

# Multidisciplinary Management of Malignant Bowel Obstruction in Patients with Advanced Gynecological Cancers

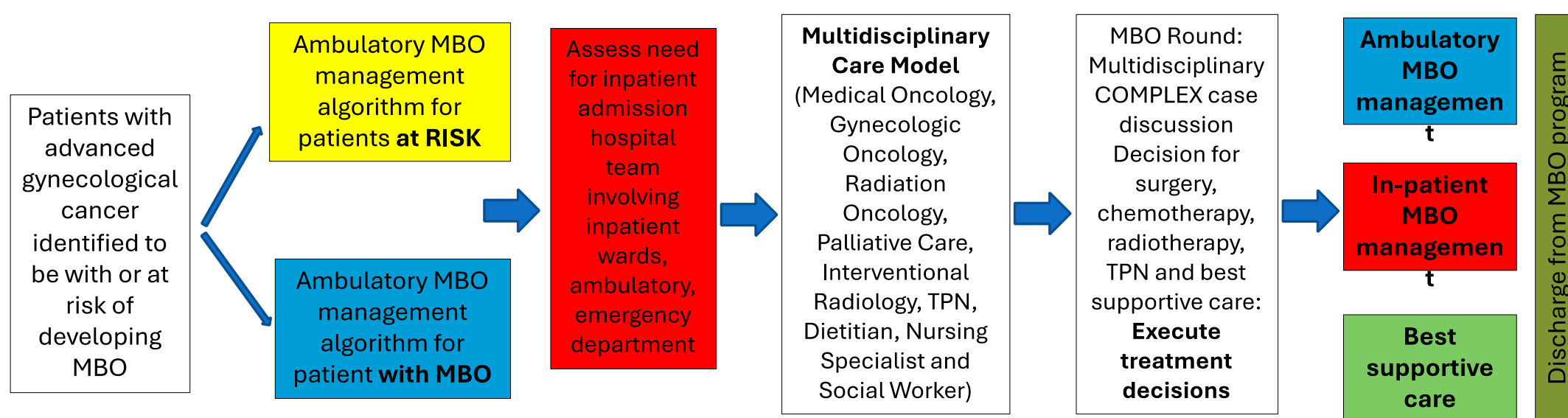
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## Background

- Malignant bowel obstruction (MBO) is a serious complication encountered in advanced gynaecological cancers.<sup>1</sup>
- Median survival is short, and patients require long hospital stay for symptom management.<sup>2,3</sup>
- Optimization of care require coordination between medical oncology, gynecologic oncology, palliative care, radiology, dietitian, and nursing team<sup>4</sup>

## Methods

- Prospective single site study enrolled patients diagnosed with or at risk of MBO due to gynaecological cancers (NCT03260647)
- Eligible patients underwent comprehensive assessments, and the MBO interdisciplinary team provided tailored management recommendations.
- Patients "at-risk" were systematically followed by the nursing team for 4 weeks and discharged upon complete symptom resolution.
- Patients "with MBO" were treated as inpatient or outpatient. Resolution was defined as absence of symptoms within 60 days.
- Proactive bowel management by outpatient nurse led program and interdisciplinary team.<sup>5</sup>



