

Supportive Care in Oncology in Eastern European Countries

MASCC/ISOO Annual Meeting
Vienna, 30th June 2018

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Author's disclosure



Angelini Pharma honorarium for lectures

Nothing else for disclosure

2018
28-30 JUNE
VIENNA

MASCC/ISOO
ANNUAL MEETING
SUPPORTIVE CARE IN CANCER



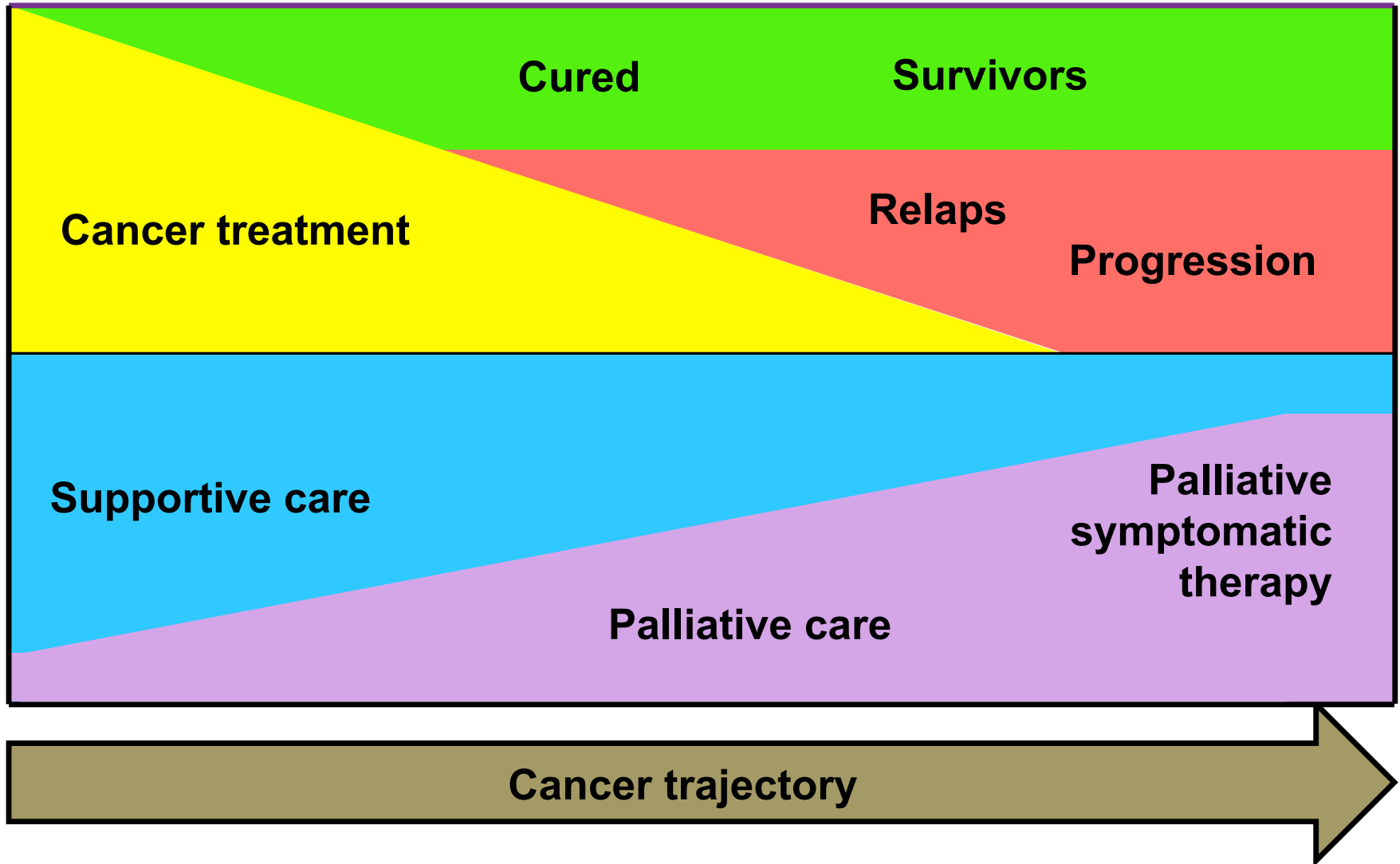
Implementation of supportive care (SC) into cancer treatment in EE countries

**Regional Education Meetings on Supportive Care
in Cancer Patients for Eastern European and Balkan
region, Belgrade 2016, 2017**



**Delegates from
Poland, Romania, Bulgaria, Slovakia, Czechia**

Supportive and palliative care in cancer



Increasing availability of palliative care in EE countries

National societies for palliative medicine
Palliativists 6-15 per 1 mil. inhabitants

**Inpatient
units**

**Outpatient
clinics**

**Palliative
home services**

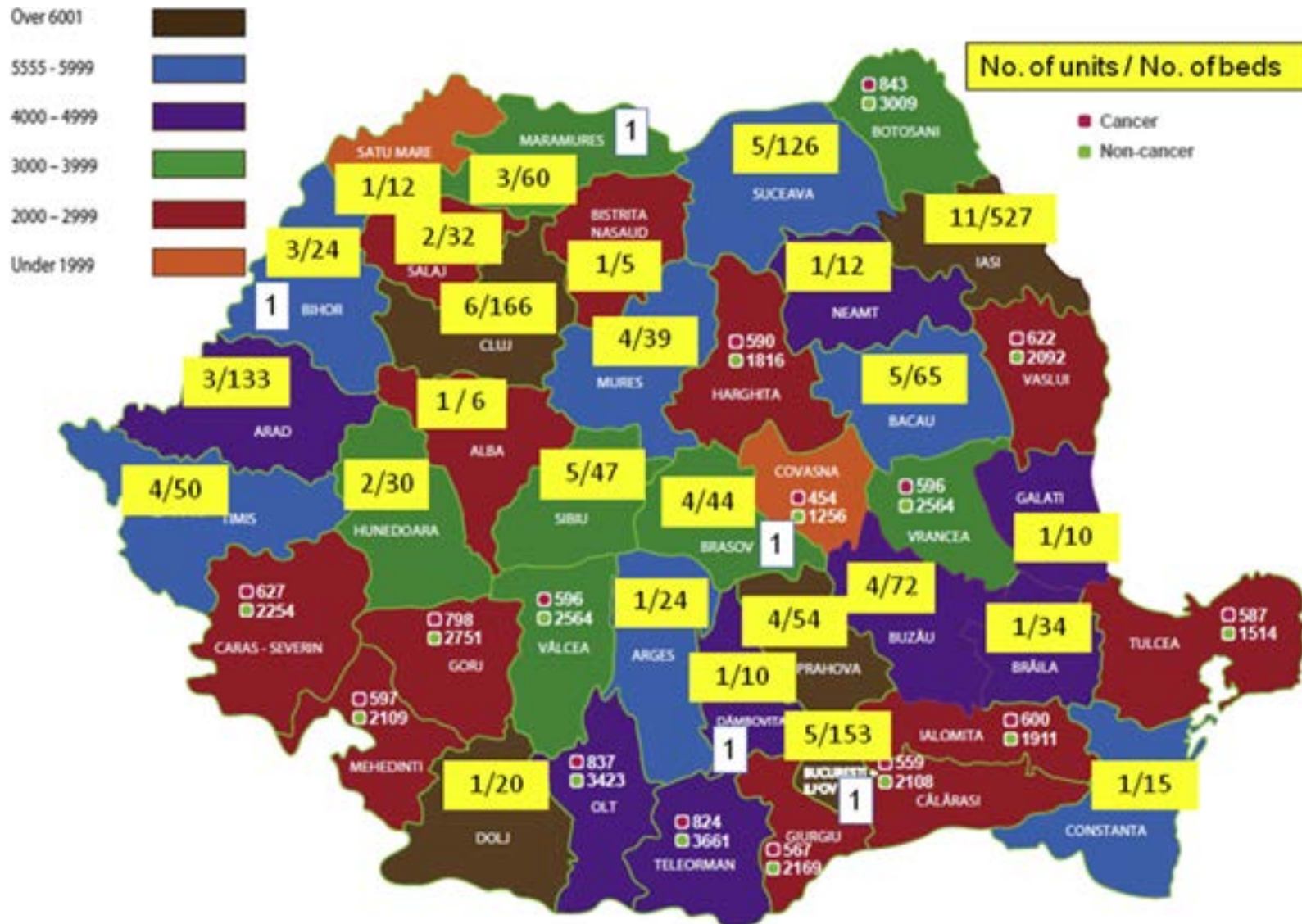
**Day
centers**

**Call
centers**

Textbooks for healthcare professionals
Booklets for patients and their families

Postgradual education

Distribution of palliative care inpatient units in Romania, population of 20 millions



