

## **Home Care TPN for Cancer Patients**

**Jaw-Yuan Wang**

**Vice superintendent, Kaohsiung Medical University Hospital, Kaohsiung Medical University**

Malnutrition is a frequent and serious problem of patients with gastrointestinal (GI) cancer (i.e. due to postoperative syndromes, anorexia, chemotherapy, and/or tumor progression). In many cases it has negative effects on the quality of life or on the tumor therapy. The role of nutritional support in incurable patients with cancer with GI obstruction is controversial. Parenteral nutritional (PN) therapy does not appear to have any benefit in providing comfort care in patients with terminal disease. Home parenteral nutrition (HPN) was introduced as a treatment modality in the early 1970s primarily for the treatment of chronic intestinal failure in patients with benign disease. Recently, malnutrition can be resolved or corrected by adequate HPN of GI cancer patients, in cases where dietary advice and oral nutrition supplementation failed to correct the deficiencies. However, a subgroup of cancer patients with GI tract obstruction is not amenable to surgical therapy have no other significant organ involvement. Particularly with the introduction of newer chemotherapeutic regimes or target therapies, these individuals may have a lifespan measured in months to years rather than weeks. These individuals are at risk for increased rates of morbidity and mortality related to malnutrition if they receive no nutritional support. Consequently, there may be a role of TPN in this group of patients. According to ESPEN guideline (2009), HPN is not recommended for patients with incurable disease and a short life-expectancy. HPN is recommended for patients with malignant obstruction or partial obstruction of the GI tract provided that they do not suffer from severe organ dysfunction that may significantly complicate treatment with parenteral nutrition. There are no clear predictors of who will benefit from TPN, and each case should be considered individually, with the potential risks and benefits discussed with the family and primary caregivers. The cost-effect analysis would be a consideration for HPN in these patients.