

Palliative Care for Hepatocellular Carcinoma Patients: Review



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1. ABSTRACT

Hepatocellular carcinoma is a common cancer with a poor prognosis, associated with poor quality of life. While it is frequently asymptomatic in the early stages, advanced disease, treatment side effects, or decompensation of underlying cirrhosis can cause significant discomfort. Palliative care has been demonstrated to improve quality of life, physical symptoms, and psychological symptoms in patients with end-stage liver disease, as well as extend survival in various nonhepatocellular carcinoma cancers. However, in hepatocellular carcinoma, this service is underutilized, and referrals are frequently delayed due to factors such as stigma, insufficient resources, a lack of education for nonpalliative care physicians, and inadequate modeling for integrating palliative and supportive care within liver disease services. We believe that incorporating palliative care within a multidisciplinary approach to care is a possible and beneficial paradigm. This integration can be accomplished by the provision of specialty-level palliative care, particularly at certain periods in the disease course, as well as the insertion of specific palliative care aspects into normal HCC care. Early integration of palliative care revealed three major themes in the clinical approach to providing early palliative care for cancer patients: symptom management; facilitation of coping, accepting, and planning; and assisting the patient in improving medical understanding

Keywords: Hepatocellular carcinoma, quality of life, physical, psychological

2-Introduction

Hepatocellular carcinoma is the 5th frequent malignancy worldwide. Hepatocellular carcinoma (HCC) has risen in incidence and prevalence in recent years, and it is now the second leading cause of cancer death worldwide. Hepatitis B and C virus infections, as well as alcoholic cirrhosis, are important etiologies (*Kaiser et al., 2014*). HCC is a major public health issue in Egypt. Liver cancer is the most prevalent cancer in men and the second most common cancer in women, according to numerous Egyptian regional registries (*Baghdady et al., 2014*).

Hepatocellular carcinoma patients may experience weight loss, a lack of appetite, or early stomach fullness, as well as a noticeable mass in the upper abdomen, right upper quadrant pain, a palpable mass, anorexia, or cachexia. Furthermore, biliary tree obstruction can cause jaundice, tumour necrosis can cause fever, and metastatic HCC lesions might cause bone ache. In addition, advanced hepatobiliary cancers can cause extreme weakness, fatigue, and depression due to pronounced energy depletion and muscle wasting (*Attwa et al., 2015*).

Patients' function and quality of life (QoL) rapidly deteriorate as a result of multiple symptom occurrences, as well as an increase in morbidity and death. Hepatobiliary cancer patients are vulnerable to disease and treatment-related problems, This may have a detrimental impact on overall life quality. Treatment techniques frequently increase post-treatment morbidity and symptom load while having little or no effect on survival (*Bai & Lazenby, 2015*).

Patients with HCC have many worries, concerns, and questions about the disease and treatment options when they are diagnosed (*Fan et al., 2010*).

Although improving patient quality of life and any supportive care intervention must have the goal of minimizing symptom burden, palliative care is more than just symptom management. Early PC integration has been shown to improve patients' QOL and mood, and also has positive effects on patient outcomes. The early integrated PC in also has the benefit of strengthening patients' ability to cope with their prognosis and improving their communication with professionals about their treatment preferences (*Temel et al., 2017*).

What is Palliative Care?

Palliative care is an approach that improves the quality of life of patients and their families facing the problem of a life-threatening illness by preventing and relieving suffering through early detection, accurate assessment, and treatment of pain and other physical, psychosocial, and spiritual problems (*World Health Organization, 2019*).

Patients with HCC who are nearing the end of their lives may experience ascites, variceal hemorrhage, peripheral edema, and hepatic encephalopathy, which are all indications of decompensated cirrhosis. Aside from these symptoms, abdominal discomfort has been recorded as the most common symptom (about 2/3 of patients), which was classified as dull visceral ache and stemmed from an increased tumor mass (*Shaker et al., 2013; European Association For The Study of The Liver, 2018*).

Fatigue or weakness, peripheral edema, cachexia, ascites, dyspnea, anorexia, and vomiting are also typical problems (*Shaker et al., 2013; European Association For The Study of The Liver, 2018*). HCC patients were shown to have the third highest reported level of psychological distress or depression among 14 other sorts of cancer patients (*Mitchell et al., 2011*). Pain treatment, nutrition management, symptom control, psychosocial needs, and advanced disease concerns are all included in the delivery of palliative care for HCC.