Figures of specialists in Poland

population of 38 millions



| | Counts | Per 100,000 |
|------------------------|------------|-------------|
| Palliativists | 460 | 1.2 |
| Oncologists | 879 | 2.2 |
| Radiotherapists | 770 | 2.0 |

Centers of excellence



CENTRUM ONKOLOGII – INSTYTUT
IM. MARII SKŁODOWSKIEJ-CURIE



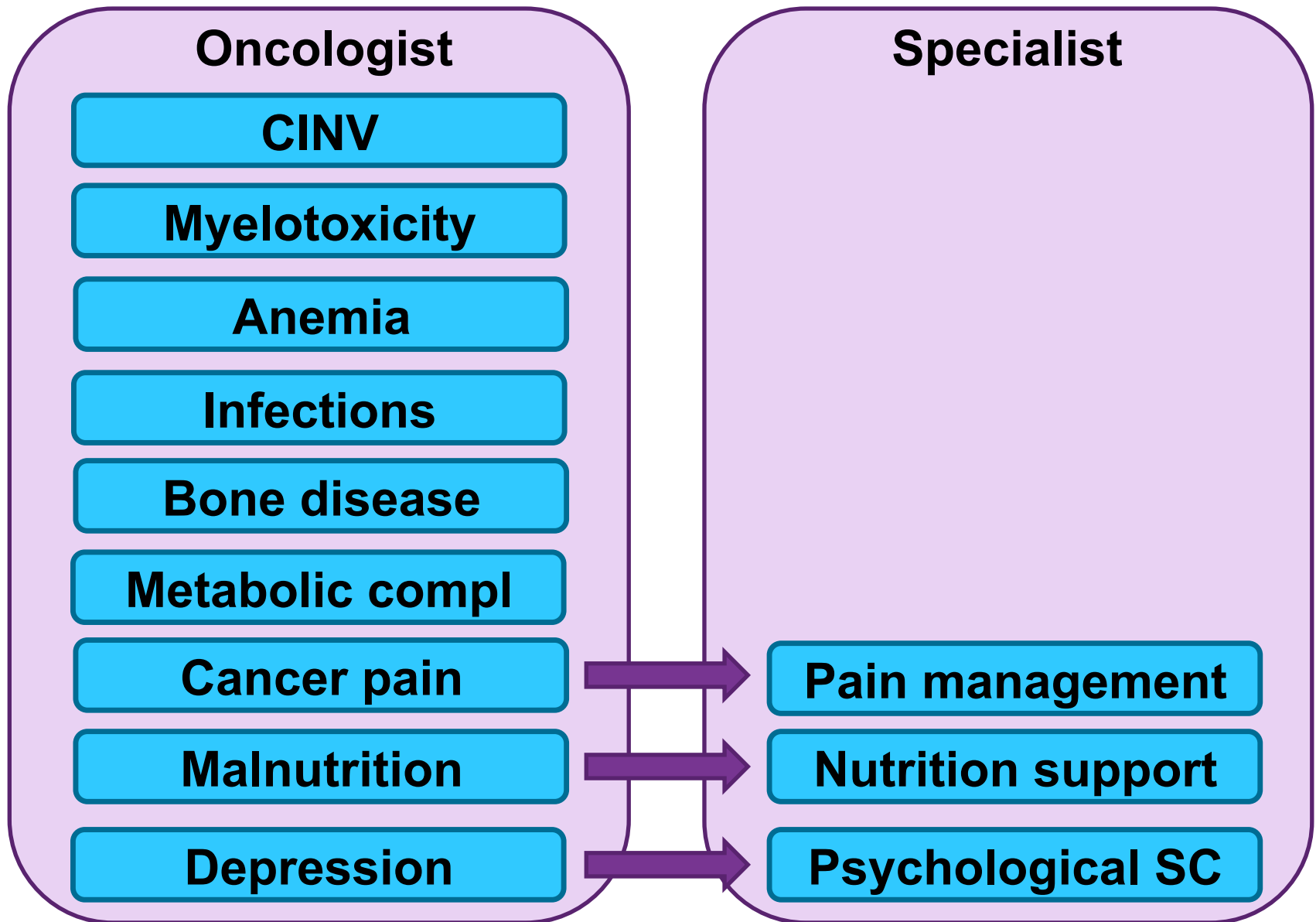
Organization of supportive care (SC) in EE countries



- **SC is integrated into cancer treatment**
- **No specific national organizations**
- **Oncologists are responsible for the effective SC, but often in a shortage of time**
- **Cancer treatment plays a dominant role**
- **Some symptoms and side effects of therapy can be tolerated or even overlooked**
- **Availability / accessibility to some drugs for SC has been improving**

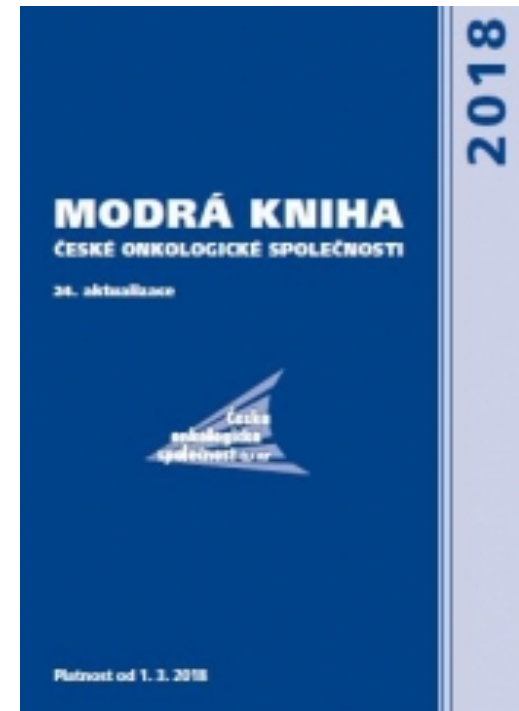
Supportive care in clinical practice

management of symptoms / side effects / complications




Importance of Guidelines for SC

- SC is influenced by the available international guidelines
- Translation into national recommendations
- Blue Book 2018
Czech Oncological Society
Anticancer therapy guidelines
Guidelines/Guidance for SC



Possible reasons for limited adherence to guidelines for CINV in EE countries



- **Underestimation of real incidence of CINV**
- **Relying on the effects of 5-HT₃ inhibitors**
- **Fear of side effects of dexamethasone**
- **Limited access to NK₁ inhibitors from the 1st cycle of CT (sometimes used only after failure)**
- **High costs of new antiemetics**
 - 2 categories of antiemetics in terms of cost
- **Some inconsistencies in guidelines**

