

Nutritional Status during the treatment and capacity of treatment for the elderly and patients with co-morbidities.

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I completed my studies first in the field of internal medicine and subsequently in Medical Oncology and Haematology at Tehran University of Medical Sciences, Haematology Oncology and BMT Research Centre in Iran. I became an ESMO Junior member at 2006 and applied for an ESMO Grant on supportive and palliative care through ESMO designated centre for simultaneous supportive and palliative care in Medical Oncology Department, San Salvatore Hospital, L'Aquila University of Medicine, Italy.

I spent 3 months in this centre to learn more about supportive and palliative care in cancer patients, the way to evaluate the nutritional status before, during and after treatment, to distinguish friable patients and to evaluate the capacity of treatment for the elderly patients and patients with co morbidities.

I was also involved in the management of symptoms related to cancer not only in terminal patients but also during treatment namely pain, nausea, vomiting, anaemia, nutritional problems, changes in bowel habits caused by cancer treatment, malignant bowel obstruction, agitation, anorexia, anxiety and depression.

This valuable experience changed my view about cancer treatment and supportive care. Supportive care is the cornerstone for successful treatment of patients because it can resolve most of debilitating symptoms like pain and significantly reduces the majority of them, at the same time, it gives you the possibility for the best treatment while maintaining quality of life. Besides, it is not a time consuming and difficult evaluation, just a few minutes and then, the significant changes in the treatment process and the quality of life of the patients during the therapy as well as the advanced stages of the disease.

To summarize, these steps are followed subsequently in every patient seeking medical advice in Medical Oncology department:

- 1- Signs and symptoms found in primary visit as well as the diagnosis and the age of the patient with evaluation of ESAS, NEQ.
- 2- Co-morbidities and other important medical considerations in patients' medical history with evaluation of IADL, CIRS and Geriatric symptoms.
- 3- Blood analyses and biochemical values for renal and liver function, electrolytes as well as nutritional indices and PINI score for nutritional intervention.
- 4- Problem oriented approach for symptom management regarding the established protocols of the department that were prepared based on the latest articles and revised on an annual basis as well as treatment plan based on the discussion with medical staff and the director of the department respecting the primary evaluations mentioned above.
For example for pain therapy, it is mandatory first to categorize the pain whether it is neuropathic, visceral or somatic pain and then to evaluate the quantity of pain at least 3 to 4 times a day for a better evaluation about the frequency of breakthrough pain and to justify the proper dose of opioid drugs, as well as to augment Non Steroidal Anti Inflammatory drugs for short term pain control and to reduce the probability of side effects. It would also be of significant importance to estimate the severity of pain and decide about rapid or slow titration of opioids for pain relief.
- 5- Inpatient as well as outpatient treatment with chemotherapeutic agents with special attention to accompanying symptoms needed supportive and palliative approach.
- 6- Presence of Physical therapist as well as psychiatrist consultants 4 times a week with regular physical therapy for patients who need rehabilitation.
- 7- Regular follow up with clinical and Para clinical evaluation of the patients and specialist consultations available 24 hour a day in case of emergencies.
- 8- Home care service with specialist home visits and nursing care for those patients who need supportive care regarding advanced disease as well as symptom management for those patients under treatment with chemotherapy protocols.
- 9- Specific protocols for sedation of patients with advanced disease at the end of life with terminal agitation and meeting with the family members for preparation of the family members of the dying patient for admitted patients as well as patients who stay at home (based on the request of the family members).

10- Motivation as well as resources for research in field of supportive and palliative care as well as therapeutic approaches for cancer patients

Moreover, it provided me a wonderful chance to take part in the ongoing research program at SCTF in L'Aquila. With Dr. Porzio and his colleagues, we discussed the significance of supportive and palliative care on daily oncology practice and we reviewed the data about the EAS as a quantitative score for pain evaluation in cancer patients, first represented by Dr. Mercadante et. Al. on Journal of Supportive care in Cancer.

I wish to thank ESMO Palliative Care Working Group for their support and the chance that was given to me.

I appreciate the valuable practice of Dr. Giampiero Porzio and his colleagues Dr. Aielli, Dr. Verna on Supportive Care Task Force at Medical Oncology Department at L'Aquila University of Medicine because they stay with the cancer patients during the whole process of the disease and support them not only during the treatment process, but also in more advanced and terminal phases. This aspect of the supportive and palliative care is compatible with the culture and the life style of the people in Italy and I believe, like the people in my country, Iran, it would be both disappointing and unacceptable for the patient as well as the family to leave the patients in advanced stages of the disease. On the contrary, these patients are always managed by a team to receive treatment, support and palliation in all steps of the disease process.

I also wish to thank Professor Ficarella, the director of Medical Oncology Department at L'Aquila University of Medicine, as well as his colleagues and the medical oncology residents in Medical Oncology Unit at San Salvatore Hospital for their hospitality during my residence in their unit.