The role of palliative care

The basic goals of PC are symptom control and the provision of emotional, spiritual, and practical support to patients and caregivers with life-limiting and life-threatening illnesses. PC can be used early in the course of a terminal illness, in conjunction with other active therapy aimed at extending life. PC has gradually been integrated into the care of chronic disorders. (*Allen et al., 2012; Renal Physicians Association, 2010*). This is in contrast to the treatment of ESLD patients, for whom PC is frequently overlooked until late in the disease's progression (*Mazzarelli et al., 2018*).

Quality of life and palliative management

The primary consequences of liver disease considerably affect patients' quality of life (QoL) and have a detrimental influence on both their physical and mental health (*Baumann et al., 2015*). To date, the research has tended to focus on isolated symptoms encountered by individuals with liver illnesses rather than offering a whole picture. Symptom management is a crucial component of PC, with early detection not only improving patients' QoL and satisfaction with hospital care, but also lowering the frequency of ICU admissions and hospitalization expenses (*Bhanji, Carey & Watt, 2017; Smith et al., 2012*).

Furthermore, the time of referral to PC is critical. It has been shown that early participation of PC results in a considerable improvement in QoL, physical and functional well-being, and longer survival despite less aggressive medical care at the end of life (*Temel et al., 2010*). On the contrary, failure to refer to PC services or a delay in referral may result in continuous intense treatments and ineffectual management, limiting the future benefits of PC or hospice admission (*Kelly et al., 2017; Fukui et al., 2017*).

Despite the fact that hepatologists are becoming more aware of the benefits of PC for patients with liver problems, referral to the programme is frequently delayed. The bulk of evaluations took place in the inpatient environment, and half took place at a late stage, within 72 hours of the patient's death (*Kathalia, Smith & Lai, 2016*).

Benefit of Early Palliative Care in Patients with HCC

Patients with HCC and their families might benefit from early and continuous access to palliative treatment. Palliative care is interdisciplinary treatment provided to persons with serious illnesses at any stage of disease and at any age (*Kelley & Morrison, 2015*).

Palliative care can be provided alongside curative or disease-modifying therapy. Palliative care focuses on quality of life through managing symptoms, discussing treatment preferences, providing psychological support, including religion and spirituality, and coordinating care. Palliative treatment has been proved to alleviate patients' suffering (*Zimmermann et al., 2014; Temel et al., 2017*) and families (*Silveira, Kim & Langa, 2010; Higginson, I. & Evans, C. (2010)*), decrease the use of healthcare resources (*May, Normand & Morrison, 2014; May et al., 2015*) and even enhance survival (*Temel et al., 2010; Bakitas et al., 2015*) in the context of cancer.

The American Society of Clinical Oncology now recommends that cancer patients receive palliative treatment on a regular basis (*Ferrell et al., 2017*). The landmark study in 2010 by *Temel et al. (2010)* demonstrated that an ambulatory early palliative care intervention enhanced quality of life and symptom control in patients with advanced lung cancer. They also discovered that the intervention group survived longer while receiving less aggressive end-of-life care. The visits were tailored to the stage of each patient's sickness, with

earlier visits focused on building rapport and offering support; discussions about end-of-life care wishes occurred as patients became sicker (Yoong et al., 2013).

A qualitative study of palliative care practitioners revealed three major themes in the clinical approach to providing early palliative care for cancer patients: (1) symptom management; (2) facilitation of coping, accepting, and planning; and (3) assisting the patient in improving medical understanding (Back et al., 2014).

3. Conclusions

With HCC, a difficult, fatal, and increasingly frequent disease, patients and their families face particular obstacles. Palliative care, as established in palliative care research for other critical conditions, may add a layer of support to the multidisciplinary approach to HCC care, particularly in the areas of symptom management, psychological coping, decision making support, and disease understanding. We believe that incorporating palliative care within a multidisciplinary approach to care is a possible and beneficial paradigm. This integration can be accomplished by the provision of specialty-level palliative care, particularly at certain periods in the disease course, as well as the insertion of specific palliative care aspects into normal HCC care. We believe that improving palliative care services to supplement the HCC treatment strategy will considerably improve the care of HCC patients and their families.

4. References

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