

# Caring for the terminal ill gastric cancer patients

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# Introduction

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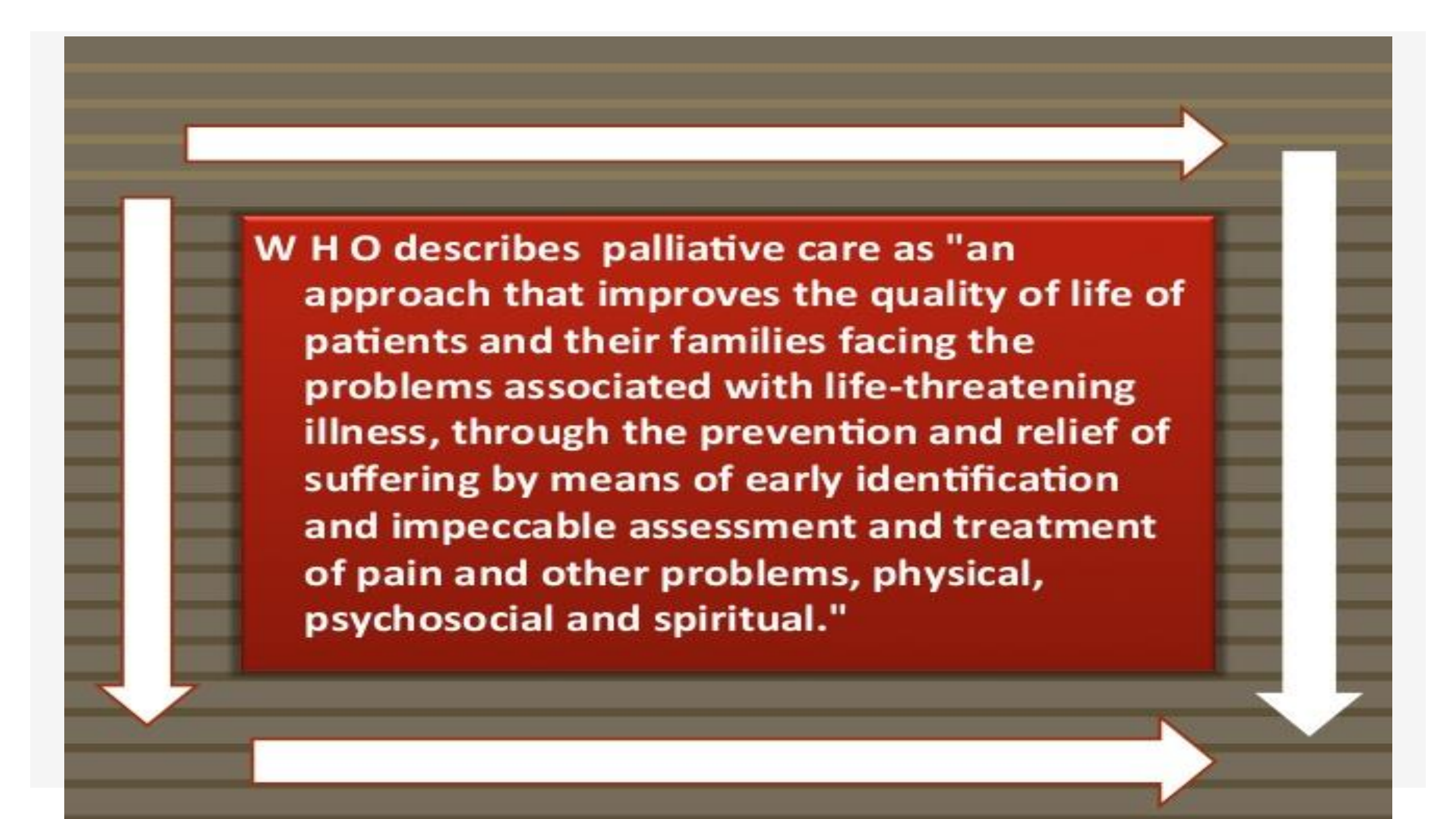
- Despite the significant improvements in our oncological therapy, the prognosis of gastric cancer patients remains unsatisfactory.
- Multiple complications that may occur with such therapy or due to the cancer itself. (such as gastric outlet/intestinal obstruction, peritoneal carcinomatosis, gastrointestinal bleeding, nausea/vomiting, neutropenia, etc.).
- The quality of life for advanced gastric cancer patients is generally poorer than that for patients with other malignancies.

# What is Palliative Care?



- Medical care that focuses on alleviating the intensity of symptoms of disease.
- Palliative care focuses on reducing the prominence and severity of symptoms.





