family

Mini-Mental  
State Score

24 21

9 90 50

Cachexia





# Body composition

- Present/ usual weight ( 5%, 10%)
- BIE
- Anthropometrics
- Percentual caloric intake
- Albumin, pre-albumin
- Caloric intake ( % intake, diaries)
- Imaging? CT scan MRI muscle/ fat

# Physical function

- Subjective description of performance
- Subjective status upon performance
- Tests: 6 min walk, stand up and go, Simmonds, actigraph, pedometer
- O<sub>2</sub> consumption, heart rate

## Anorexia/Cachexia Decision-Making

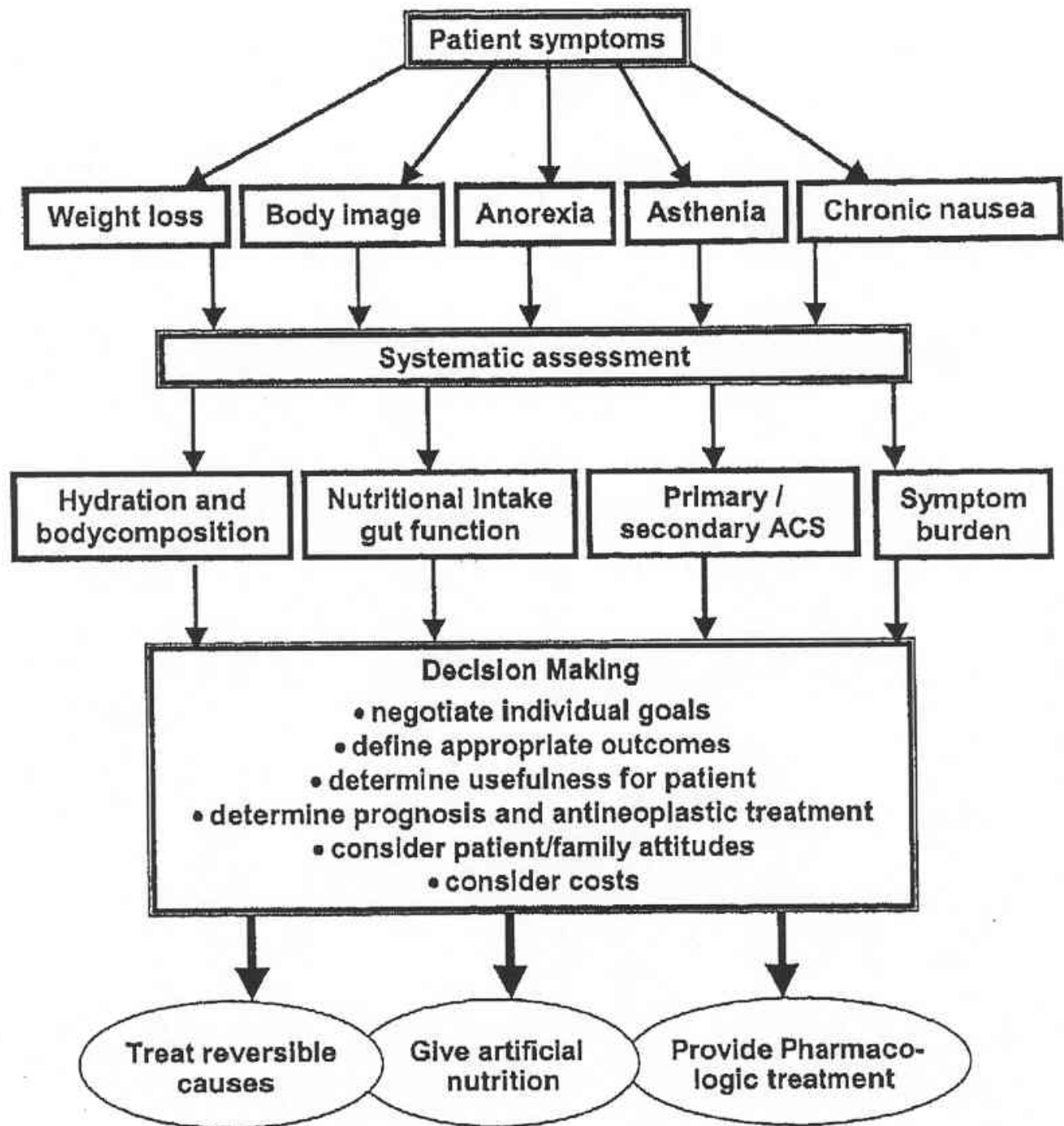


Fig. 3. Clinical management of cancer anorexia and cachexia.

