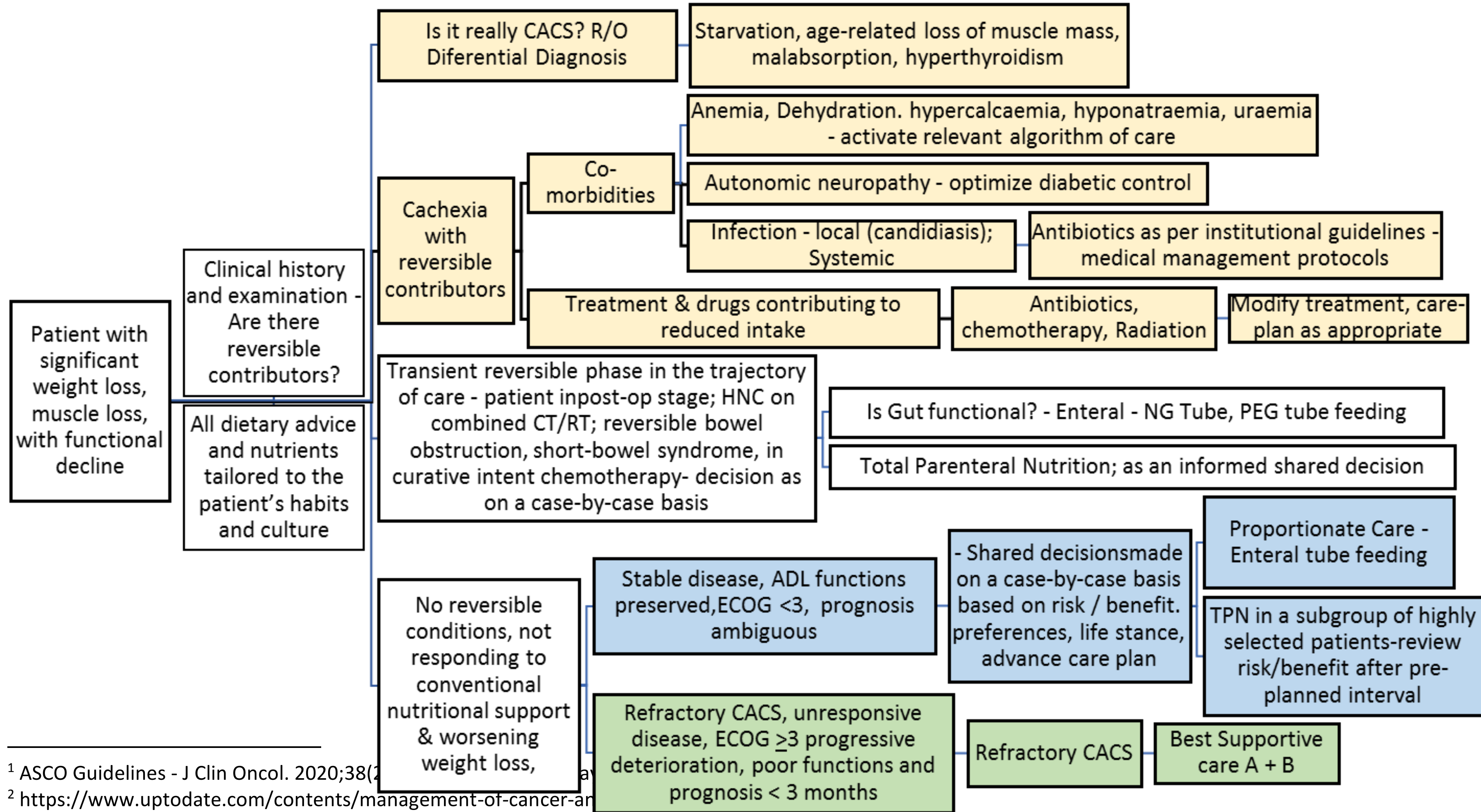
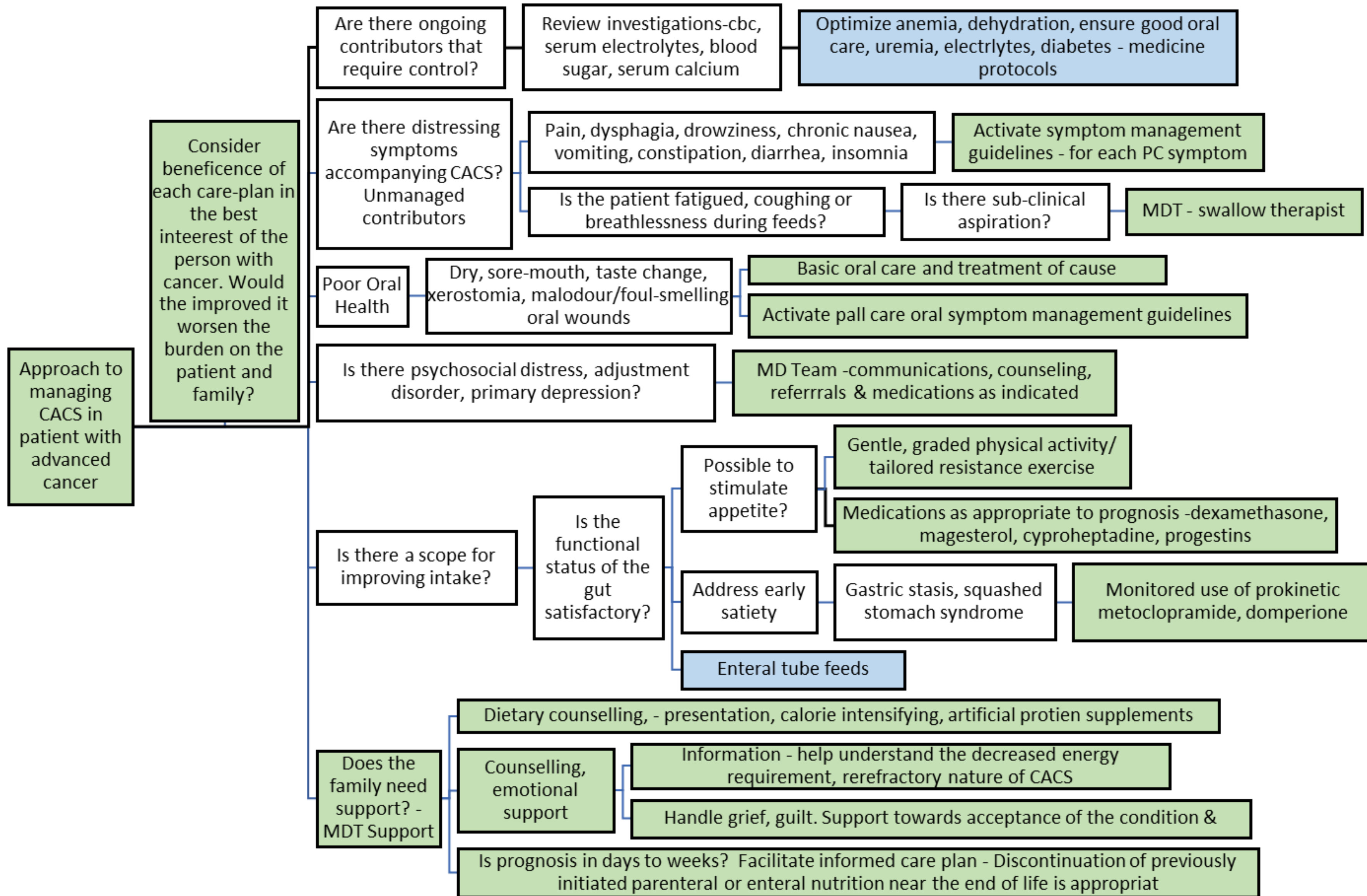
Approach to managing cancer-related anorexia/cachexia syndrome (CACS)[1 2 3]