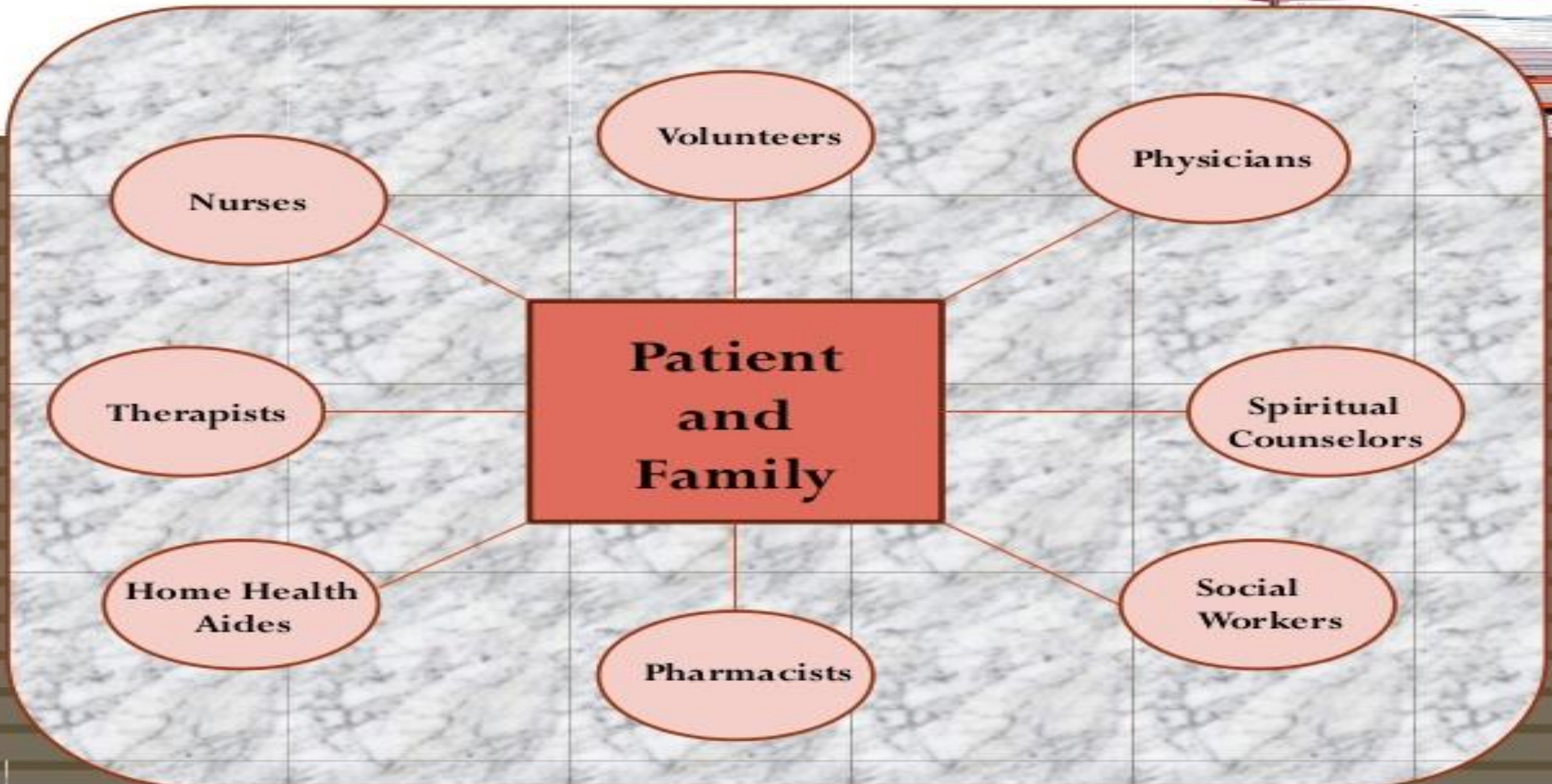
**W H O describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."**



# **Palliative Care**

- **Minimizing Suffering (Total Pain)**
  - **Physical**
  - **Social**
  - **Psychological**
  - **Spiritual**
- **Improving Quality of Life**
- **Maintaining dignity and respect**
- **Caring for family**

# Palliative care-Multidisciplinary team work



## Physical

Functional Ability  
Strength/Fatigue  
Sleep & Rest  
Nausea  
Appetite  
Constipation  
Pain

## Psychological

Anxiety  
Depression  
Enjoyment/Leisure  
Pain Distress  
Happiness  
Fear  
Cognition/Attention

## Quality of Life

## Social

Financial Burden  
Caregiver Burden  
Roles & Relationships  
Affection/Sexual Function  
Appearance