# Interventions

- **Treat primary cachexia**
- **Nutrition**
- **Exercise**
- Treat secondary cachexia ( nausea, taste, dysphagia)
- Treat associated symptoms ( depression, pain)

# Treat primary cachexia

- Tumor byproducts ( targeted therapies, hormones)
- Proteasome inhibitors ( bortezomib, others)
- Cytokine block ( thalidomide, monoclonal Abs), anti-inflammatory
- Target organs ( appetite, muscle)

# Nutrition

- Oral Vs parenteral/ enteral
- Energy Vs protein
- Differential nutrition ( PUFAs, branched chain AAs, arginine)- what is really lacking?
- Stimulate intake: ghrelin, pro-motility
- Treat secondary cachexia: dysphagia, depression, meal preparation

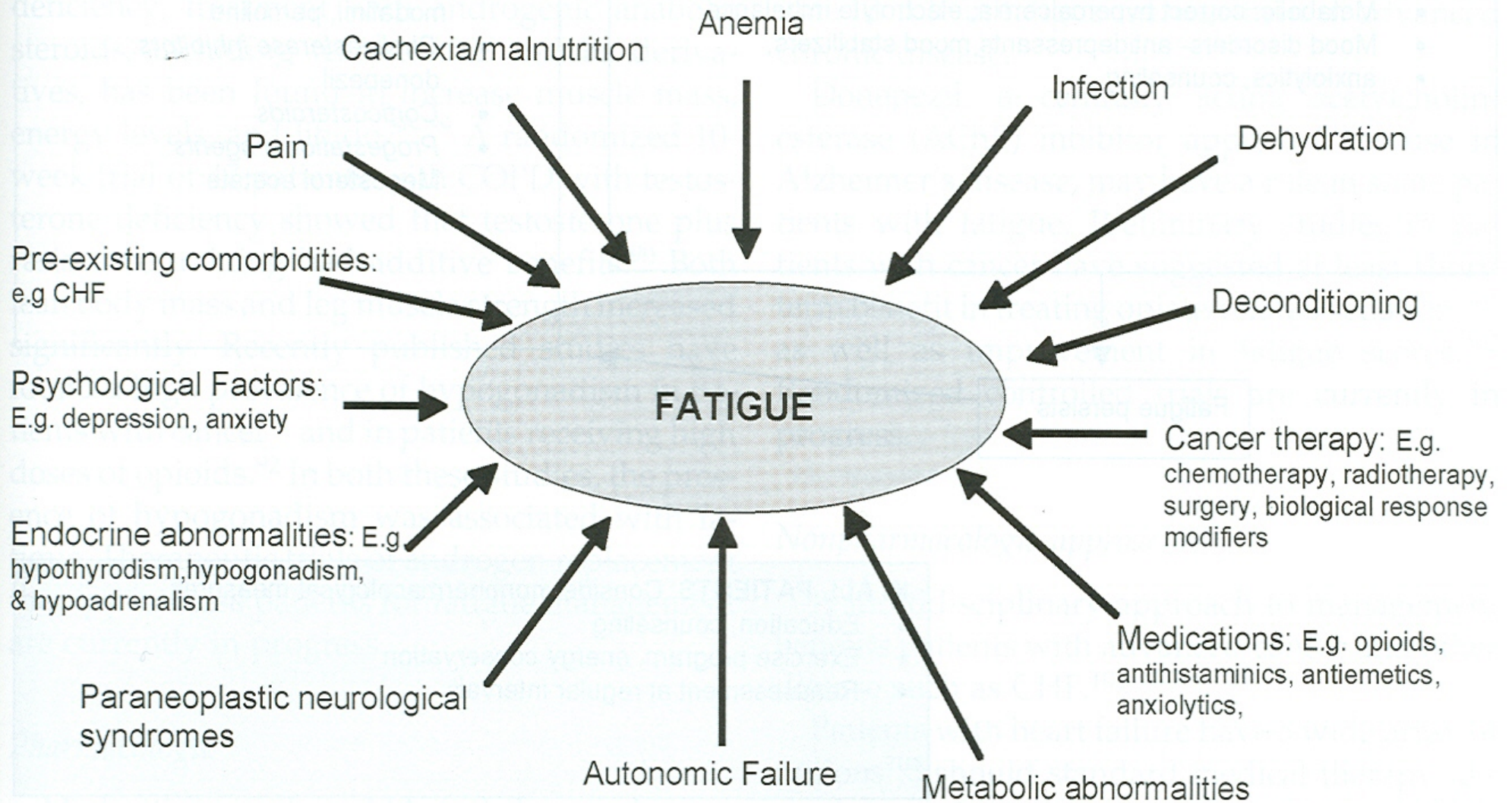


# Exercise

- ADLs as exercise
- Increased walking ( pedometer, actigraph)
- Upper limb exercise
- Individualized plan
- Treat fatigue!!
- Add testosterone/ steroids?

