

TREATING CACHEXIA-ANOREXIA IN LUNG CANCER PATIENTS: WHAT DO PATIENTS WANT?

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ABSTRACT

Cachexia-anorexia (CA) is a weight-loss/appetite loss syndrome that commonly affects cancer patients. It is characterized by progressive sarcopenia (loss of muscle mass) accompanied by weight and appetite loss. Cachexia-anorexia is common in lung cancer patients, especially in patients with advanced-stage disease. These physiological changes lead to decreased ability to perform daily activities and a reduction in the QoL of the patient. CA also impairs the efficacy of chemotherapy and other types of treatment. Typically, oncologists focus on palliation of the symptoms of cachexia-anorexia and the reduction of distress of patients and families rather than on cure. Standard methods of treatment, such as increase in nutritional uptake, do not reverse loss of appetite and weight loss. Recently, newer treatment approaches that target the ghrelin axis have been shown to be successful in clinical trials. However, the willingness of lung cancer patients to adopt such treatment strategies is unclear.

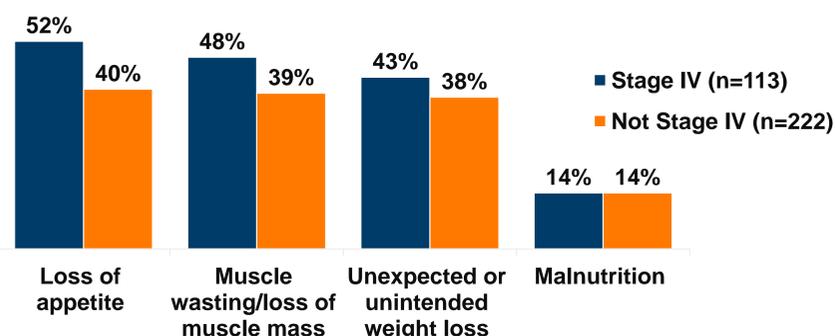
RESEARCH QUESTIONS

We surveyed **335 lung cancer patients** through an online questionnaire. Major research questions included:

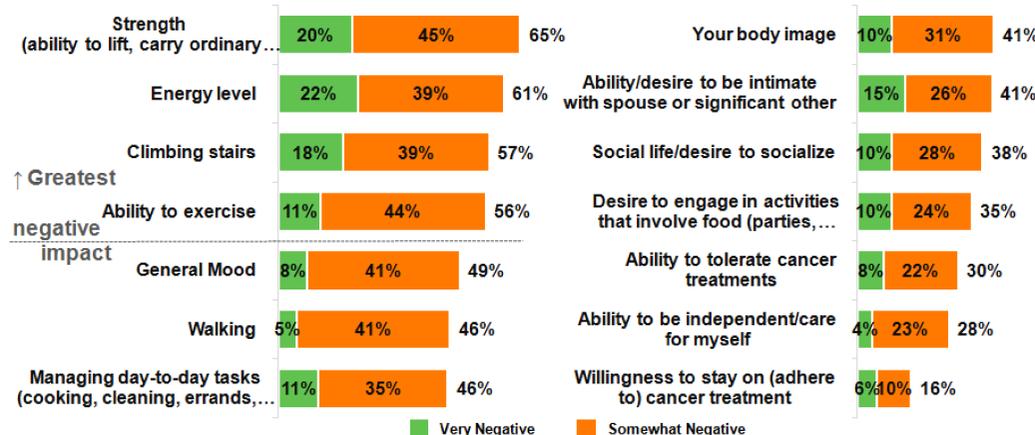
1. What is the burden of cachexia in lung cancer patients?
2. What are some of the major issues associated with weight and appetite loss?
3. What are some of the QoL issues associated with weight and appetite loss? (inability to work, inability to climb stairs, inability to function independently)
4. What are some of the social issues associated with weight and appetite loss? (body image, stigma of attending social occasions)
5. How are patients managing their symptoms? What types of treatment options for weight and appetite loss would patients consider?

MAJOR FINDINGS

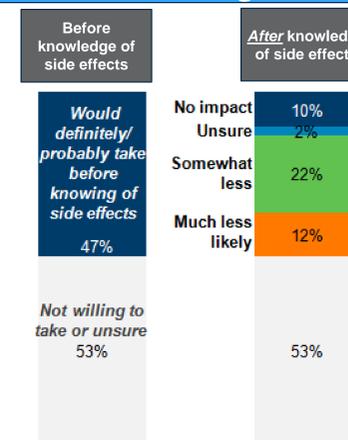
Symptoms of CA are prevalent in all stages of lung cancer



Group A patients (who experienced weight/appetite loss) have experienced a significant decline in their QoL



