ASSESSMENT OF SYMPTOM BURDEN AMONG PATIENTS DIAGNOSED WITH GASTROINTESTINAL (GI) MALIGNANCIES ADMITTED TO RECEIVE CHEMOTHERAPY AT THE INSTITUTE FOR ONCOLOGY AND RADIOLOGY OF SERBIA (IORS)

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## Faculty Disclosure

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www.mascc.org/meeting
Background and context

Patients with advanced cancer experience high rates of both physical and psychological symptoms.

Symptom management guided by patient’s self-report of symptoms (PROs) leads to better symptom management, improvement in QoL and prolong OS.

Basch E, Snyder C. Ann Oncol 2017; 28(9): 2332-23
Objective of the study

To assess symptom burden in patients with metastatic GI malignancies scheduled to receive their 1st cycle of chemotherapy at the IORS
Methods

• Patients with metastatic rectal, colon and gastric cancer were included
• Severity of symptoms was assessed at the time of admission, before chemotherapy
• Edmonton Symptom Assessment System PRO tool (ESAS questionnaire)*
  • Each symptom is rated from 0 to 10 on a NRS;
  • 0 = symptom is absent
  • 10 = worst possible severity

• Descriptive statistics were used (mean scores)

*ESAS available in Serbian language
Results: N=30

Palliative surgical interventions were performed to reduce tumor burden.
Results – symptoms (mean scores)

- drowsiness: 1.04
- shortness of breath: 1.59
- nausea: 1.71
- lack of appetite: 1.80
- depression: 2.02
- fatigue: 2.03
- well-being: 2.06
- anxiety: 2.19
- pain: 2.46
Conclusions

• Our analysis showed mild symptoms and low symptom burden in patients with metastatic GI cancers

• In the Canadian study 58% of patients with GI malignancies reported moderate to severe symptom burden during 1 year after diagnosis*

• Regular assessment of symptom burden will enable individual, symptom-based tailoring of treatment

*Bubis LD, et al. JCO 2018