## Spiritual

Hope  
Suffering  
Meaning of Pain  
Religiosity  
Transcendence



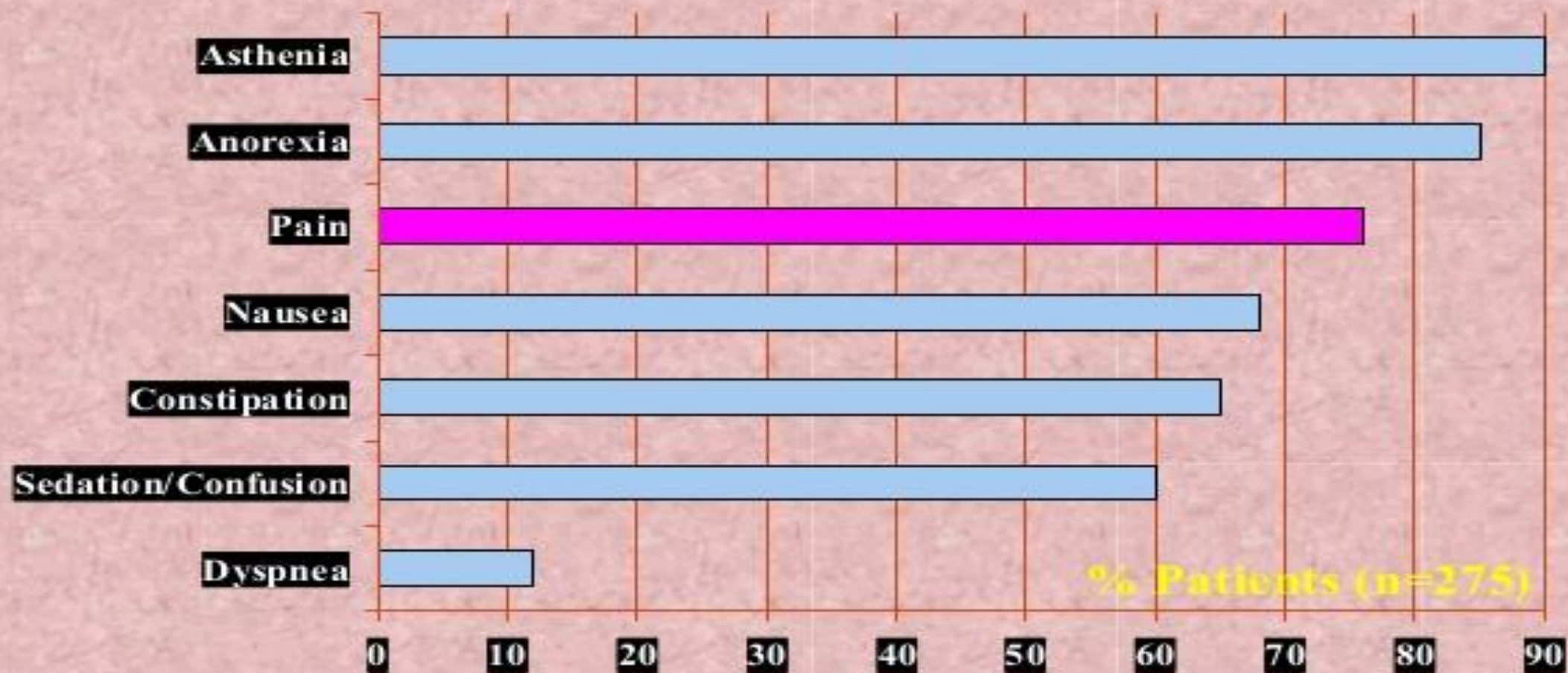
# What is needed?





# SYMPTOMS IN ADVANCED CANCER

Ref: Bruera 1992 "Why Do We Care?" Conference; Memorial Sloan-Kettering



Prevalence of symptoms towards the end-of-life  
(Solano et al 2006)



Symptom	Ca	HD	COPD	RD
Pain	<b>96</b>	77	77	50
Depression	77	36	71	60
Fatigue	90	82	80	87
Dyspnea	70	88	95	62
Delirium	93	32	33	---
Anorexia	92	41	67	64



## Cancer pain



### *Prevalence of a significant pain*

- 30% in newly diagnosed cancer
- 50% to 70% among patients receiving active anticancer therapy
- 65% to 80% in advanced disease



# Pain: The Fifth Vital Sign

Pain Standards of the Joint Commission on Accreditation of Healthcare Organization

- **Recommendation make the pain measurement a priority in daily practice**
- **Consider pain intensity the fifth vital sign along with temperature, respiration, and BP**

*JCAHO: 1999 - 2000*

# Assessment of Pain

- History
- Pain or no pain
- Type of pain, acute, chronic, nociceptive, neuropathic
- Location and Radiation
- **Severity, intensity**
- Timing
- Exacerbating and Relieving
- Effects on Activity
- Previous Therapy
- Meaning of pain
- Physical examination
- Related investigation