Potential problems of guidelines in clinical practice



- **Patient-based risk factors**
 - well defined but not taken for decisions
- **MEC category (30-90%) is very broad**
 - not surprisingly were AC combination and carboplatin removed
- **Classification of single agents by emetogenicity is not consistently defined by doses**

Czech Oncological Society



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graph TD; A[Czech Oncological Society] --> B[16 Professional Sections]; A --> C[15 Complex Oncological Centers]; B --> D[Section for Supportive Care]; B --> E[National guidelines Blue Book 2018]; C --> F[2 Pediatric Oncological Centers]; C --> G[6 Hematooncological Centers];
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16

Professional Sections

**Section for
Supportive Care**

**National guidelines
Blue Book 2018**

15

**Complex Oncological
Centers**

2

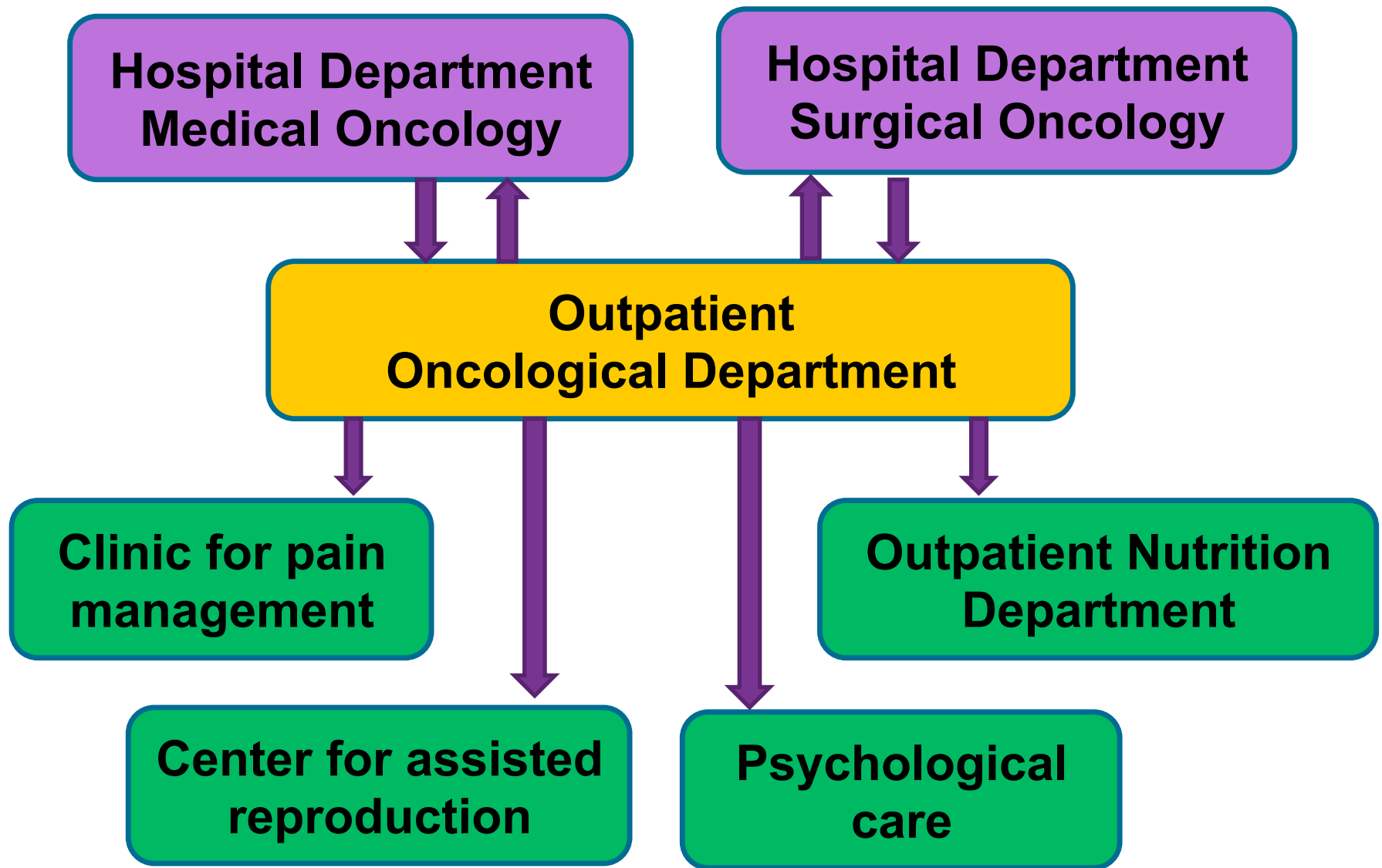
**Pediatric Oncological
Centers**

6

**Hematooncological
Centers**

