Respiratory Symptoms in Advanced Lung Cancer: A Persistent Challenge

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Commentary on "Comprehensive Management of Respiratory Symptoms in Patients with Advanced Lung Cancer" by Jessica McCannon, MD, and Jennifer Temel, MD (page 1)

Drs. McCannon and Temel have written an interesting review on the management of respiratory symptoms in advanced lung cancer patients. Their article is structured in a systematic, easy-to-follow format and will be a useful tool for physicians caring for patients with advanced lung cancer.

The authors reviewed up-to-date literature on frequent complications of advanced lung cancer such as pulmonary embolism, pleural effusion, pericardial tamponade, postobstructive pneumonia, and treatment-related pneumonitis (resulting from radiation therapy and certain types of chemotherapy). They also provide useful recommendations and suggest practical interventions which are supported by evidence from the literature. Clinicians caring for such patients must have a comprehensive knowledge of such complications to make a diagnosis and provide specific treatment.

Drs. McCannon and Temel address common symptoms associated with advanced lung cancer. In addition to their comprehensive review of the management of dyspnea, they address other symptoms such as cough and hemoptysis and provide specific recommendations on the management of each symptom with supportive evidence from the literature for each intervention.

Dyspnea is one of the most distressing symptoms in patients with advanced cancer at the end of life, and the treatment of this challenging symptom is difficult to manage. Therefore, it is not surprising that the authors devote the majority of their article to the management of this symptom. Unfortunately, despite much effort to ameliorate dyspnea, we fall short of providing adequate relief. A few years ago, our group at The University of Texas MD Anderson Cancer Center evaluated symptom improvement in advanced cancer patients, many of them with lung cancer (44%), who were admitted to our acute palliative care unit. Symptoms were evaluated using the Edmonton Symptom Assessment Scale at the time of admission to the unit and again a few days later. While many symptoms, such as pain, fatigue, nausea, and depression, improved, we found that dyspnea did not.[1] Wolfe et al.[2] interviewed over 100 parents of children who died of cancer and found that the majority of children had suffered a great deal from pain, dyspnea, and fatigue in the last month of life and that interventions to relieve dyspnea were successful in only 16% of cases. We have also found progressive dyspnea to be second only to delirium as an indication for palliative sedation in our advanced cancer patients admitted to the acute palliative care unit, many of whom have lung cancer.[3]

IMPLICATIONS AND FUTURE DIRECTIONS

The findings of this review confirm that respiratory symptoms, particularly dyspnea, are some of the most distressing to patients and some of the most difficult to treat. More research is needed to develop an effective treatment for these problems. One of the challenges in conducting research on dyspnea and cough is that, contrary to continuous symptoms such as pain and fatigue, exacerbation of respiratory symptoms tends to be more intermittent,[4] making clinical trials more complex. The work of Temel et al[5] provides an excellent platform for the integration of palliative and curative care services with better outcomes in regard to quality of life and symptom alleviation

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without jeopardizing survival. Similar initiatives have taken root in many cancer hospitals and oncologic societies to integrate curative services with symptom control as well as supportive and palliative care services. These initiatives will define realistic outcomes that guide our efforts in improving overall cancer care. Perhaps cooperative studies that integrate curative and palliative services would be a way to recruit patients to these complex and demanding clinical studies.

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