Application of Palliative Medicine in Head Neck cancers

Sushmita Ghoshal

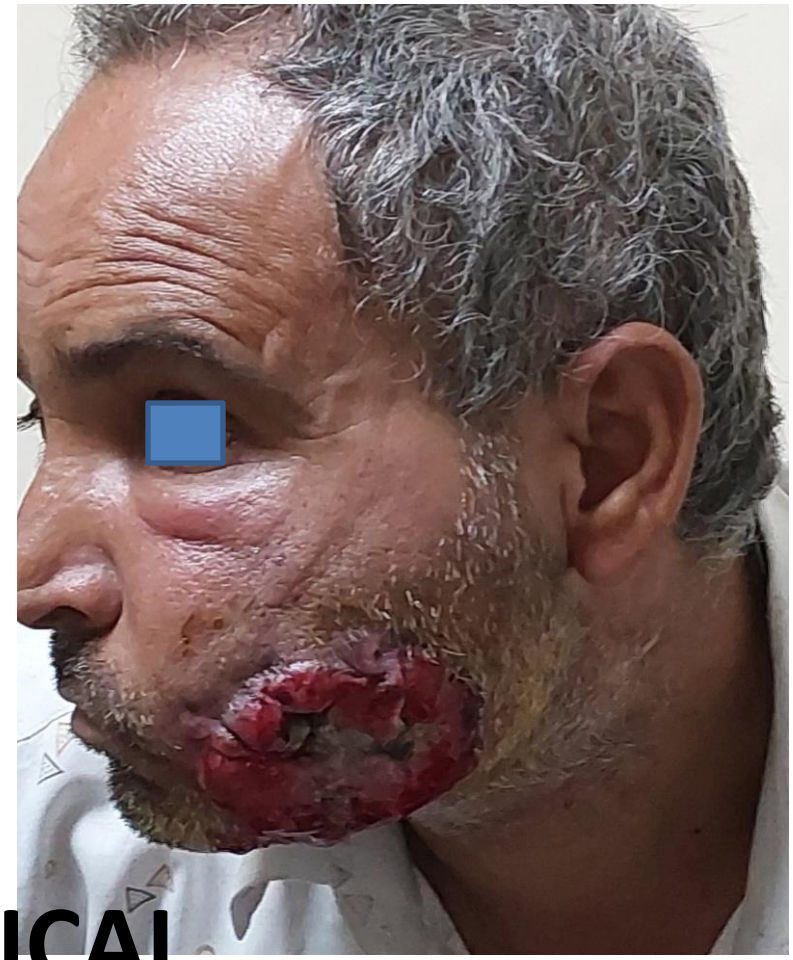
Prof.& Head, Radiotherapy

PGIMER< Chandigarh

Approach to symptom management

PHYSICAL

SOCIAL



PSYCHOLOGICAL

SPIRITUAL

Physical symptoms

Disease related

Treatment related

Debility related

Unrelated

SYMPTOMS ARE INTER-RELATED!

- **Correlation of symptoms**

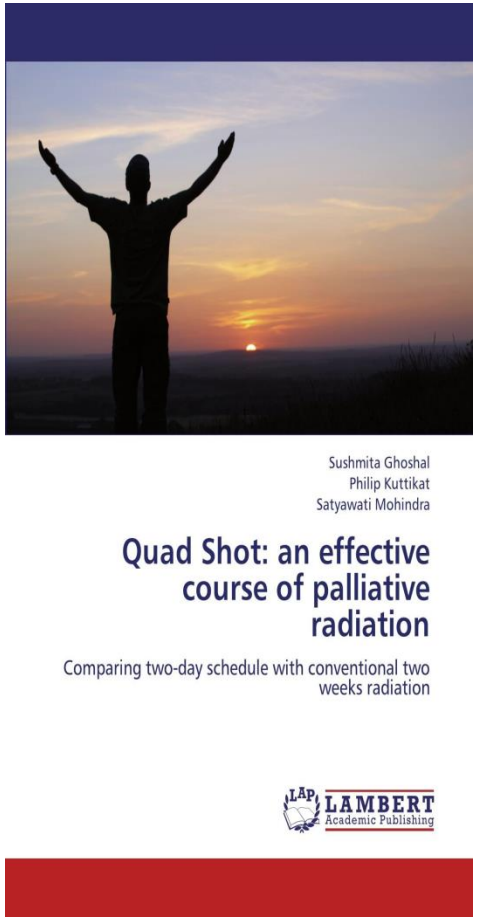
Disease related symptoms

- Pain
- Difficulty in
  - Chewing
  - Swallowing
  - Breathing
- Bleeding
- Fungation