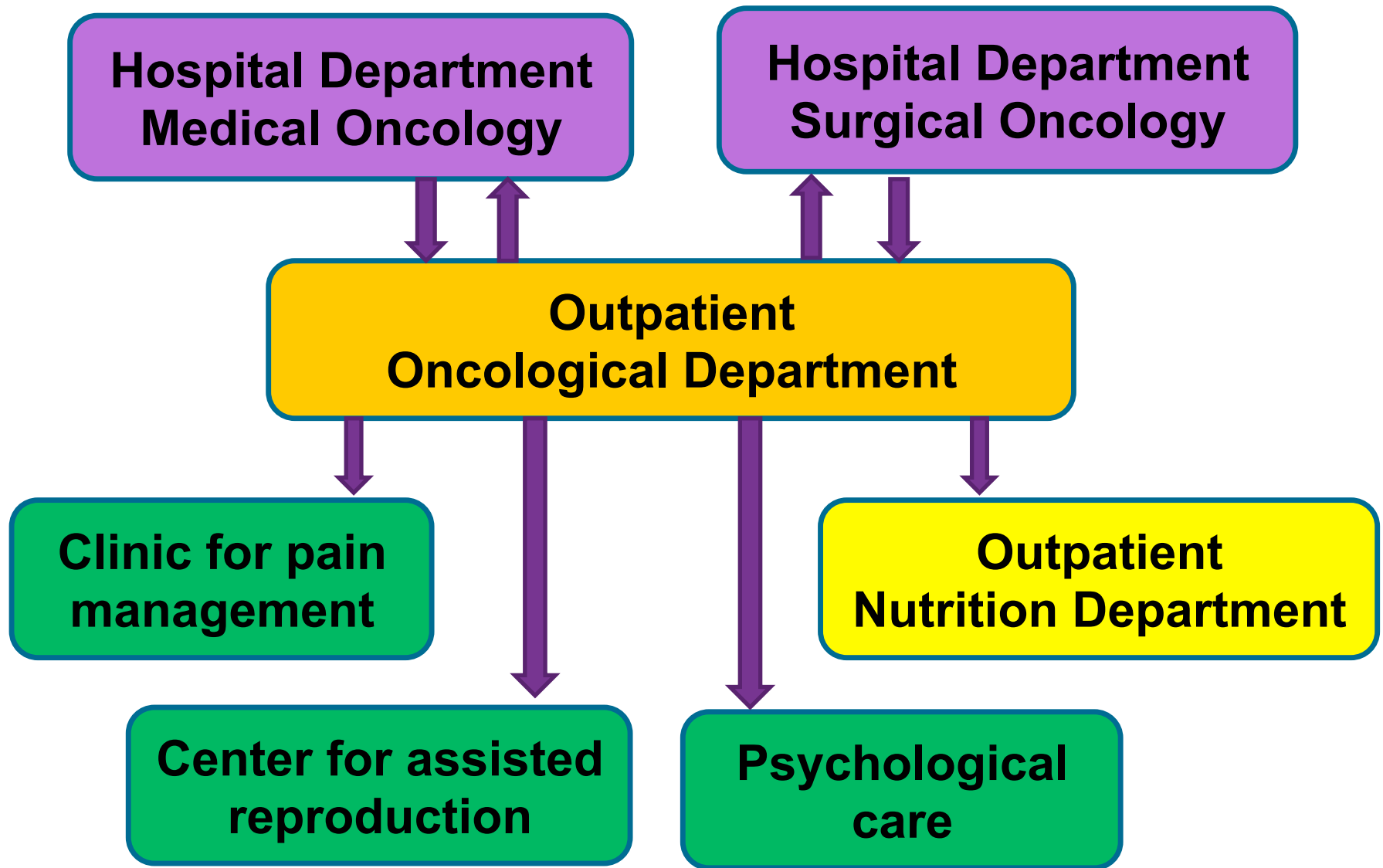
Complex Oncological Center

supportive care



Complex Oncological Center

supportive care



Median overall survival in months according to weight loss and BMI

n=8160

| | | BMI 28 | 25 | 22 | 20 | |
|-------------|-------|--------|------|------|------|-----|
| Weight loss | | 21,5 | 19,9 | 15,7 | 13,5 | 8,4 |
| | 2,5 % | 14,2 | 11,9 | 10,5 | 10,6 | 7,8 |
| | 6 % | 10,7 | 9,2 | 6,8 | 6,7 | 4,7 |
| | 11 % | 8,1 | 8,1 | 6,2 | 5,4 | 4,4 |
| | 15 % | 7,1 | 4,8 | 4,7 | 3,7 | 4,1 |

Martin L, et al. J Clin Oncol 2015; 33:90-99.

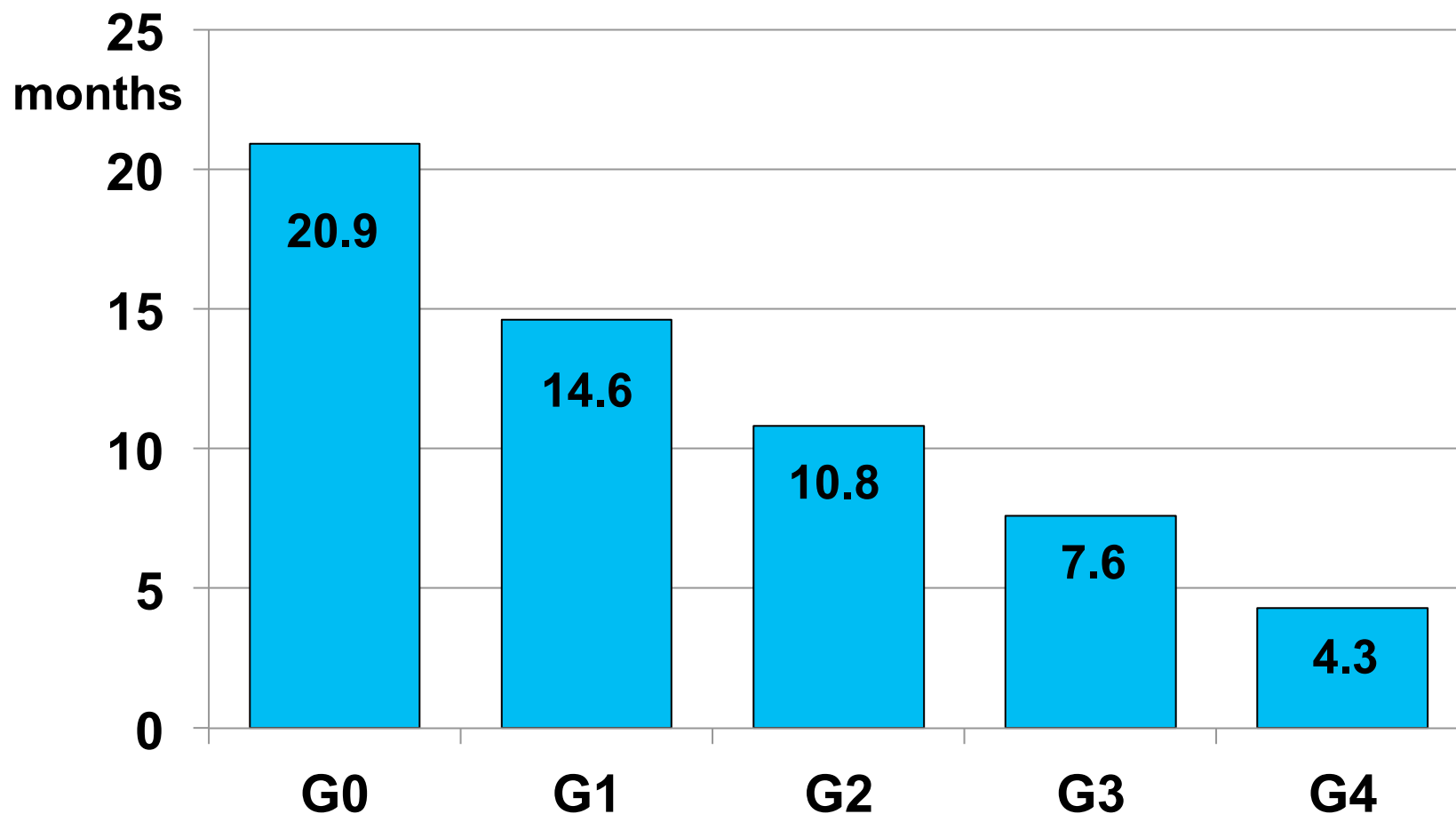
Grading of weight loss amended to BMI

2-dimensional score, **grade 0-4**

| BMI 28252220 | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|
| Weight loss 2,5 % 6 % 11 % 15 % | 0 | 0 | 1 | 1 | 3 | Weight loss 2,5 % 6 % 11 % 15 % | | | |
| | 1 | 2 | 2 | 2 | 3 | | | | |
| | 2 | 3 | 3 | 3 | 4 | | | | |
| | 3 | 3 | 3 | 4 | 4 | | | | |
| | 3 | 4 | 4 | 4 | 4 | | | | |
| BMI 28252220 | | | | | | | | | |

