# When the diagnosis is "Cancer" what more information do doctor's need to decide further treatment planning?

Decision on further treatment (curative vs palliative) is based on locoregional staging, nutritional depletion and performance status of the patient

## SUGGESTED INVESTIGATIONS FOR LOCO REGIONAL STAGING & FITTNESS

USG abdomen CT chest / abdomen with oral & IV contrast CXRPA

HPE of tumor; SOS LCA & immunohistochemisttry Hemogram, LFT with PT & albumin, BUL s creat Cardiac evaluation & PFTs SOS

SGA	NUTRITIONAL SCORE	A	В	С
Histor	Ÿ	1		
	Weight change			
	<b>Loss in 6 months</b> : kg (%loss)	< 5%	5-10 %	>10%
	Change in 2 weeks	gained	lost	lost
	Diet	normal	suboptimal	hypocal liquids
	Recent GI symptoms nausea vomiting diarrhea		-	
	anorexia			
	Functional capacity (work)	suboptimal	ambulatory	bedridden
	Effect of disease on nutrition	l low stress	mod stress	severe stress
Exami	nation	 I		
			< subcut fat Triceps	muscle wasting
			chest	quadriceps
				Deltoid
				Ankle edema
				ascites

### GUAGING THE PERFORMANCE STATUS OF THE PATIENT

#### KARNOFSKY SCORE

- 100% normal, no complaints, no signs of disease
- 90% capable of normal activity, few symptoms or signs of disease
- 80% normal activity with some difficulty, some symptoms or signs
- 70% caring for self, not capable of normal activity or work
- 60% requiring some help, can take care of most personal requirements
- 50% requires help often, requires frequent medical care
- 40% disabled, requires special care and help
- 30% severely disabled, hospital admission indicated but no risk of death
- 20% very ill, urgently requiring admission, requires supportive measures or treatment
- 10% moribund, rapidly progressive fatal disease processes
- 0% death

### **ECOG SCORE**

- 0 Asymptomatic
- 1 Symptomatic but completely ambulatory
- 2 Symptomatic, <50% in bed during the day
- 3 Symptomatic, >50% in bed, but not bedbound
- 4 Bedbound
- 5 Death