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Cancer Cachexia

ASCO Guideline Rapid Recommendation Update

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Background & Methodology

Introduction

- In 2020, ASCO published a guideline on the management of cancer cachexia in adults with advanced cancer.¹
- Evidence was insufficient to strongly endorse any pharmacologic agent, but recommendations supported clinicians in offering a short-term trial of a progesterone analog or corticosteroid to patients experiencing loss of weight and/or appetite.
- The Expert Panel discussed a potential role for olanzapine but concluded that the evidence was insufficient for a recommendation.
- The publication of a 2023 RCT of olanzapine prompted the Expert Panel to revisit this topic.²

Development Methodology

- An updated literature search identified RCTs published from October 1, 2019, to April 19, 2023. Five addressed pharmacologic interventions.²⁻⁶
- The Expert Panel reviewed the evidence and approved the revised recommendations.
- The quality of evidence and strength of recommendation were classified using the methods of the 2020 guideline.¹
- The ASCO Guideline methodology manual can be found at: www.asco.org/guideline-methodology

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Rapid Recommendation Update

Rapid Recommendation Update

Clinical Question

- Among adult patients with advanced cancer and loss of appetite, body weight, and/or lean body mass, are outcomes such as weight, lean body mass, appetite, physical function, or quality of life improved by pharmacologic interventions?

Recommendation 2.1

- For adults with advanced cancer, clinicians may offer low-dose olanzapine once daily to improve weight gain and appetite.

Evidence-based	
Evidence Quality	Strength of Recommendation
Intermediate	Moderate

Qualifying statement: The majority of evidence for Recommendation 2.1 involves patients with lung or gastrointestinal cancer, and the largest study enrolled patients receiving cytotoxic chemotherapy.

Rapid Recommendation Update

Recommendation 2.2

- For patients who cannot tolerate low-dose olanzapine, clinicians may offer a short-term trial of a progesterone analog or a corticosteroid to those experiencing loss of weight and/or appetite.

Evidence-based	
Evidence Quality	Strength of Recommendation
Intermediate	Moderate

Note: There are currently no FDA-approved medications to treat cancer cachexia.

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Summary of Previous Recommendations

Summary of Previous Recommendations

- Recommendations that are unchanged are provided in the following slides

Summary of Previous Recommendations

Clinical Question 1

- Among adult patients with advanced cancer and loss of appetite, body weight, and/or lean body mass, are outcomes such as weight, lean body mass, appetite, physical function, or quality of life improved by nutritional interventions?

Recommendation 1.1

- Clinicians may refer patients with advanced cancer and loss of appetite and/or body weight to a registered dietitian for assessment and counseling, with the goals of providing patients and caregivers with practical and safe advice for feeding; education regarding high-protein, high-calorie, nutrient-dense food; and advice against fad diets and other unproven or extreme diets.

Informal consensus	
Evidence Quality	Strength of Recommendation
Low	Moderate

Summary of Previous Recommendations

Recommendation 1.2

- Outside the context of a clinical trial, clinicians should not routinely offer enteral tube feeding or parenteral nutrition to manage cachexia in patients with advanced cancer. A short-term trial of parenteral nutrition may be offered to a very select group of patients, such as patients who have a reversible bowel obstruction, short bowel syndrome, or other issues contributing to malabsorption, but otherwise are reasonably fit. Discontinuation of previously initiated enteral or parenteral nutrition near the end of life is appropriate.

Informal consensus	
Evidence Quality	Strength of Recommendation
Low	Moderate

Summary of Previous Recommendations

Clinical Question 3

- Among adult patients with advanced cancer and loss of appetite, body weight, and/or lean body mass, are outcomes such as weight, lean body mass, appetite, physical function, or quality of life improved by other interventions (e.g., exercise)?

Recommendation 3

- Outside the context of a clinical trial, no recommendation can be made for other interventions, such as exercise, for the management of cancer cachexia.

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Additional Information

Additional Resources

- More information, including clinical tools and resources, is available at www.asco.org/supportive-care-guidelines
- Patient information is available at www.cancer.net

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Abbreviations

- ASCO, American Society of Clinical Oncology
- RCT, randomized controlled trial

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