EXPERIENCE AT PGI, CHANDIGARH

- Split course radiation, 35Gy/15# -→25Gy/10# for responders (**audit data 45% CR, median PFS 12m, OS 16m**)
- Shorter regime 30Gy/ 10# →supplement for responders (objective)
- When evaluated after 4 weeks of radiation
  - **>50% symptom relief for pain, dysphagia, dyspnea, cough, disturbed sleep**
  - **No grade 3 mucositis**
  - **Relief lasted for about 3 months**
  - **Patients who came for follow up had progression of disease at a median time of 6 months**

Quad shot



- Initial experience 67% RR
- Randomised trial comparing with conventional 30Gy/ 10#
  - Comparable symptom relief, response rate and overall QOL
  - Conventional RT – 24% grade 3 mucositis and 36% grade 2 dermatitis. **NONE in Quad Shot!**
  - PFS and overall survival better in conventional (difference of **one** month)

PALLIATIVE RT – Review Article

Talapatra et al 2006

Author [ref]	No. of pts (n)	Dose/fx (cGy)	No. of fx	Fx/day	Total dose (Gy)	Overall treatment time	Outcome /comment
Erkal[19]	40	300 cGy	10	OD	30 Gy	2 weeks	One yr response 77%
		1000 cGy	2	OD	20 Gy	1 week	One yr response 48%
Lusinchi[20]	54	200 cGy	15	OD	30 Gy	3 weeks	33% discontinued RT
Wendt[22]	34	180 cGy	39	BID	70.2 Gy	51 days (3 cycles every 3-4 wks)	Palliation similar to historic controls
Paris[24]	37	370 cGy	12	BID	44 Gy	9 weeks (3 cycles every 3-wks)	Majority achieved good palliation
Minatel[25]	58	250 cGy	20	OD	50 Gy	6 weeks (2 weeks break after 25 Gy	Symptom relief in 81%
Ghoshal[26]	25	300 cGy	10	OD	30 Gy	2 weeks	Significant symptom relief
Mohanti[27]	505	400 cGy	5	OD	20 Gy	1 week	Symptom relief >50%
Corrya[28]	30	350 cGy	4	BD	42 Gy	2 consecutive days (3 cycles every 4wks)	Objective response in 53% with improved QOL
Weissberg[29]	64	400 cGy	10-12	OD	40-48 Gy	2-2.5 weeks	Comparable symptomatic benefit in both arms
		200 cGy	30-35	OD	60-70 Gy	6-7 weeks	

Fx=fraction; OD=once daily; BD=twice daily; ref=reference, pts=patients, QOL=quality of life

Salient points

- Various hypofractionated doses used
- High efficacy, low side-effects
- Side-effects increase with higher dose
- Median survival around 6 months
- Treatment duration preferably short
- Duration of side effects and QoL should be part of well designed trials in future

Radiotherapy and Oncology 126 (2018) 558–567

Contents lists available at ScienceDirect

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com

Systematic review

Palliative radiotherapy for locally advanced non-metastatic head and neck cancer: A systematic review

Muhammad Shahid Iqbal [a,*], Charles Kelly [a], Josef Kovarik [a], Bojidar Goranov [b], Ghazia Shaikh [a], David Morgan [c], Werner Dobrowsky [a], Vinidh Paleri [d]

[a] Department of Clinical Oncology, Northern Centre for Cancer Care, The Newcastle upon Tyne Hospitals NHS Foundation Trust; [b] Department of Clinical Oncology, Derriford Hospital, Plymouth; [c] Department of Physics, Northern Centre for Cancer Care, The Newcastle upon Tyne Hospitals NHS Foundation Trust; and [d] The Royal Marsden NHS Foundation Trust, London, United Kingdom