Median OS for grading of weight loss

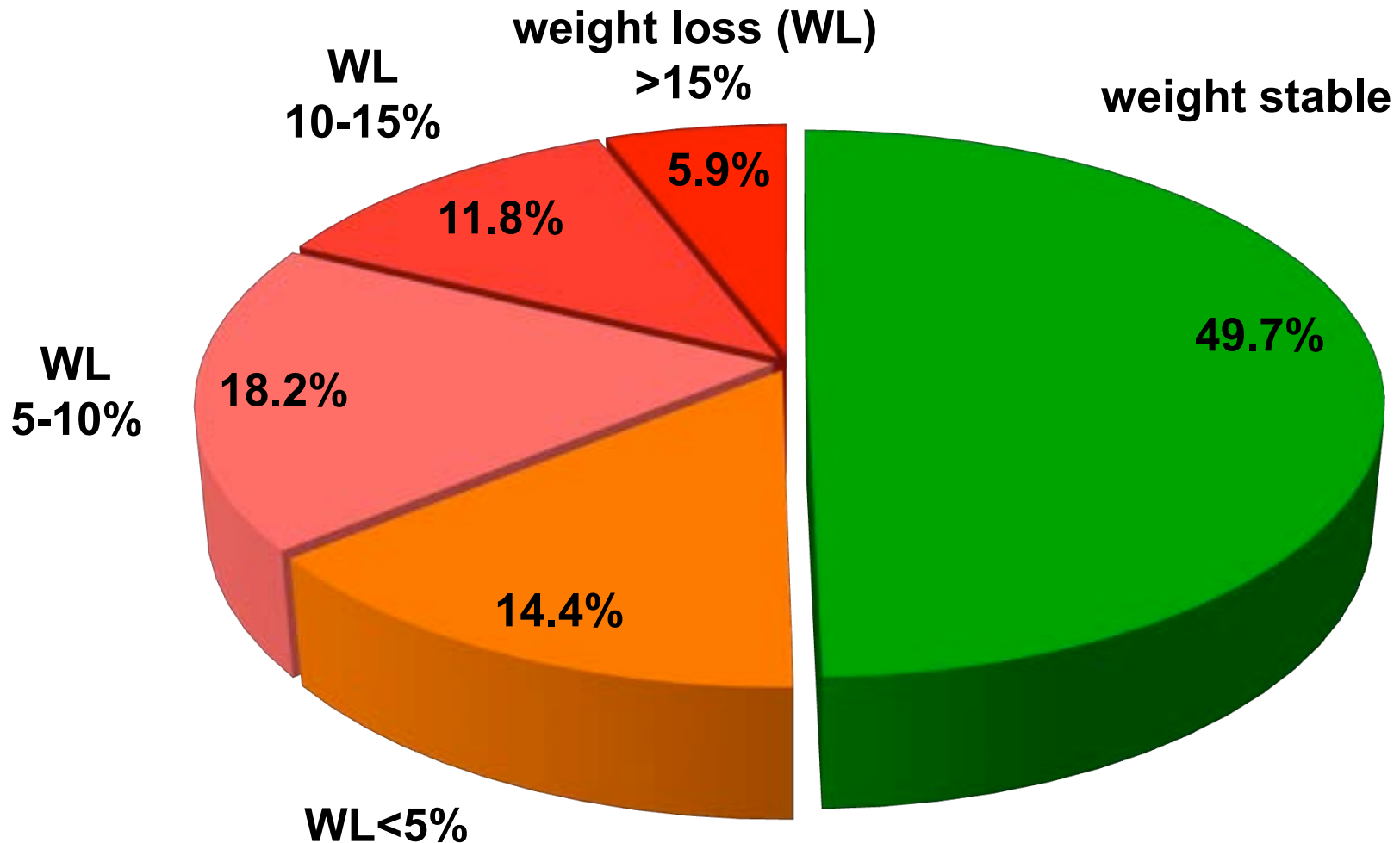
n=8160



Martin L, et al. J Clin Oncol 2015; 33:90-99.

Weight loss at the time of diagnosis

high grade nonHodgkin's lymphoma, n=206

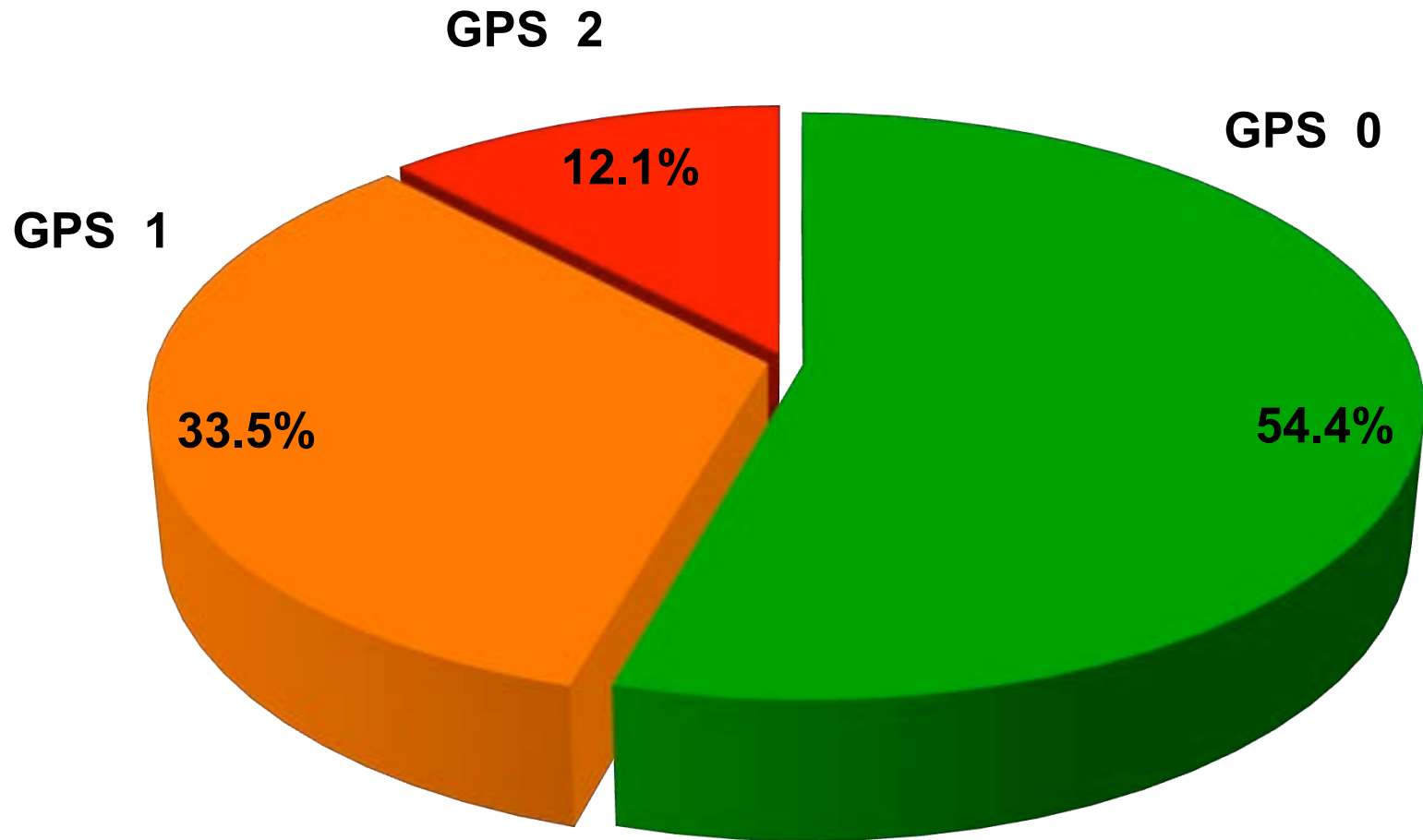


Glasgow Prognostic Score (0-2 points)