**Essential for increased LBM**





# Fatigue 8/10

	<u>Patient 1</u>	<u>Patient 2</u>
Depression	● 60%	● 10%
Cachexia	● 10%	● 50%
Anemia	● 10%	● 30%
Opioids	● 20%	● 0%
Autonomic	● 0%	● 10%

# Treat secondary cachexia

- Starvation component

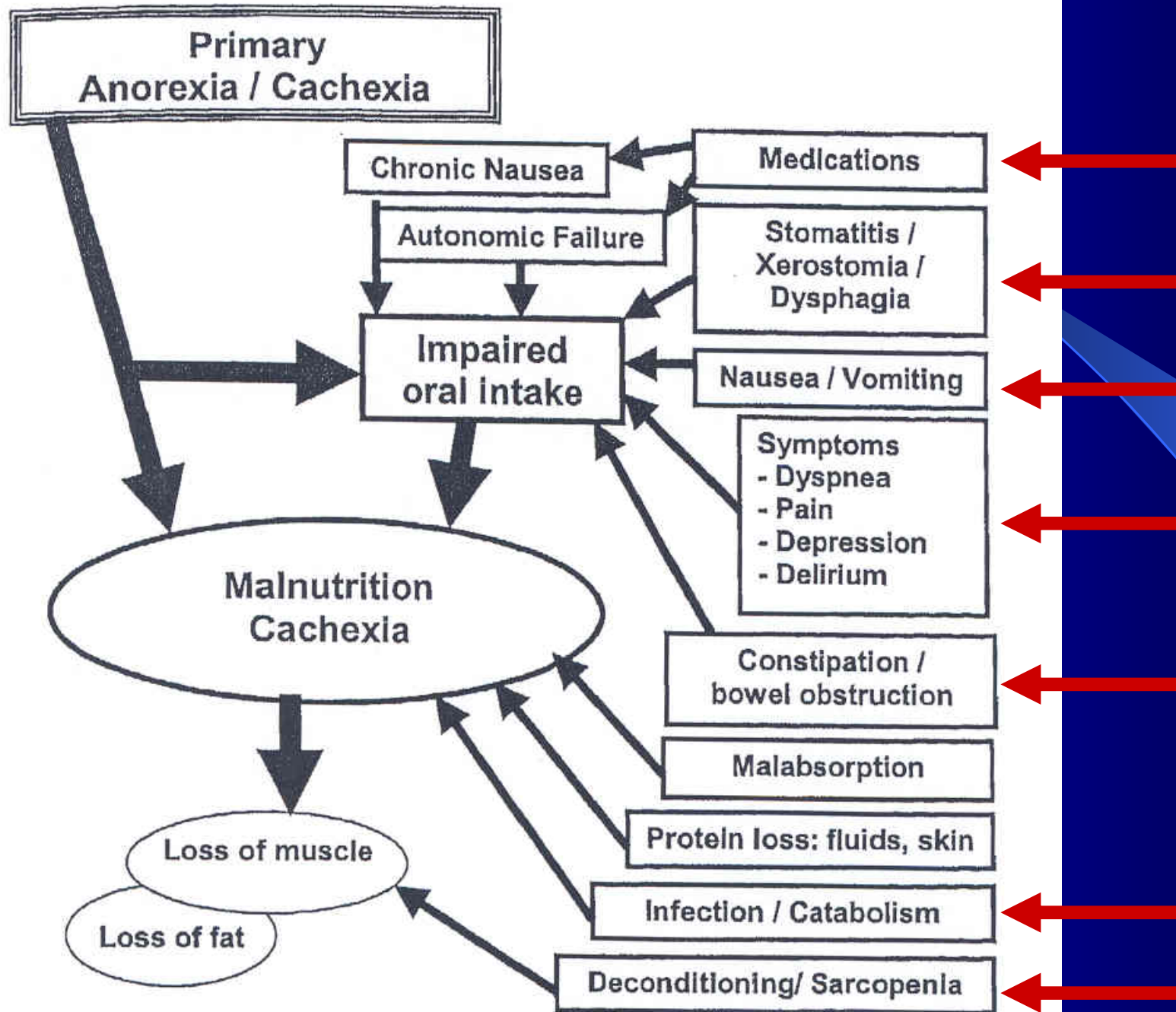


Fig. 1. A diagram of the main pathogenetic elements of primary anorexia and cachexia in cancer patients.

