

# The Prognosis of incurable cachectic cancer patients on home parenteral nutrition: a multi-centre observational study with prospective follow-up of 414 patients

## Presented by

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**Reference:** Annals of Oncology:2014 Feb;25(2):487-93. doi: 10.1093/annonc/mdt549. Epub 2014, Jan 9. Bozzetti F<sup>1</sup>, Santarpia L, Pironi L, Thul P, Klek S, Gavazzi C, Tinivella M, Joly F, Jonkers C, Baxter J, Gramlich L, Chicharro L, Staun M, Van Gossum A, Lo Vullo S, Mariani L.

## Abstract

**BACKGROUND:**The role of home parenteral nutrition (HPN) in incurable cachectic cancer patients unable to eat is extremely controversial. The aim of this study is to analyse which factors can influence the outcome.

## PATIENTS AND METHODS:

We studied prospectively 414 incurable cachectic (sub)obstructed cancer patients receiving HPN and analysed the association between patient or clinical characteristics and surviving status.

## RESULTS:

Median weight loss, versus pre-disease and last 6-month period, was 24% and 16%, respectively. Median body mass index was 19.5, median KPS was 60, median life expectancy was 3 months. Mean/median survival was 4.7/3.0 months; 50.0% and 22.9% of patients survived 3 and 6 months, respectively. At the multivariable analysis, the variables significantly associated with 3- and 6-month survival were Glasgow Prognostic Score (GPS) and KPS, and GPS, KPS and tumour spread, respectively. By the aggregation of the significant variables, it was possible to dissect several classes of patients with different survival probabilities.

## CONCLUSIONS:

The outcome of cachectic incurable cancer patients on HPN is not homogeneous. It is possible to identify groups of patients with a  $\geq 6$ -month survival (possibly longer than that allowed in starvation). The indications for HPN can be modulated on these clinical/biochemical indices.

## Strengths

A well designed multicentre study based on a solid review of current literature and understanding of a controversial topic.

## Weaknesses

It is not clear that all centers followed the same management of HPN. Monitoring of outcomes particularly for patients who died at home is uncertain.

## Relevance

The results do suggest the ability to stratify the patient cohort more likely to benefit from HPN. However the prolonged survival of a small number of patients even with the worst prognosis does highlight the limits of our ability to confidently predict and inform patients and families that HPN is universally futile. The importance of communication and clarifying goals of care and quality of life aspirations for individuals remains of central importance to health care professionals in determining the role for a trial of HPN.