[1] ASCO Guidelines - J Clin Oncol. 2020;38(2
[2] https://www.uptodate.com/contents/management-of-cancer-an
[3] https://www.uptodate.com/contents/the-role-of-parenteral-and-enteral-oral-nutritional-support-in-patients-with-cancer?sectionName=INDICATIONS%20AND%20BENEFITS%20OF%20NUTRITIONAL%20SUPPORT%20IN%20CANCER%20PATIENTS&topicRef=2816&anchor=H2&source=see_link#H2

NATIONAL CANCER GRID
COLLABORATION FOR CANCER CARE

NCG Palliative Care Guidelines – Anorexia-Cachexia



Medications (A)

Appetite Stimulants - May be offered in the early stages, depending on the values and preferences of individual patients and other considerations such as degree of anorexia or weight loss, comorbidities, risk of adverse effects, life expectancy, and goals of care. The primary benefits associated with these drugs are increased appetite and modest weight gain, not improved survival

1. *Progesterone analogue* - *Megestrol acetate* – liquid formulation preferred - 160 mg up to 800 mg/day seems to stimulate appetite and increase body weight after several weeks of administration. The weight gain is often due to water retention and increased fat deposition. Risks - Oedema, thromboembolic events, suppression of HPA, increased mortality
2. *Dexamethasone* 2–4 mg/day - improve appetite in few days. Recommended for patients with days to weeks left. (Adverse effects of longer duration - myopathy, cushingoid body habitus, suppression of HPA and peptic acid disease)
3. Mirtazapine 15–30 mg – for symptom clusters - depressive mood, insomnia, poor appetite
4. Insufficient evidence to recommend – Cyproheptadine, olanzapine, androgens and selective androgen receptor modulators, nonsteroidal anti-inflammatory drugs (Celecoxib, ibuprofen), thalidomide, mirtazapine, and combination approaches
    a. May give short trial of low-dose olanzapine (5 mg per day) when there is concurrent nausea/ vomiting that is unrelated to CT/RT.
5. NOT recommended - inhaled cannabinoids, cannabis, inhibitors of tumour necrosis factor, insulin, or melatonin

Supportive Care through MDT - Dietary Management in specific symptoms **(B)**	
Loss of appetite	Encourage frequent small quantity high-protein and high-energy meals, extra calories to foods: skimmed milk powder, protein supplements; high-energy snacking, liquid supplements, soups, milk shakes Try different flavourings, consistencies and temperatures
Sore mouth	Bland gravy dishes, pureed food or milk shakes, moistened food/milk, fresh curd, cream; soft food: slightly overcooked food, ragi balls, soaked rotis; avoid citrus, spicy, rough or dry foods; cut food into small pieces and mash /soak Tepid foods: not cold, not hot Use straw to drink fluids; sipping fluids is more refreshing than gulping
Nausea/ vomiting	Bland & dry food – dry roti, rice, toast Cooler and drier, odourless food is more acceptable; eat small amount, and eat slowly; avoid oily food; stay upright during and 2 h after meals; sip fluid after meals Close kitchen door to keep cooking smell away; use fans to keep odour away

	Keep tolerable smells handy – e.g. cut lemon
Taste changes	Rinse mouth with fresh water before and after eating; use herbs and spices; citrus fruits and juices are more acceptable; frequent meals, preferably cold; avoid artificial sweeteners as it may taste bitter Glass or plastic utensil if patient experiences metallic taste
Constipation	Adequate fluids and fibre – vegetables, unfiltered fruit juices, thick soups of blended vegetables Increase beans, nuts, oatmeal, and whole-wheat/ multigrain rotis/ breads; cereals
Diarrhoea	Oral rehydration; avoid strong tea/coffee and spicy foods; avoid oily food and gas-forming food. Avoid - milk, greasy foods, and foods with a lot of fibre. Check /modify laxative usage
Dry mouth	Drink lots of fluids Moistened food – milk, fresh curd, cream; suck on hard candy or chewing gum; ragi balls, frozen pieces of pineapple, dessert, sips of water; avoid mouth rinses containing alcohol

MDT - to **Swallow therapist** if there is coughing, sweating, prolonged time to eat, fatigue after feeds – subclinical aspiration

Family Counselling & Information

Handling concerns related to Hope, and its loss

- Hope is connected naturally to feeding. Acknowledge distress /the social emotional context of feeding- as feeding and sharing food is equated with the demonstration of love and hope
- Reduced requirement by the body,
- Lack of evidence of increased survival, tumour shrinkage
- Evidence for anabolic stimuli- graded physical activity
- Risks / burden of artificial nutrition
- TPN specific counselling – No improvement in overall survival
- Ensure self-care of family care-giver – elicit any guilt and handle it (of being able to eat)
- Behavioural hints – tailor the clothes to fit better; not to check the weight as a routine (avoid distress)

Dietary Counselling (in-house capacity is preferrable) • The pleasure of tasting food is emphasized over total caloric intake • Meal planning, presentation - small quantity, frequent feeds • Timing feeds with energetic times, resting before meals. • Encourage experimentation with composition, taste / consistency and frequency • Calorie intense feeds tailored to patient's habits and culture (acceptance/ economics) • Force-feeding as counterproductive, potentially leading to increased aspiration, nausea and/or vomiting. This can lead to avoidance, conflicts and increased patient distress • high-protein, high-calorie, Nutrient -dense foods - timing it for bed-time - https://www.uptodate.com/contents/managing-loss-of-appetite-and-weight-loss-with-cancer-the-basics?topicRef=2816&source=see_link

NGT Vs Gastrostomy – not recommended routinely to manage cachexia.

Technique for enteral feeds No significant differences in complication rates or patient assessment of QOL	**PEGastrostomy**	**NG Tube**
Advantages	better cosmesis, mobility and QOL	Earlier weaning Less expensive No difference in nutritional outcome
Disadvantages	• 10 times more costly • Significantly longer use, • More dysphagia & higher incidence of PEG-Tube dependence post treatment	• negative cosmetic effects • Erosion • Insecure positioning