Other cancer directed care

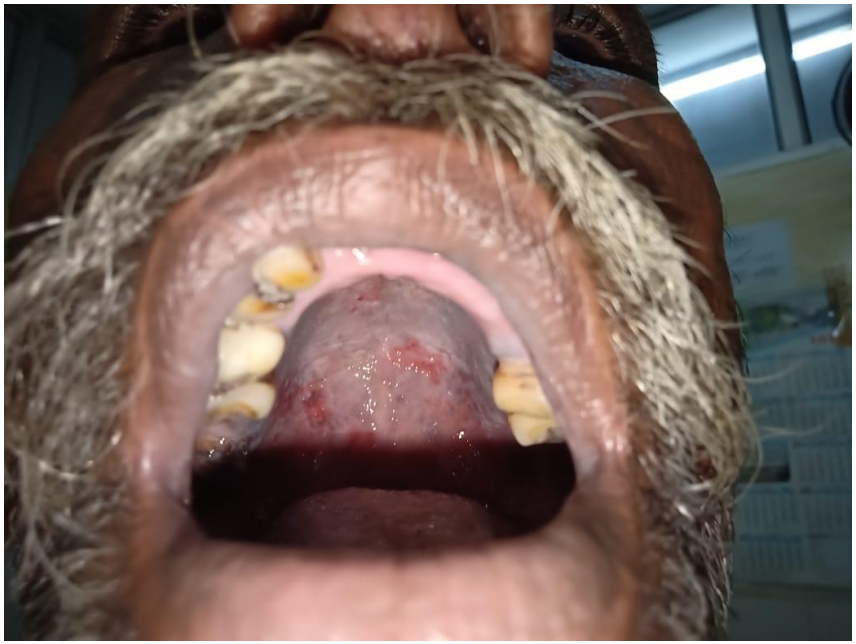
Low-Dose Immunotherapy in Head and Neck Cancer: A Randomized Study

Authors: Vijay Maruti Patil, MBBS, MD, DM, Vanita Noronha, MBBS, MD, DM, Nandini Menon, MBBS, MD, DNB, Rahul Rai, MBBS, MD, Atanu Bhattacharjee, PhD, Ajay Singh, MBBS, MD, DM, Kavita Nawale, PDCR, ... SHOW ALL ..., and Kumar Prabhash, MBBS, MD, DM AUTHORS INFO & AFFILIATIONS

Publication: Journal of Clinical Oncology • Volume 41, Number 2 • https://doi.org/10.1200/JCO.22.01015

- Chemotherapy alone or concurrent with RT
- Metronomic chemotherapy single/ multiple drug(s)
- Immunotherapy alone or in combination with other modalities

Treatment related symptoms



- Mucositis
- Dermatitis
- Xerostomia
- Subcutaneous fibrosis
- Lymphoedema
- Functional deficits
- Osteoradionecrosis

