Clinical Oncology Society of Australia

CLINICAL CASE STUDY

Oral Therapy

SITUATION	64F "Jane Smith" presented with severe back pain. Investigations confirmed metastatic breast cancer (ER+/PR+/HER2 negative) with thoracic bone lesion causing partial cord compression. Jane underwent surgical decompression and was discharged home. Six weeks radiotherapy completed as an outpatient before commencing first line metastatic breast cancer therapy (Letrozole/Ribociclib/Denosumab). During oral therapy Jane experienced joint aches, reduced mobility, reduced strength, muscle wasting, weight gain.

WHAT care was provided? **(Action)**	• Malnutrition and sarcopenia screening completed during oral therapy.
	  - SARC-F = 5 (at risk of sarcopenia); MST = 1 (not at risk of malnutrition). Referred to Exercise Physiologist for sarcopenia assessment and Dietitian for unintentional weight gain.
	• Nutrition assessment
	  - Recent weight gain related to hospitalisation, reduced mobility and capacity to exercise
	  - Muscle mass assessed. ALM/height (m)2= 5 kg/m2
	  - PG-SGA score 3; Stage A (well-nourished)
	• Physical assessment
	  - Muscle strength assessed. Hand grip strength = 14 kg
	  - Muscle function assessed. Short physical performance battery = 5/12
	  - Sarcopenia diagnosed using EWGSOP2 diagnostic criteria
	• Nutrition therapy
	  - Dietary counselling to support optimisation of oral intake and body composition/weight management
	  - Aim for 1.0-2.0g protein per kg per day.
	• Exercise therapy
	  - 1-1 exercise physiology sessions every fortnight through private cancer centre
	  - Sessions comprising individualised exercise program and home exercise prescription
	  o Focus on resistance training using free weights and machines, as appropriate
	  o Progression towards target 150-300 mins / week moderate intensity aerobic exercise, commencing with walking, to assist with mobility and weight management
	  o Inclusion of mobility and balance exercises to reduce stiffness and prevent falls – important considering AI therapy

	○ Graded progression of exercise volume to prevent exacerbation of fatigue. ○ Consideration given to thoracic lesions – avoid heavy loading through affected vertebrae; if painful, cease exercise; graded exercise progression starting with BW mobility, progressing to bands and weights as tolerated. Education regarding exercise safety. ○ Regular reassessment of LL strength, sensation and other red flags for SCC progression e.g. bowel/bladder dysfunction or sudden onset pain. - Exercise re-assessments conducted 12-weekly and program updated accordingly • Multidisciplinary care - Referral to occupational therapy for fatigue management
WHO delivered the care? **(Actor)**	• Screening for malnutrition and sarcopenia – *Nurse specialist* • Nutrition assessment and intervention – *Dietitian* • Physical assessment and intervention – *Exercise physiologist*
WHERE was care delivered? **(Context)**	Outpatient setting Private Cancer Centre
WHO received care? **(Target)**	Adult outpatient (≥18 years) undergoing oral therapy
WHEN was care provided? **(Time)**	• Medical Oncology - *reviewed every 3 months in conjunction with scans* • Nutrition and exercise physiology – *fortnightly review over the course of 12 weeks*
OUTCOMES	• Weight gain stabilised • Muscle mass improved • Functional capacity increased • Participating in regular exercise 2-3 times per week