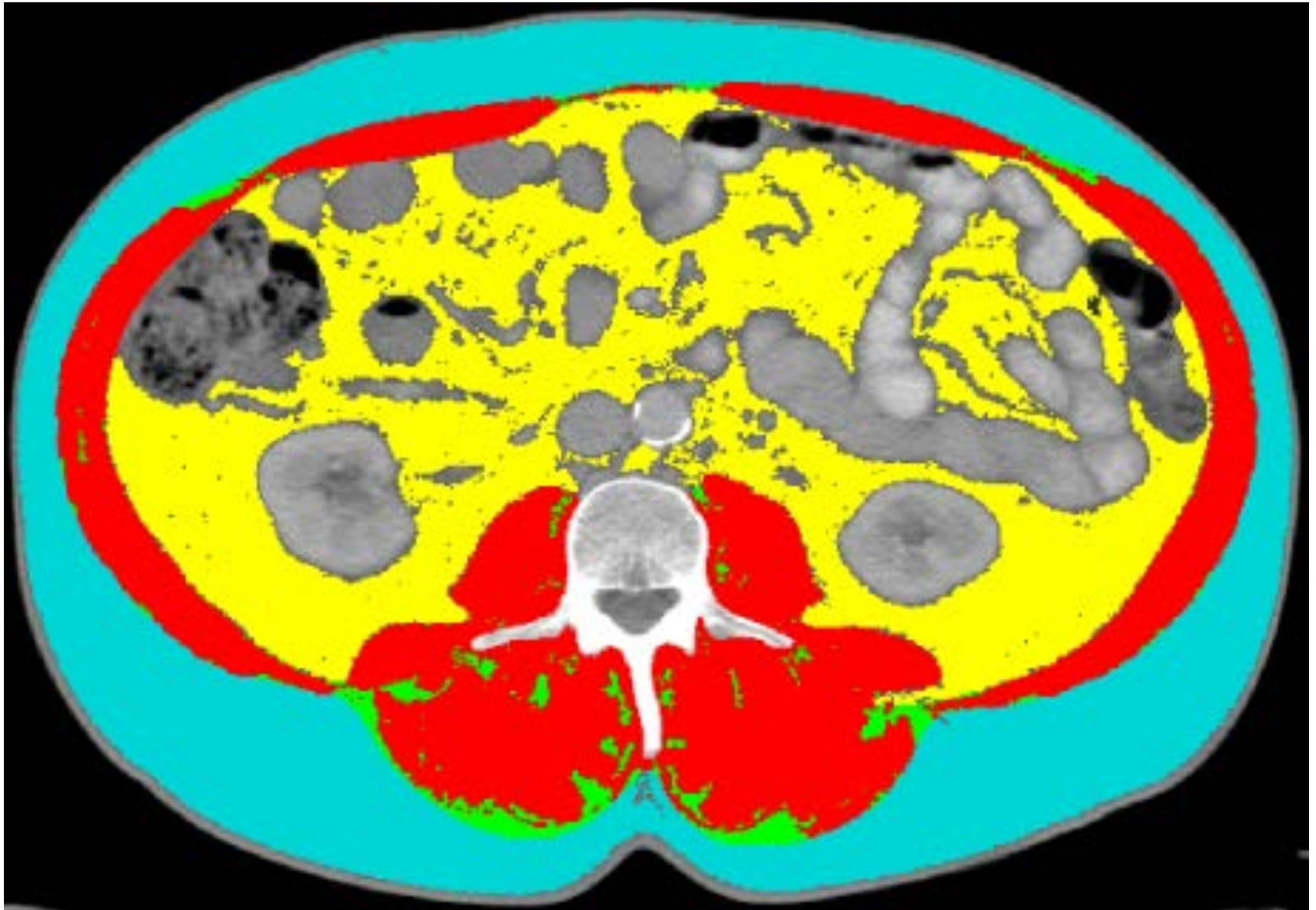
albumin < 35 g/L, CRP > 10 mg/L

reflects systemic inflammation due to cancer (cancer cachexia)

strong independent prognostic factor

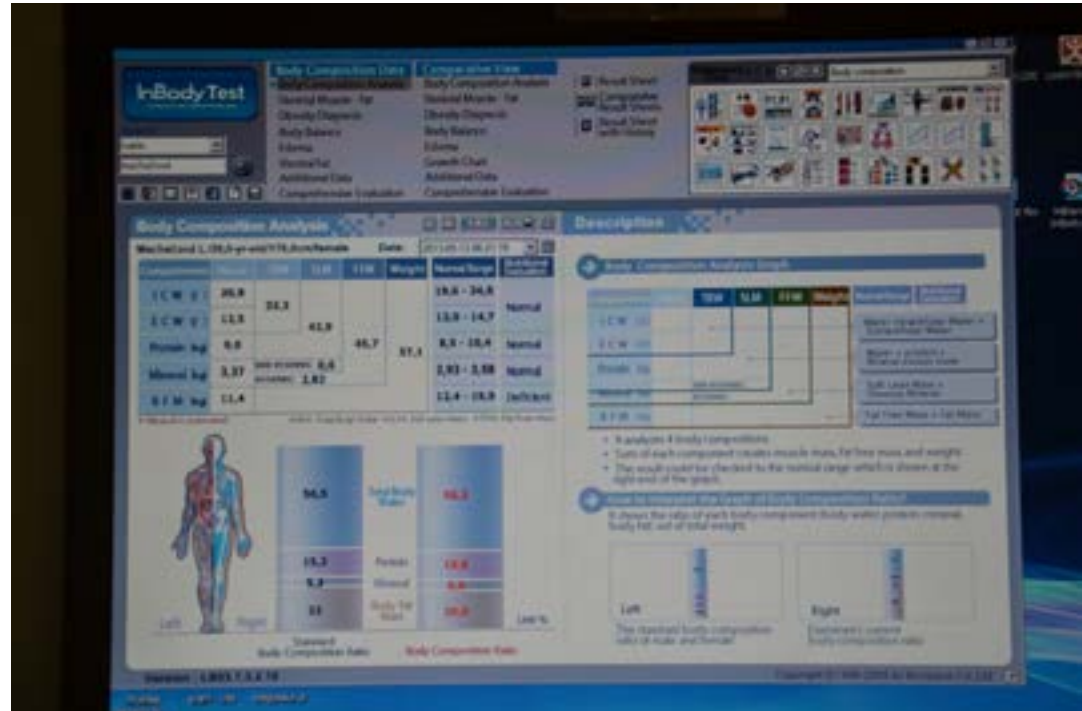


Evaluation of muscle mass from CT scans at the level of L3.



