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**When anything but chemo is the tougher
part of the job**

Medical data

- ⦿ 64 years old lady with history of superficial urothelial carcinoma of the bladder and COPD GOLD II
- ⦿ December 2016- antero-superior mediastinal mass with thoracic wall invasion and right pleural effusion
- ⦿ Thoracotomy and biopsy performed
- ⦿ Path report: thymic carcinoma

CT scan 21.01.2017



Initial ESAS report

Edmonton Symptom Assessment System:
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
<i>(Tiredness = lack of energy)</i>												
No Drowsiness	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
<i>(Drowsiness = feeling sleepy)</i>												
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
<i>(Depression = feeling sad)</i>												
No Anxiety	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
<i>(Anxiety = feeling nervous)</i>												
Best Wellbeing	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
<i>(Wellbeing = how you feel overall)</i>												
No _____	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____
<i>Other Problem (for example constipation)</i>												

Case management

- ◉ Symptom management- Oxycodone 20 mg tid; oral Morphine 10 mg prn; Metamizole 1 g qid; laxatives; Metoclopramide 10 mg tid
- ◉ Psychological evaluation: major depression episode and moderate anxiety
- ◉ Spiritual suffering- fear of death, why me, what's the purpose of current situation
- ◉ Chemotherapy with Taxol-Carboplatin was started
- ◉ Placed on waiting list for RT

Evolution

- ⦿ Partial remission after 4 cycles of chemo
- ⦿ RT was scheduled after 2 another cycles
- ⦿ After 6 cycles- progressive disease with lung mets- RT omitted
- ⦿ Second line chemo was started (ADOC)
- ⦿ Acute and late emesis G3 after cycle 1
- ⦿ Anemia G2- ESA prescribed

Evolution

- Partial remission after 2 cycles of ADOC chemo, but refractory emesis (to 5 classes of agents combined) and repeated admissions for SC
- Pt. refused to continue the same chemo because of emesis
- Negotiation process- defining goals of care and expectations, chemo tailoring
- Substitution of Cisplatin with Etoposide was made, 2 cycles of new chemo administered with SD, neurotoxicity G2 added (VCR)
- Pt. choosed not to go on with chemo, PC only was offered on inpatient PC dept. from oncology ward