

Original Article

A Prospective Observational Study Assessing Home Parenteral Nutrition in Patients With Gastrointestinal Cancer: Benefits for Quality of Life

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Abstract

Context. Patients with gastrointestinal cancer are at high risk for deterioration of nutrition. Home parenteral nutrition (HPN) could improve nutritional status and quality of life (QoL).

Objectives. The purpose of this study was 1) to evaluate the impact of HPN on QoL, 2) to assess changes in nutritional status, and 3) to assess proxy perception of patient well-being.

Methods. We conducted a prospective, observational, and a multicenter study. Inclusion criteria were adult patients with gastrointestinal cancer, for whom HPN was indicated and prescribed for at least 14 days. The physician, the patient, and a family member completed questionnaires at inclusion and 28 days later. The QoL was assessed by the patients using the Functional Assessment of Cancer Therapy-General questionnaire, at inclusion and 28 days later.

Results. The study included 370 patients with gastrointestinal cancer. The HPN was indicated for cancer-related undernutrition in 89% of the patients and was used as a complement to oral intake in 84%. After 28 days of parenteral intake, global QoL was significantly increased (48.9 at inclusion vs. 50.3, $P = 0.007$). The patients' weight improved significantly by 2.7% ($P < 0.001$). The nutrition risk screening also decreased significantly (3.2 ± 1.1 vs. 2.8 ± 1.3 , $P = 0.003$).

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Conclusion. HPN could provide benefit for malnourished patients with gastrointestinal cancer. However, randomized controlled studies are required to confirm this benefit and the safety profile. *J Pain Symptom Manage* 2015;49:183–191. © 2015 Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine.

Key Words

Gastrointestinal cancer, quality of life, undernutrition, home parenteral nutrition

Introduction

Malnutrition and weight loss have been extensively studied in patients with cancer. Malnutrition is found to be associated with a poor prognosis and weight loss is a predictive factor of mortality in cancer.^{1–3} Malnutrition and involuntary weight loss affect up to 60% of the patients with gastrointestinal cancer.^{3–7} These patients are particularly predisposed to nutritional deterioration because of several factors, including cancer-related metabolic abnormalities and chemotherapy-related side effects.

Gastrointestinal cancers are commonly accompanied by digestive tract dysfunction or obstruction, caused by direct or peritoneal invasion of the progressive tumor. Gastrointestinal dysfunction may lead to inadequate oral or enteral nutritional intake. Moreover, toxicities associated with cancer therapy, such as nausea, vomiting, diarrhea, or dysphagia, negatively affect nutritional status. These factors might further worsen the pre-existing undernutrition.

Malnutrition and weight loss potentially could be prevented and reversed. Therefore, patient prognosis may be improved if nutritional status is adequately monitored and managed during cancer therapy. Parenteral nutrition support has been shown to be effective in improving nutritional and performance status (PS), particularly in patients unable to receive nutrients through oral or enteral intake.^{8–10} According to the latest guidelines, artificial nutrition should preferentially be delivered through the enteral route.¹¹ Parenteral nutrition should be used when the digestive tract (small intestine) is unusable or inaccessible.¹¹ European guidelines support the indication of home parenteral nutrition (HPN) in patients who cannot meet their nutritional requirements by enteral intake and who are able to receive therapy outside an acute

care setting.^{12,13} However, the use of HPN remains controversial in patients with cancer.¹⁴

The combination of physical weakness, psychological stress resulting from the cancer diagnosis, and therapy-related toxicities may impact the patient's quality of life (QoL).¹⁵ Intensified nutritional interventions have been shown to alleviate some of these symptoms and consequently improve QoL.^{8,9}

The aims of this study were to 1) evaluate the impact of HPN on QoL, 2) assess changes in nutritional status, and 3) assess proxy perception of patient well-being. Herein, we report the results in patients with gastrointestinal cancer, a subgroup of a large prospective observational study population that included patients with different types of cancer.¹⁶

Methods

Study Design

This was an observational prospective study conducted in France. Participants were medical oncologists practicing in France, with public or private hospital practices. A representative sample of 176 centers (176 oncologists) was constituted. To create a representative physician cohort, a random quota sampling with strata based on geographic regions was done using a national database. The primary objective was to assess the change in QoL of patients with cancer receiving HPN. Secondary objectives included changes in nutritional status, relationship between PS score and nutritional status, patient satisfaction, tolerance assessed by the patient and the physician, and proxy perceptions. The study protocol did not affect usual clinical practice; therefore, Ethics Committee approval was not required.

Patient Selection

Inclusion criteria were adult patients (≥ 18 years) with gastrointestinal cancer for whom

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