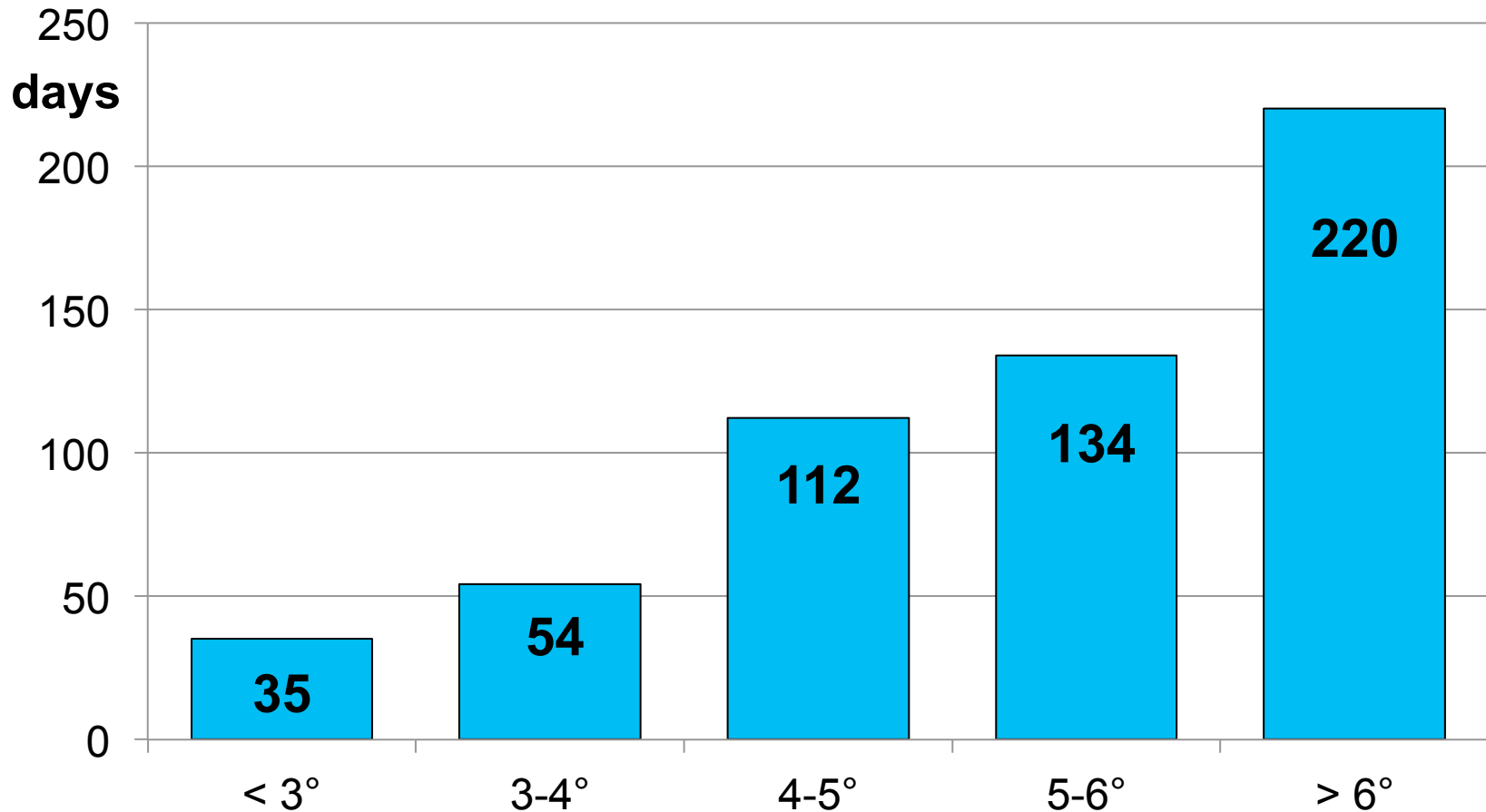
Bioelectrical impedance analysis

InBody 230



Median survival of advanced cancer patients according to BIA Phase Angle, n=222

PA reflects body cell mass and nutrition status



Hui D, et al. Cancer 2014; 120:2207-14.

