# Community Care of Cancer Patients

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# When is Community-based Care required for the Cancer patient?

- Diagnostic workup
- Supportive care during anti-cancer treatment
- Palliative care.

# Suspicious Signs/ Symptoms of Cancer: Head/ Neck/Lung

- Non-healing ulcer on cheek/ tongue/gum
- Enlarged neck node—> may be due to head/neck cancer OR lymphoma OR TB OR other infections
- Foreign body sensation in throat/ throat pain/ dysphagia--> may be due to throat cancer OR local infection
- Hoarseness of voice--> may be due to larynx/ lung cancer OR throat infections
- Chronic cough--> may be due to throat cancer OR COPD OR TB OR other infections
- Breathlessness--> may be due to throat/ lung cancer OR COPD OR bronchial asthma OR TB OR cardiac causes

# Suspicious Signs/ Symptoms of Cancer: GI

- Blood vomiting
- Black stool
- Abdominal distension/ lump
- Chronic dyspepsia/ appearance of dyspepsia in persons over 40 years age--> may be due to gastric cancer OR peptic ulcer disease
- Bleeding P/R--> may be due to rectal cancer OR piles

# Suspicious Signs/ Symptoms of Cancer: Breast/Genitourinary

- Bleeding  or chronic discharge P/V--> may be due to uterine cancer OR other gynaecological causes
- Hematuria
- Breast lump/ nipple discharge

# Suspicious Signs/ Symptoms of Cancer:CNS

Headache/ convulsions/ weakness of limbs

# Bone/Soft Tissue

Unexplained bony/ soft tissue swelling

# Diagnostic Workup

- History & physical examination
- Routine blood tests
- Imaging of the relevant body part: USG/CT scan/MRI scan
- Endoscopy (in some cases)
- FNAC/ biopsy from the relevant part (if required)
- Tumor markers, except for Prostate Specific Antigen (PSA) for prostate cancer, are NOT helpful for diagnosis and should NOT be sent.

# Supportive Care during Anticancer treatment

- Post-operative care: usually given in hospital inpatient facility.
- Care during radiotherapy: usually given in hospital outpatient facility
- Care following chemotherapy: usually prescribed on hospital inpatient discharge

# Palliative Care

- Pain control
- Control of nausea-vomiting
- Treatment of diarrhoea/ constipation
- Treatment of fever
- Treatment of breathlessness
- Nutritional support
- Prevention of bed sores
- Stoma care
- Physiotherapy

# Pain Control

- The WHO analgesic ladder should be followed.
- Regular dosage of analgesics is better than giving on sos basis.
- Oral preparations are always preferable.
- NSAIDs should not be given on prolonged basis.
- Opiods, when prescribed, should be given along with anti-emetic and laxative routinely.
- Use of opioids is routine and should not be held back.
- Bone pain with known/ suspected bone metastasis need referral for palliative radiotherapy.

## Control of Nausea/ vomiting

- Domperidone/ Metoclopramide/ Serotonin antagonists/ Corticosteroids.
- Prevention is easier than cure.
- Oral preparations are preferred, though IV may be needed when patient is having severe vomiting.

## Control of Diarrhoea/ Constipation

- Rehydration (oral or IV, depending upon situation) is the key.
- Antibiotics may be given if infection is suspected, rather than routinely.
- Anti-diarrhoeals like Loperamide, Racecadotril are often required, especially in patients on/ after radiotherapy to lower abdomen.

# Fever

- CBC to be done urgently, especially if patient has received chemotherapy in recent past.
- Febrile neutropenia requires admission, isolation, barrier nursing, IV antibiotics and growth factor support.
- Other fevers can and should be managed as for non-cancer patients.

# Breathlessness

- Patients of suspected throat cancer can require tracheostomy.These patients usually also have stridor.
- Otherwise, moist oxygen inhalation with/ without bronchodilator nebulisation are done as for non-cancer patients.
- Terminal patients should not be ventilated routinely, unless the cause is reversible. Please contact the treating oncologist in case there is any doubt about the patient's overall prognosis.

# Nutritional Support

- Patients may require nasogastric/ PEG/ gastric tube feeding if there is upper aerodigestive tract obstruction.
- They may also require oral food supplements.
- Anti-oxidants have no proven benefit and should NOT be given especially when patient is on active anti-cancer therapy.

## Prevention of Bedsores

- Frequent turning
- Use of air cushion/ water bed (if possible)
- Keeping the skin clean and dry.

## Stoma Care

- Tracheostomy tubes need changing and washing daily.
- Monitoring of patient's care-givers may be required in regard to colostomy & ileostomy bag care.
- Foley's catheters should ideally be changed every 2-4 weeks, if they are required on long-term basis.

## Physiotherapy

- Post-operative patients often require physiotherapy referral.
- Bedridden patients would benefit from gentle physiotherapy (as for stroke patients).