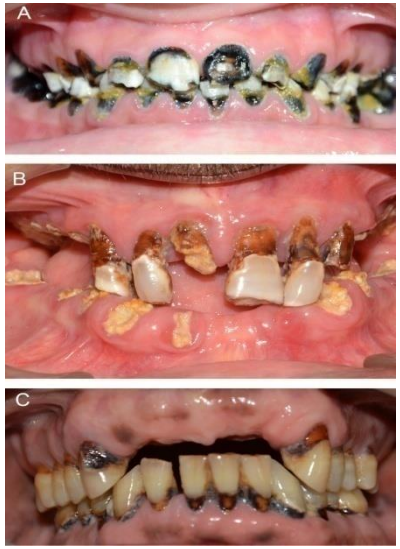
SPECIAL CARE IN DENTISTRY

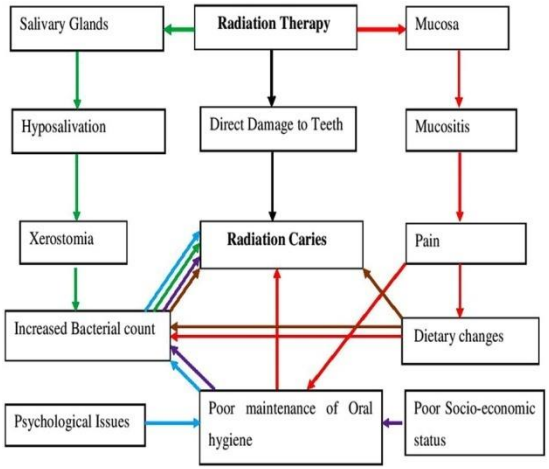
INVITED REVIEW | Full Access

Radiotherapy-induced oral morbidities in head and neck cancer patients

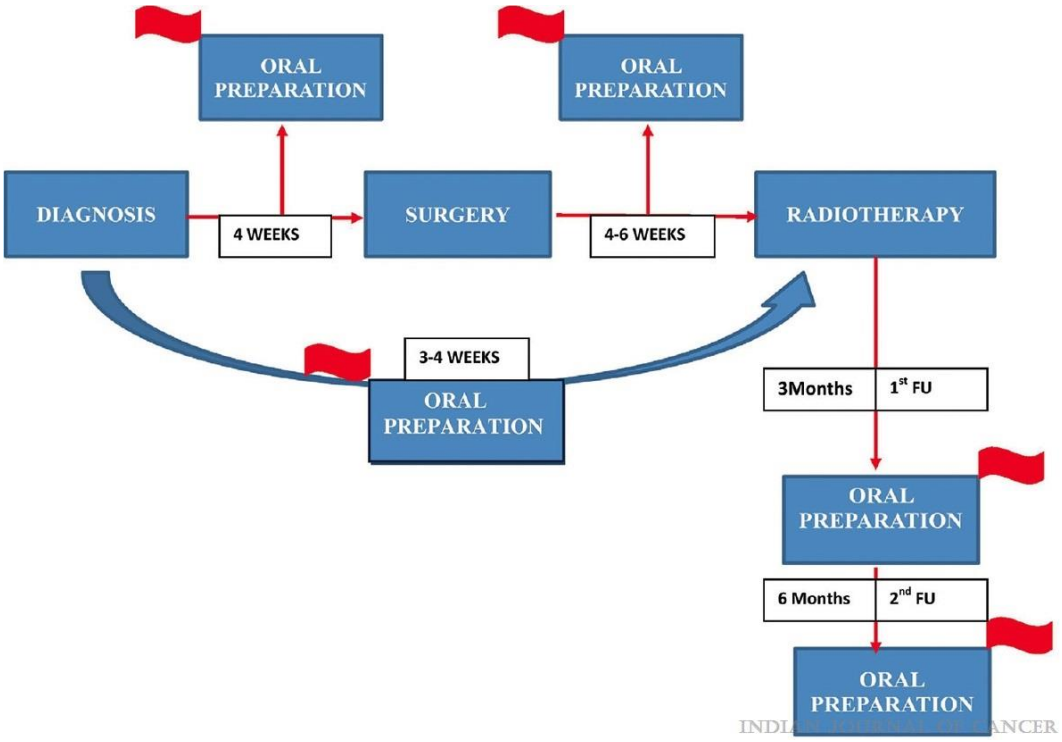
Sudhir Bhandari, Bhavita Wadhwa Soni, Amit Bahl, Sushmita Ghoshal

First published: 07 May 2020 | https://doi.org/10.1111/scd.12469 | Citations: 35





Oral and dental care protocol



[Oral and dental care before radiotherapy: Guidelines and development of a time-bound protocol]

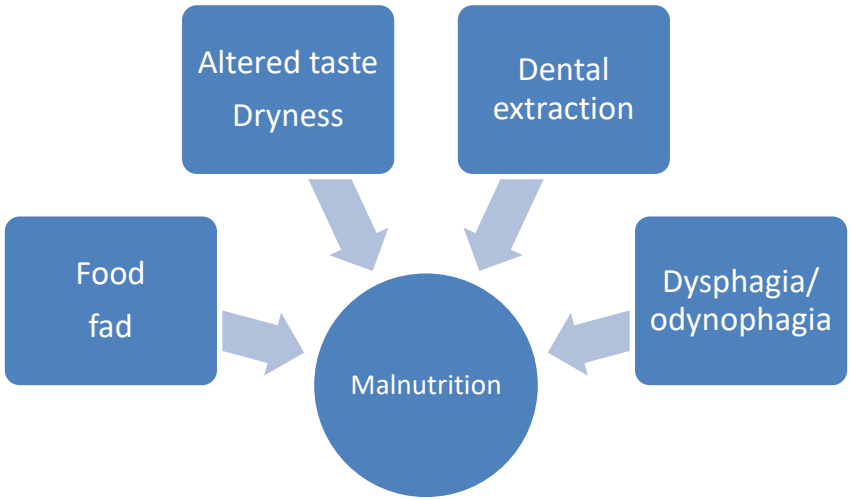
Bhandari, Sudhir; Soni, Bhavita W; Jamwal, Ankush; Ghoshal, Sushmita

Indian Journal of Cancer59(2):159-169, Apr-Jun 2022.