Metabolic  
changes

Dysphagia, Bowel  
Obstruction

Autonomic Failure  
(Chronic Nausea)

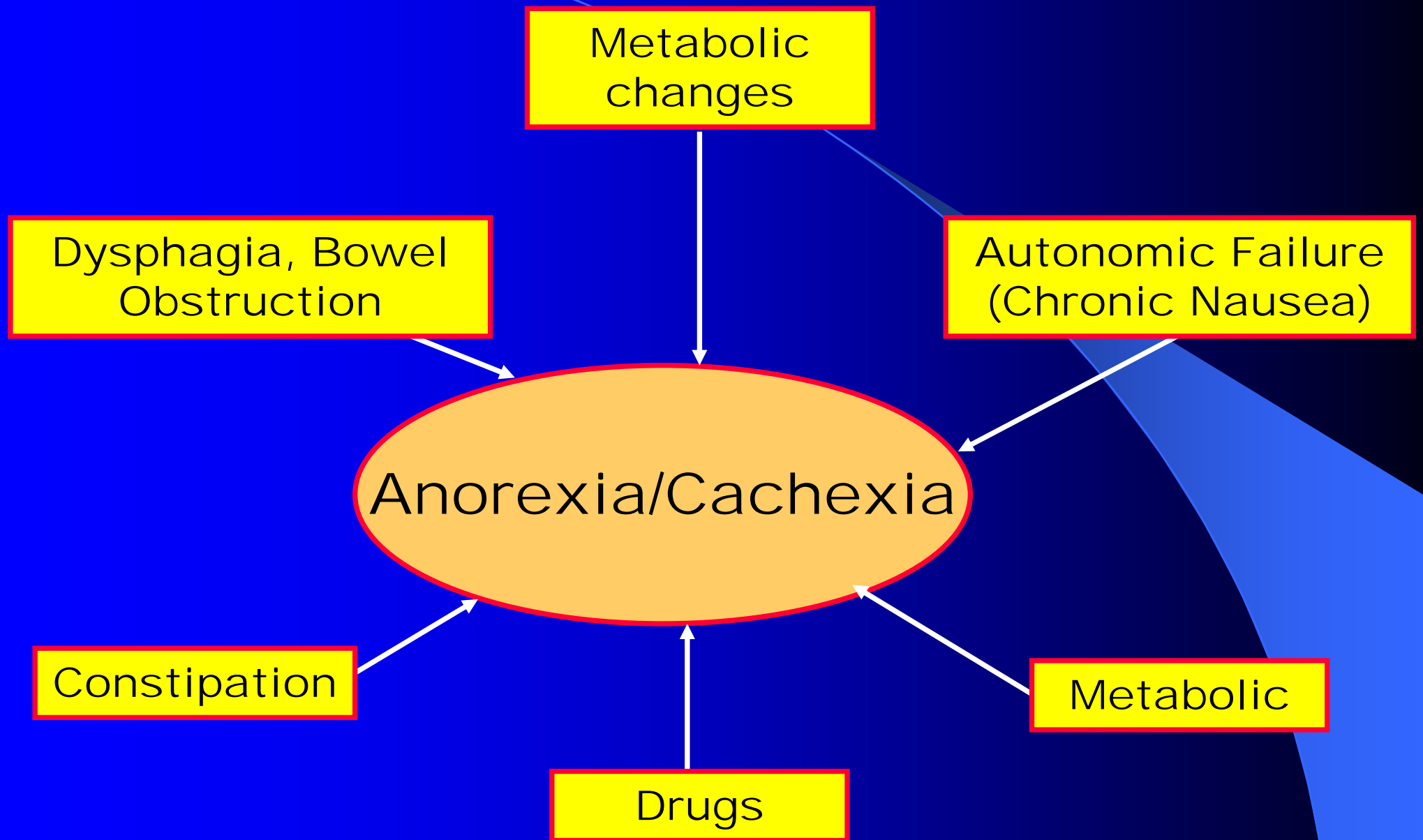
Anorexia/Cachexia

Constipation

Metabolic

Drugs

Cachexia





# Primary outcome: depends on the intervention!

- Different outcomes need different time:
  1. Symptoms are legitimate outcomes: anorexia, early satiety, family distress
  2. Weight/ fat gain: body image, QoL
  3. LBM/ body cell mass
  4. Function!, fitness.
  5. Complications/ infections
  6. Response to treatment: cancer/ AIDS/leprosy,TBC
  7. Survival

# Combined therapy!

- Primary cachexia : anti-proteasome, anti-cytokine, anti-inflammatory
- Nutritional support: Energy ( + ?)
- Exercise
- Target organs: appetite ( ghrelin), muscle ( testosterone)
- Secondary/ associate: depression, taste, nausea, constipation