Measuring of mHGS

Maximal Handgrip Strength

Motivation for patients
to physical activity

Correlates with mortality
in cancer patients



Regular exercise

can improve symptoms

fatigue, depression

insomnia

It can reduce

inflammation

side-effects of chemotherapy

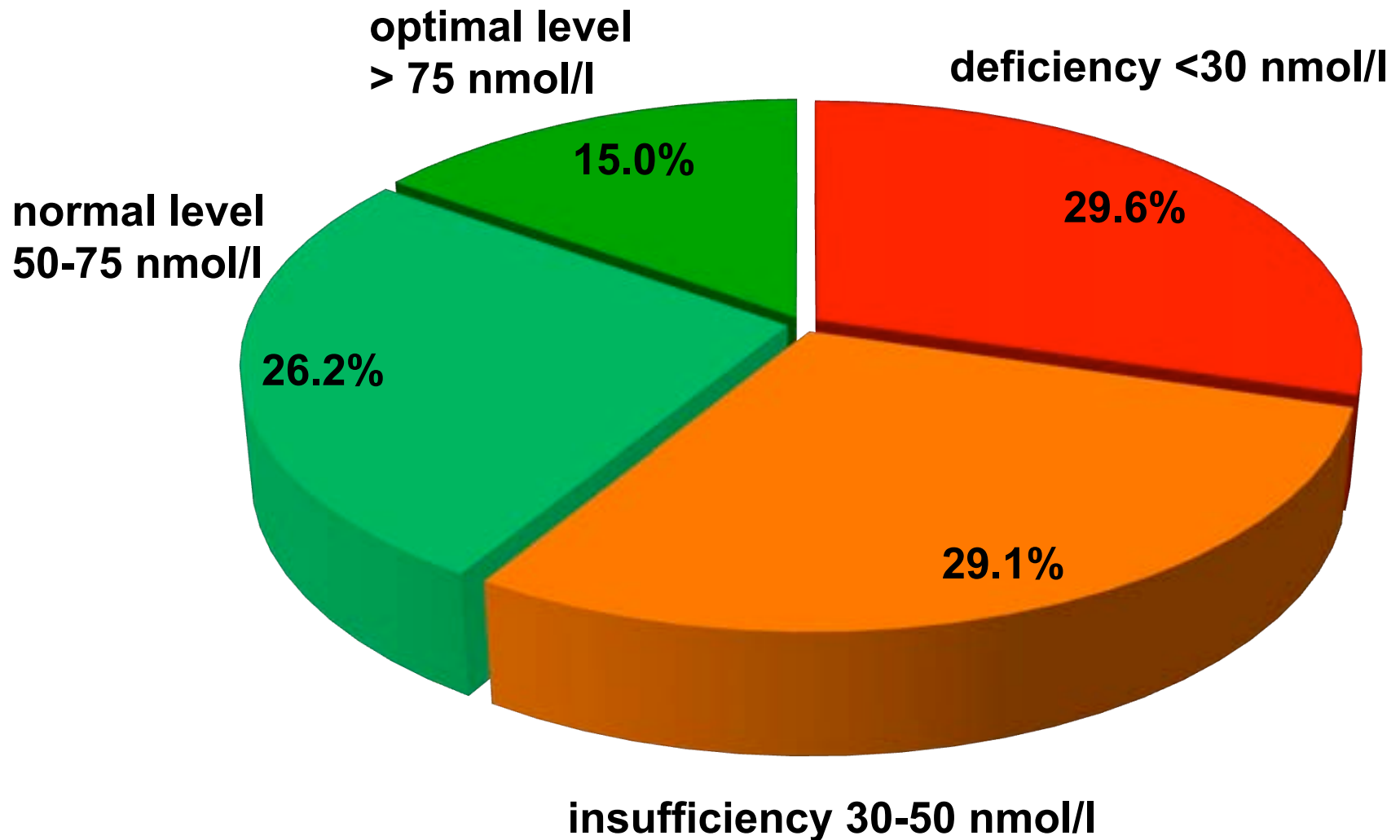
cancer recurrence



Vitamin D

Baseline serum 25-OHD levels, NHL n=206

normal range 50-200 nmol/l

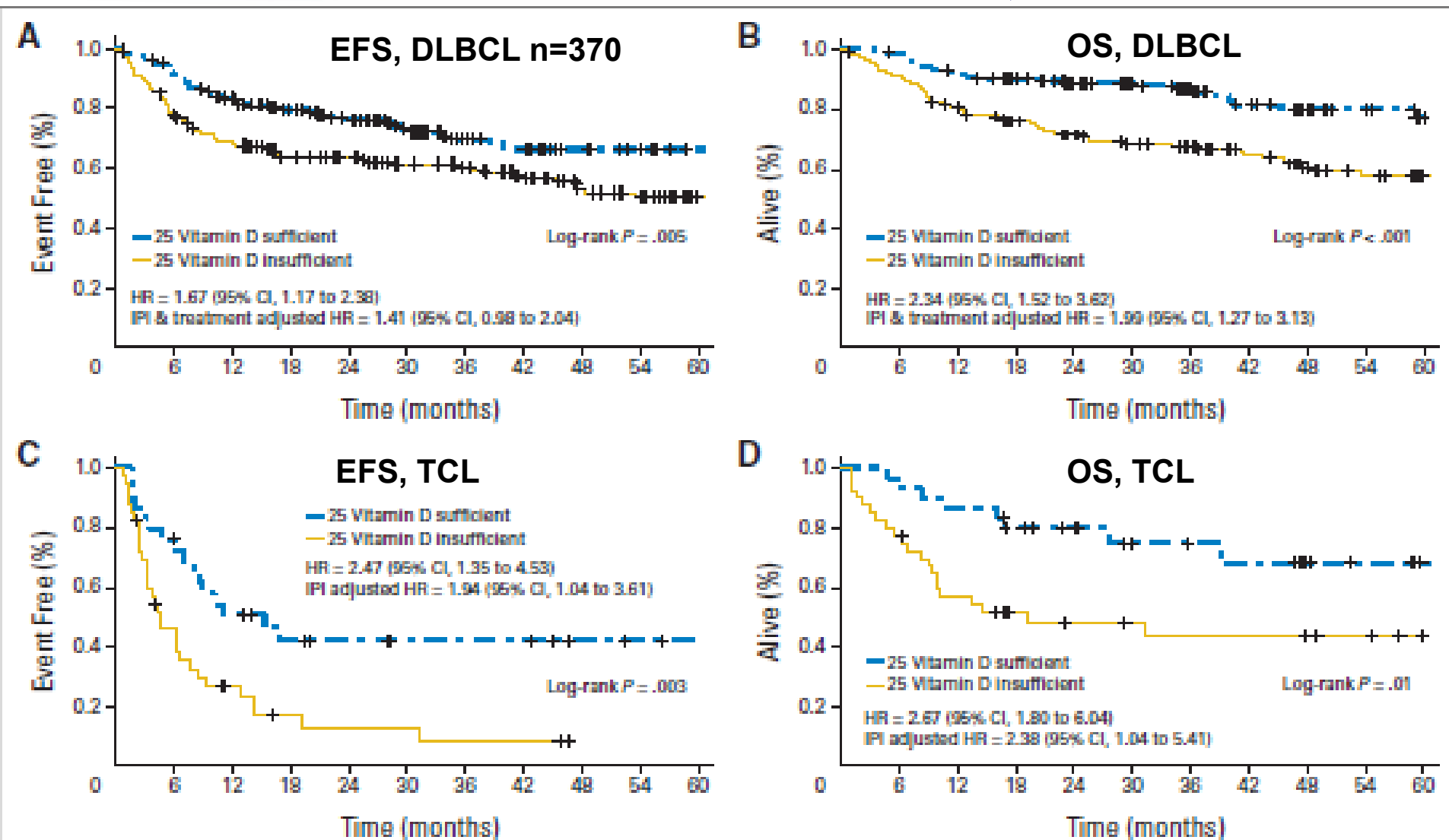


Survival of nonHodgkin's lymphoma patients

according to baseline serum vitamin D level

MD Anderson Cancer Center, Houston

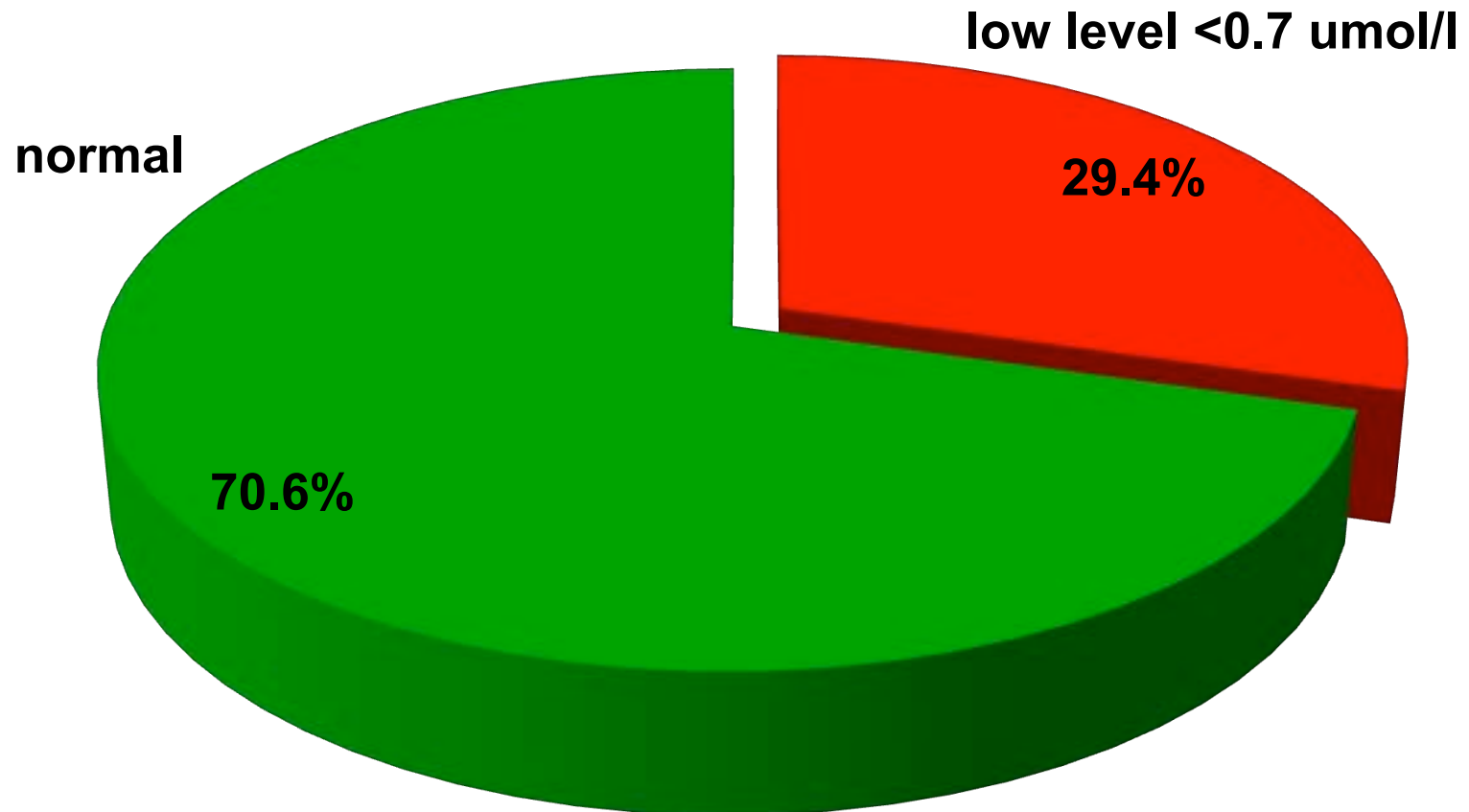
Drake MT et al., JCO 2010



Baseline serum selenium levels

normal range 0.7-1.2 $\mu\text{mol/l}$, n=197

optimal level for GPx activity 1.0-1.5 $\mu\text{mol/l}$



Multimodal treatment of cancer cachexia to keep muscle mass and function

Nutritional risk screening after diagnosis

**Effective treatment
of cancer**

**Symptom
control**

Pharmacology
antiinflammatory
anabolic therapy

**Treatment
of cancer
cachexia**

Nutritional therapy
specific composition

Supplementation
of nutritional deficiencies

Exercise

Monitoring of nutritional and functional status

Home enteral nutrition

combined with physical activity



Nutrition support in cancer patients is underestimated by some oncologists in EE countries



Nutritional management of cancer patient



- **Proactive access: nutritional risk screening**
- **Early detection of inflammation and cachexia**
 - mGPS, insulin resistance, proteocatabolism
- **Early detection of nutritional deficiencies**
 - vitamin D, Zn, Se
- **Evaluation of muscle mass and function**
 - routine CT scans at L3
- **Active early nutrition support when indicated**
 - paralel to cancer therapy

ESPEN guidelines on nutrition in cancer patients 2016

Clinical Nutrition 36 (2017) 11–48



Contents lists available at ScienceDirect

Clinical Nutrition

journal homepage: <http://www.elsevier.com/locate/clnu>



ESPEN Guideline

ESPEN guidelines on nutrition in cancer patients[☆]



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Conclusions

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**SC is not specifically organized in EE countries
in contrast to palliative care**

**SC is probably not fully accepted as important
for final outcome by some (busy) oncologists**

As an example,

proactive nutritional support in the setting
of specialized Outpatient Nutrition Department
**can potentially influence outcome of cancer
treatment and should become a part of SC**
including a part of MASCC agenda



Thank you for your attention

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