

PROSPECTIVE ANALYSIS OF MEGESTROL ACETATE FOR TREATMENT OF ANOREXIA –CACHEXIA SYNDROME IN PALLIATIVE CANCER PATIENTS

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ABSTRACT

64 palliative cancer patients who were having having anorexia cachexia syndrome were studied. These patients were having anorexia cachexia syndrome. We prescribed capsule megestrol acetate 160 mg three times a day to alternate patient as best clinical management along with symptomatic treatment and monitored the weight, appetite, quality of life and various events during this treatment. There was reported increase in appetite in 17 (53.12) % patients. We can say that megestrol acetate can be used for improving appetite and weight in cancer related anorexia –cachexia syndrome. However, it is not significantly associated with improvement in quality of life of cancer patients.

Keywords: *Anorexia –Cachexia Syndrome, Cancer*

INTRODUCTION

Anorexia-cachexia syndrome is difficult to manage in palliative cancer patients. We have lack of significant literature in management in this setting.

PATIENTS AND METHODS

We included consecutive 64 palliative cancer patients from October 2014 to September 2015 (except ECOG performance score 4). All patients were adults with advanced cancers (all stage 4) and either received standard lines of cancer treatment (chemotherapy, radiotherapy and surgery), were refractory to previous treatments and not willing for further chemotherapy based treatment. All these patients were having anorexia cachexia syndrome. This was defined as body mass index less than 18 or body weight less than 60% of ideal for height. We prescribed capsule megestrol acetate 160 mg three times a day to alternate patient as best clinical management along with symptomatic treatment and monitored the weight, appetite, quality of life and various events during this treatment. Control arm was given only symptomatic treatment without megestrol acetate. Patients with life expectancy of less than 1 month were not included in this study. Also we did not include pregnant women and those patients with history of thromboembolic disease.

RESULTS AND DISCUSSION

Results

We studied total 64 patients in this study. Out of these 40 were males, 14 were females. Median age was 56 years.

Megestrol Arm

There was reported increase in appetite in 17 (53.12) % patients. We documented average 1.1 kg weight gain in a median follow up period of 4.7 months in these patients. Considering the progressive nature of disease status and lack of ongoing anticancer treatment (only palliative care), the weight gain can be attributed to the megestrol acetate administration. There was improvement in quality of life in 10 (31.25%) patients. The weight gain and increased appetite were not significantly ($p > 0.05$) related with improvement in quality of life. We reported some drug related side effects/ events viz. indigestion (N=5), flatulence (N=4) which were not dose limiting. And all patients tolerated the drug fairly.

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Non Megestrol Arm

There was average weight loss of 2.4 kg. These patients did not report any dose limiting side effect with symptomatic management.

Discussion (Ruiz et al., 2013; Ulutin, 2002; Yeh et al., 2009)

Megestrol is a progesterone derivative with antiestrogenic properties. It is well absorbed orally with peak plasma time being 1 to 3 hours. It is metabolized by liver.

Table 1: Showing the data of megestrol arm patients

Sr. No	Age	Sex	Diagnosis: stage 4	All Follow up on megestrol acetate	Weight gain in kg	Appetite effect	Improvement in quality of life	Events reported
1	55	F	HCC	3 months	1.5	+	+	
2	70	M	RCC	4	2.0	+	-	
3	67	F	BREAST	6	1.5	+	-	
4	56	F	ENDOMETRIUM	4	3	-	+	headache
5	45	M	HCC	5	NIL	-	-	
6	62	F	LUNG	4	-1	+	+	
7	46	M	RCC	6	2.5	+	-	
8	66	M	GALL BLADDER	7	0.5	+	-	Rash
9	57	M	CA COLON	5	-1	-	-	
10	61	F	HCC	5	1.5	-	-	Oedema
11	58	M	ALL	4	NIL	-	+	
12	76	M	HCC	6	1	+	+	
13	56	M	PANCREASE	3	2.5	-	-	Sweating
14	76	F	HCC	4	2.0	+	+	
15	46	M	MPNST	5	0.5	-	-	Diarrhoea
16	54	M	GALL BLADDER	6	NIL	+	-	Vomiting
17	65	M	HCC	4	2.5	+	-	
18	67	F	CA OVARY	5	0.5	-	-	
19	66	M	MUO BONE	3	3.5	-	+	
20	62	F	HCC	5	1.5	-	-	
21	45	M	PANCREASE	3	1.5	+	-	
22	68	F	CA CERVIX	4	2	+	-	Flatulence
23	59	F	BREAST	6	NIL	-	+	
24	57	M	AML	5	-1	+	+	
25	61	F	MUO LIVER	4	2.5	-	-	
26	57	M	HCC	6	-0.5	-	-	Hypertension
27	66	M	MM	3	1	+	+	
28	64	M	GALL BLADDER	4	NIL	+	-	
29	62	M	LUNG	3	1.5	-	-	Nausea
30	57	M	HCC	4	3.5	+	-	
31	62	F	RCC	5	1	-	-	
32	58	M	CA LARYNX	4	NIL	+	-	

Research Article

There are many published reports of possible use of megestrolacetate in treatment of HIV –AIDS related cachexia and cancer cachexia-anorexia syndrome. But there is not a single prospective study of the evaluation of safety and efficacy of megestrol acetate. While our report confirms the efficacy of megestrol acetate in the improvement in appetite and weight of cachexic cancer patients. This is consistent with the Cochrane analysis of megestrol acetate in cancer related cachexia anorexia syndrome.

Conclusion

Megestrol acetate can be used for improving appetite and weight in cancer related anorexia –cachexia syndrome. However it is not significantly associated with improvement in quality of life of cancer patients.

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