



# Management of Anorexia, Cachexia, and Weight Loss in Patients With Advanced Cancer

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**Jatoi, A., Windschitl, H.E., Loprinzi, C.L., Sloan, J.A., Dakhil, S.R., Mailliard, J.A., et al. (2002). Dronabinol versus megestrol acetate versus combination therapy for cancer-associated anorexia: A north central cancer treatment group study. *Journal of Clinical Oncology*, 20, 567–573.**

## Study Summary

The purpose of this multi-institutional, double-blind, randomized study was to assess the efficacy of dronabinol (Marinol®, Unimed Pharmaceuticals, Deerfield, IL) administered either alone or in combination with megestrol acetate (Megace®, Bristol-Myers Squibb Oncology, Princeton, NJ) in comparison to megestrol acetate for cancer-associated anorexia. Patients with advanced cancer (N = 469) who had an estimated life expectancy of more than three months with an Eastern Cooperative Oncology Group performance status of 0–2 and a self-reported weight loss of at least five pounds during the preceding two months were randomized to one of three treatment arms: (a) megestrol acetate liquid suspension 800 mg orally daily plus capsule placebo, (b) dronabinol 2.5 mg capsule orally twice a day plus liquid placebo, or (c) a combination of both medications at the same doses. Patients completed the North Central Cancer Treatment Group questionnaire to assess appetite and weight, the single-item Uniscale to assess quality of life (QOL), and the Functional Assessment of Anorexia/Cachexia Therapy (FAACT) instrument and were weighed at baseline, weekly for four weeks, and then monthly. Patients continued on treatment as long as they or their physicians thought it was beneficial or until toxic side effects occurred.

Results indicated that no significant difference existed between the three arms in median time on study or median survival.

An increase in appetite was reported by 75% of the patients in the megestrol acetate group, 49% of the patients in the dronabinol group, and 66% of the patients in the combination group. Physician-reported weight gains of 10% or greater from baseline weights were measured in 14% of the megestrol acetate group, 5% of the dronabinol group, and 11% of the combination group. Results from the Uniscale found no significant difference in QOL between the three treatment arms. The physical and emotional constructs of the FAACT instrument found a significant difference between the megestrol acetate and the dronabinol groups, with the patients on megestrol acetate having better QOL in these constructs. No significant difference existed between the treatment arms in reported toxicities, including nausea, vomiting, neurocortical dysfunction, edema, ascites, pleural effusion, or thromboembolic events. A significant difference was found in male impotence in the megestrol acetate group in comparison to the dronabinol group (18% versus 4%).

## Applications to Patient Care

- **Study findings suggested that megestrol acetate provides superior anorexia benefit with greater appetite improvement and weight gain in comparison to dronabinol or combination therapy.**

In addition, the majority of toxicities were not significantly different between the treatment arms. A significantly higher percentage of male impotence was found, however, in the megestrol acetate group. Oncology nurses must be aware of these study findings so they can educate patients and provide accurate responses to patient questions. When starting megestrol acetate therapy, oncology nurses should inform male patients that impotence could occur. Nurses also may

use this opportunity to review patients' current dietary intake patterns. Patients and caregivers should be instructed about dietary suggestions specifically for individuals who are experiencing anorexia and weight loss. This may include a list of high-calorie foods, nutritional supplements, and suggestions for small, frequent meals.

- **Study findings indicated that patients taking megestrol acetate had significant improvement in the physical and emotional QOL constructs compared with those taking dronabinol.**

The researchers noted that despite extensive research involving the use of megestrol acetate for anorexia, few prior studies have noted improvement in QOL. They suggested that the improvement in the physical and emotional QOL constructs observed with patients in the megestrol acetate treatment arm may be a result of the FAACT instrument's greater emphasis on anorexia. Furthermore, anorexia is a complex issue and also may be associated with other common issues for patients with cancer, such as depression, stress, coping, taste changes, fatigue, or nausea. In patients with advanced cancer, QOL is critical when life expectancy is limited. Nurses should be aware of patients' personal assessments of QOL and assist patients in achieving a peaceful, satisfying end of life.

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