### Pain rating (Intensity) scales:

### Categorical scale

0	1	2	3	4	5
No pain	Mild	moderate	severe	Very severe	Excruciating

### Numeric rating scale

0	1	2	3	4	5	6	7	8	9	10
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( 0 = No pain, 10 = Worst pain imaginable )



# WHO 3-step Ladder

## 1 mild

ASA  
Acetaminophen  
NSAID's  
± Adjuvants

## 2 moderate

A/Codeine  
A/Hydrocodone  
A/Oxycodone  
A/Dihydrocodeine  
Tramadol  
± Adjuvants

## 3 severe

Morphine  
Hydromorphone  
Methadone  
Levorphanol  
Fentanyl  
Oxycodone  
± Adjuvants

# WHO Guidelines for Cancer Pain

## W.H.O. Analgesic Ladder



(Adapted from Portenoy et al, 1997)

# Pharmacy of Pain medications

## Analgesics

- Non-opioid

Acetaminophen, Aspirin

- Weak Opioids

Tramadol, propoxyphene

Codeine, T2, T3, T4

- Potent (strong) opioids

Morphine

Hydromorphone

Fentanyl

Demerol

Oxycodone

Methadone

## Adjuvant analgesics

- NSAIDs,
- Anticonvulsants,
- Antidepressants
- Steroids
- Bisphosphonates
- Antispasmodics
- Muscle relaxants



## Other common symptoms

Common symptoms	Possible pharmacological treatment
Nausea and vomiting	Metoclopramide, prochlorperazine, haloperidol, granisetron
Dyspnoea, cough	Morphine, codeine, prednisolone, salbutamol
Anorexia, cachexia	Treating is controversial. Steroids, medroxyprogesterone, megestrol
Fatigue	
Constipation	Bisacodyl, senna, lactulose, enemas
Diarrhoea	Loperamide, Lomotil, codeine

## Other common symptoms

Common symptoms	Possible pharmacological treatment
Intestinal obstruction	Haloperidol, hyoscine, octreotide
Depression	SSRI, benzodiazepines
Malignant ulcers (foul odour)	Metronidazole tablets
Minor bleeding	Tranexamic acid
Oral health issues	Oral hygiene, xylocaine viscous, bonjela

# Other Symptoms

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1. Refractory Ascites- ascitic tapping / Pig tail insertion
2. Massive GI bleeding – Interventional Radiological procedures/ Endoscopic procedure
3. Gastric out let obstruction- palliative stenting / Feeding JJ insertion

## Non Pharmacological

1. Physiotherapy
2. Occupational therapy
3. Massage



# **HOSPICE CARE**

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Hospice refers to philosophy of care that seeks to support dignified dying or a good death experience for those with terminal illness.

It involves a core inter disciplinary team of professionals and volunteers who provide medical, psychological and spiritual support for the patients and family.

# **HOW IS PALLIATIVE CARE IS DIFFERENT FROM HOSPICE CARE**

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**Hospice care is a type of palliative care for people who are in their final weeks or months of life..**

**Palliative care is for a person of any age, whether or not his or her illness is terminal. Today , palliative care can help anyone who has a serious illness.**

**Palliative care could help you manage symptoms or side effects of treatment so that you will feel better.**

CRITERIA	PALLIATIVE CARE	HOSPICE CARE
Who can receive the care?	Any one with a serious illness, regardless of life expectancy, can receive palliative care.	Someone with an illness with a life expectancy measured in months or days not years
Need of care	You may receive palliative care and curative care at the same time	Treatments and medicines aimed at relieving symptoms are provided by hospice
What organization provides these services?	<ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Hospices</li> <li>• Nursing Facilities</li> <li>• Health Care Clinics</li> </ul>	<ul style="list-style-type: none"> <li>-Hospice organization</li> <li>- Hospital</li> <li>• Other health care organizations</li> </ul>



CRITERIA	PALLIATIVE CARE	HOSPICE CARE
<b>Where are services provided?</b>	<ul style="list-style-type: none"> <li>• <b>Home</b></li> <li>• Assisted living facility</li> <li>• Nursing facility</li> <li>• Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Usually, wherever the patient resides, in their home, assisted living facility, nursing facility, or hospital</li> <li>• Some hospices have facilities where people can live, like a hospice residence, or receive care for short-term reasons, such as acute pain or symptom management</li> </ul>
<b>Who provides these services?</b>	<p><b>It varies. However usually there is a team including doctors, nurses, social workers and chaplains, similar to the hospice team.</b></p>	<p><b>A team—doctor, nurse, social worker, chaplain, volunteer, home health aide and others</b></p>

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# Thank You