

ASCO® Guidelines

MANAGEMENT OF CANCER CACHEXIA: ASCO GUIDELINE		
Clinical Question	Recommendation	Evidence Rating
Among adult patients with advanced cancer and loss of appetite, body weight, and/or lean body mass, are outcomes such as weight, lean body mass, appetite, physical function, or quality of life improved by nutritional interventions?	Clinicians may refer patients with advanced cancer and loss of appetite and/or body weight to a registered dietitian for assessment and counseling, with the goals of providing patients and caregivers with practical and safe advice for feeding; education regarding high-protein, high-calorie, nutrient-dense food; and advice against fad diets and other unproven or extreme diets.	Type: Informal consensus Evidence quality: Low Strength of recommendation: Moderate
	Outside the context of a clinical trial, clinicians should not routinely offer enteral tube feeding or parenteral nutrition to manage cachexia in patients with advanced cancer. A short-term trial of parenteral nutrition may be offered to a very select group of patients, such as patients who have a reversible bowel obstruction, short bowel syndrome, or other issues contributing to malabsorption, but otherwise are reasonably fit. Discontinuation of previously initiated enteral or parenteral nutrition near the end of life is appropriate.	Type: Informal consensus Evidence quality: Low Strength of recommendation: Moderate
Among adult patients with advanced cancer and loss of appetite, body weight, and/or lean body mass, are outcomes such as weight, lean body mass,	Evidence remains insufficient to strongly endorse any pharmacologic agent to improve cancer cachexia outcomes; clinicians may choose not to offer medications for the treatment of cancer cachexia. There are currently no FDA-approved medications for the indication of cancer cachexia.	Type: Evidence based Evidence quality: Low Strength of recommendation: Moderate

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appetite, physical function, or quality of life improved by pharmacologic interventions?	Clinicians may offer a short-term trial of a progesterone analog or a corticosteroid to patients experiencing loss of appetite and/or body weight. The choice of agent and duration of treatment depends on treatment goals and assessment of risk versus benefit.	Type: Evidence based Evidence quality: Intermediate Strength of recommendation: Moderate
Among adult patients with advanced cancer and loss of appetite, body weight, and/or lean body mass, are outcomes such as weight, lean body mass, appetite, physical function, or quality of life improved by other interventions (e.g., exercise)?	Outside the context of a clinical trial, no recommendation can be made for other interventions, such as exercise, for the management of cancer cachexia.	