doi: 10.4103/ijc.IJC_871_20

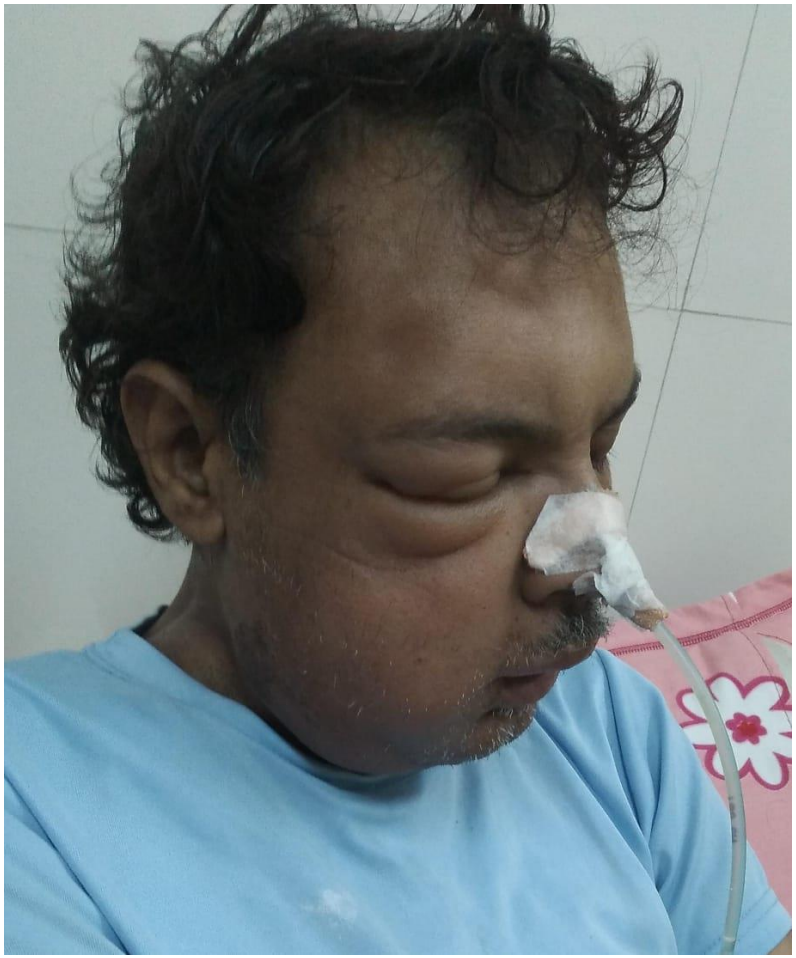
The scope of oral care in HNC patients. Day 1 is the patients' first visit to the oral health care facility after diagnosis of the disease has been made irrespective of the treatment pathway. Red Flags are alert for the concerned team of dentists to address patients' oral issues before surgery and/or RT and post-treatment cancer cure

Debilty related symptoms



- Weight loss
- Malnutrition
- Halitosis
- Constipation
- Infections

Uncontrolled disease



- Futility of disease modifying treatment
- Best supportive treatment
- Caregivers to be trained and instructed
- Pain management
- Nutritional support

Nutrition in HN cancer

- Nutritional deficit common
- Weight loss at diagnosis is prognostic for survival & ability to tolerate treatment
- Cytokines responsible for cachexia
- Proper assessment & intervention required

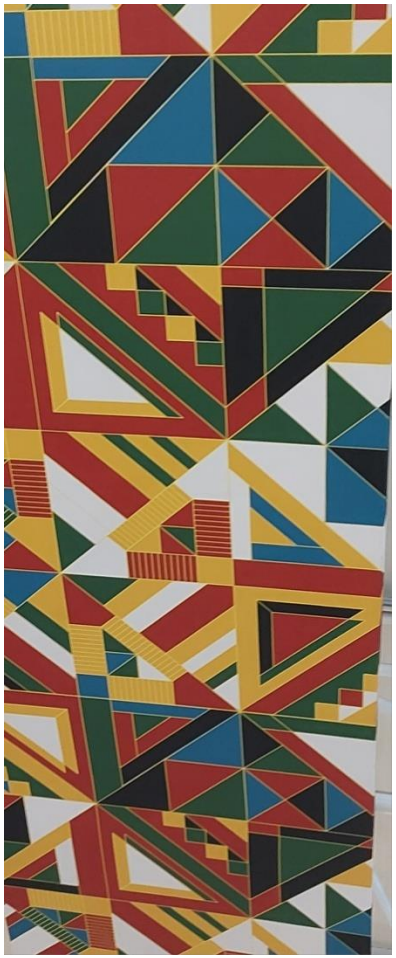
- **Interventions:-**
  - Counselling & supplements
  - Tube feeding for swallowing problems (tube dependence)
  - Specialist SLP for swallowing exercises
  - QoL assessment during follow up for appropriate interventions

INTEGRATING ONCOLOGY & PALLIATIVE CARE

Conclusions

- Scope of palliative medicine for all stages of head & neck cancers
- Concept of total care comes from palliative medicine
- Assessment of symptoms, tailoring of cancer directed treatment & supportive care needed
- Early integration of oncology & palliative care improves QoL of patients & caregivers, satisfaction of healthcare professionals

Thank you



To cure sometimes,

To relieve often,

To comfort

always….