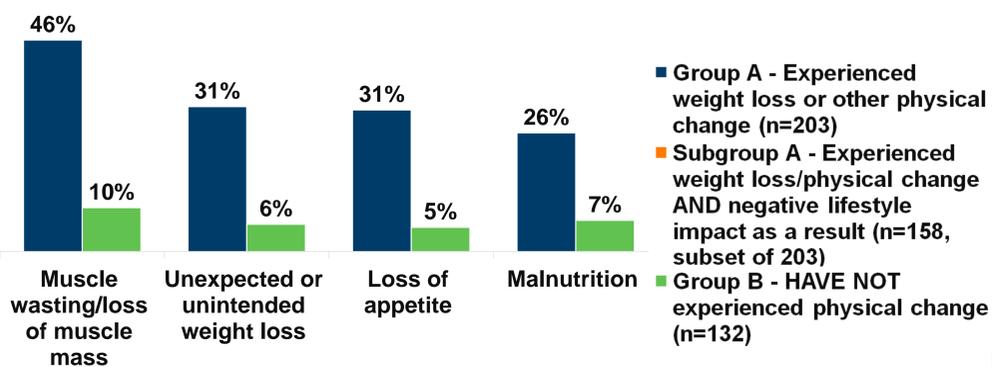
Patients' willingness to try new treatment is based on understanding both the benefits and risks of the treatments



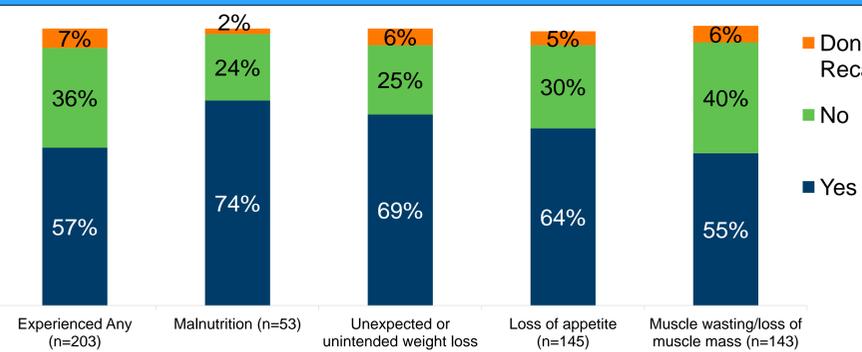
Prefer to not take too many medications
"I take too many pills as it is. I just don't want to take any more pills."

Concerns about side effects
*"I would seek out and first try a more natural/holistic way... if that didn't work, then I might consider the medication."
 "Due to having allergic reaction to some medication, [I am] very careful ... taking prescription & over-the-counter medication.."*

Patients who have already experienced unintended weight loss or other physical changes are significantly more concerned about these kinds of changes than those who have not.

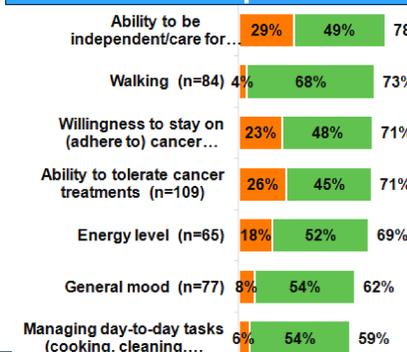


For the most part, patients feel their symptoms are being managed



Most common treatments include use of dietary supplementary, or increase in the amount of food.

When deciding treatment, patients value their autonomy and independence in carrying out daily activities



*"I would worry about QoL, the possibility of being in pain and when to discontinue treatment."
 "Maintaining cognitive abilities and intelligence. Be at peace with my state ... condition."
 "Travel to visit grandchildren."
 "... Walking and exercise without running out of air."
 "Going back to work."
 "Meals would be much easier... loss of appetite causes a huge challenge for me. I have to eat, but nothing sounds good. A lot of time and stress go into this."*

1. Six-in ten lung cancer patients report experiencing one or more of the physical changes associated with CA. Patients undergoing lung cancer treatment, and Stage IV patients are more likely to experience CA.
 2. CA is most likely to lead to a decline in patients' strength, energy level, and ability to engage in physical activities. Among patients who have experienced a decrease in QoL, patients value maintaining their energy level and their ability to remain independent
 3. Choice of taking an oral formulation is dependent on knowledge of benefits and risks of the treatment. This suggests that a well-informed patient is more effectively engaged in their treatment decisions.
- In summary, CA is common in lung cancer patients and results in a decrease in the QoL. Lack of approved effective treatment for these symptoms is an unmet need for the majority of advanced lung cancer patients. Funding provided by Helsinn