



The impact of cancer cachexia on days spent at home in the last 30 days of life in elderly patients with advanced non-small-cell lung cancer

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Introduction

- Cancer cachexia at baseline may have a substantial impact on the quality of life (QOL) near the end of life (EOL).
- “Days spent at home” is one of the quality-measurements reflecting not only the quality of the health care delivery but also the balance between progressive disease trajectory and its supportive care.

Reference: Groff AC. Days Spent at Home - A Patient-Centered Goal and Outcome. *N Engl J Med*. 2016

Objective and Methods

Objective: To explore the association between cancer cachexia and days spent at home in the last 30 days of life.

Methods: This is the prospective longitudinal observational study. Patients aged ≥ 70 years with advanced non-small-cell lung cancer (NSCLC, stage III-IV) scheduled to initiate first-line chemotherapy (n=30) were enrolled. Cachexia was diagnosed by the international criteria (Fearon K, 2011). Days at home was calculated as 30 days minus the number of inpatient days. (Clinical Trials Registry No.UMIN000009768)

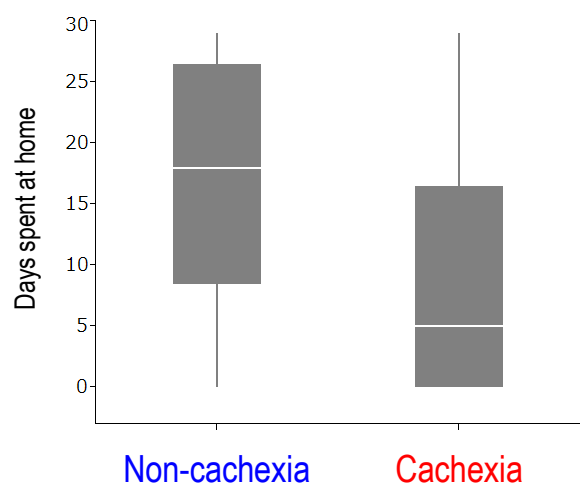
Results

■ Patient characteristics at 30-day before death

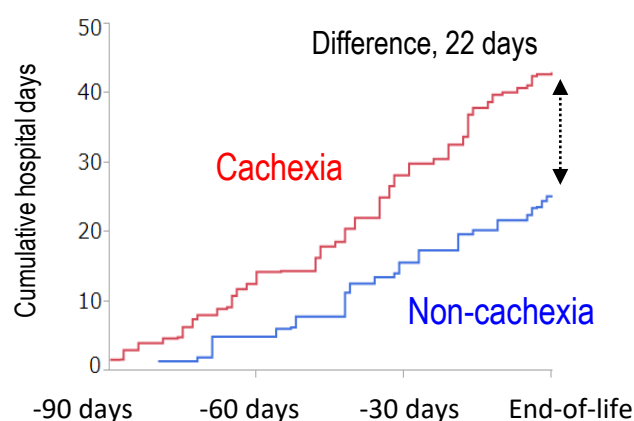
Baseline cachectic status	Cachexia (N=18)	Non-cachexia (N=9)
Age, median (range)	75.5 (72-83)	74 (71-81)
Gender (F:M)	7:11	2:7
PS 3-4, n (%)	12 (67)	3 (33)
Treatment at 30 days before death		
Chemotherapy	4 (22)	3 (33)
Palliative radiotherapy	1 (6)	2 (22)
Symptom palliation	13 (72)	4 (44)
Hospitalized	11 (61)	6 (66)
Living alone	1 (4)	0 (0)
Elderly cared by elderly	6 (35)	3 (33)
Receiving home care service	11 (61)	2 (7)

■ Days spent at home in the last 30 days of life (Cachexia vs. non-cachexia)

18 (0-29) days vs. 5 (0-29) days
Wilcoxon test p <0.05



■ Mean cumulative hospital days near EOL



■ Reasons of hospitalization near EOL

N (%)	Cachexia	Non -cachexia
Total No. of hospitalization	35 (100)	19 (100)
Chemotherapy	2 (6)	2 (11)
Palliative radiotherapy	6 (17)	4 (21)
Treatment of complication	13 (37)	4 (21)
Inpatient hospice care	14 (40)	9 (47)
Social reasons	0	0

Conclusions

- Patients who had cachexia at baseline tended to have poorer PS and more needs for home care service near the EOL.
- They stayed longer at hospital and shorter at home near the EOL mainly due to needs for in-hospital supportive care.
- Effective management of cachexia might decrease medical dependency and costs, and increase QOL near the EOL.

Further information

There is no conflict of interest.

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