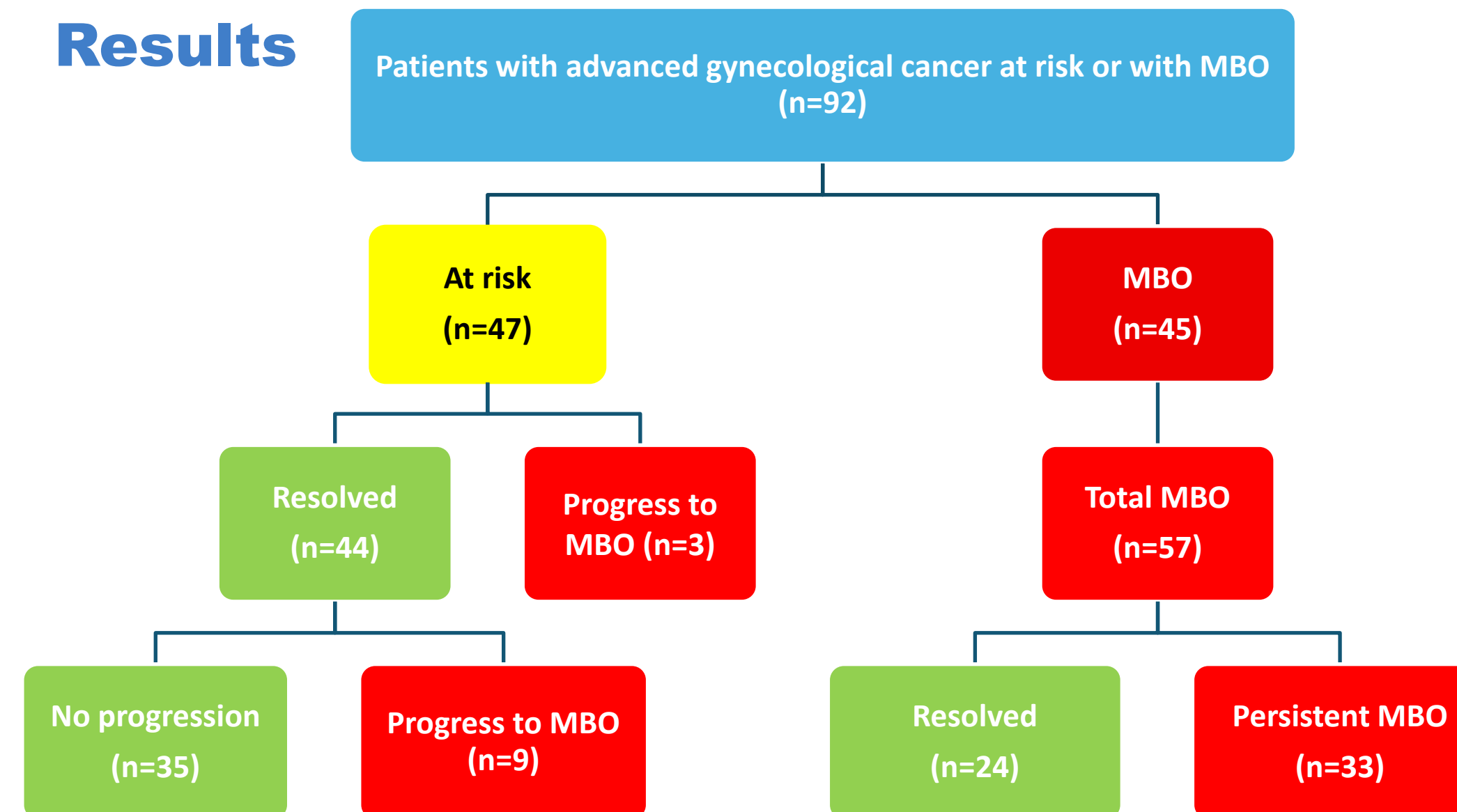
\*Patients "at risk of MBO" were proactively followed by nursing team until 4 weeks. Resolution was defined as absence of symptoms within 4 weeks.

\*\*Patients "with MBO" were proactively followed by nursing team until 60 days after diagnosis. Resolution was defined as absence of symptoms within 60 days.

## Objectives

- To prospectively validate the feasibility of the MBO outpatient management measured by the ratio of days alive and out of the hospital to days in the hospital (initial 60 days of MBO)
- To evaluate the resolution of MBO and overall survival (OS) post-MBO diagnosis.

## Results



### Baseline parameters

Parameter	MBO (n=57)	At risk (n=35)
Median age (Range)	61 (32 – 83)	62 (31 - 81)
Prior chemotherapy		
Yes	56 (98)*	35 (100)
No	1 (02)	0
Prior Surgery		
Yes	54 (95)	34 (97)
No	3 (05)	1 (03)
Platinum Status		
Resistant	46 (81)	22 (63)
Sensitive	11 (26)	13 (37)
Primary site		
Ovary/Fallopian tube	52 (91)	32 (91)
Cervix	3 (05)	0
Endometrium	2 (04)	3 (09)

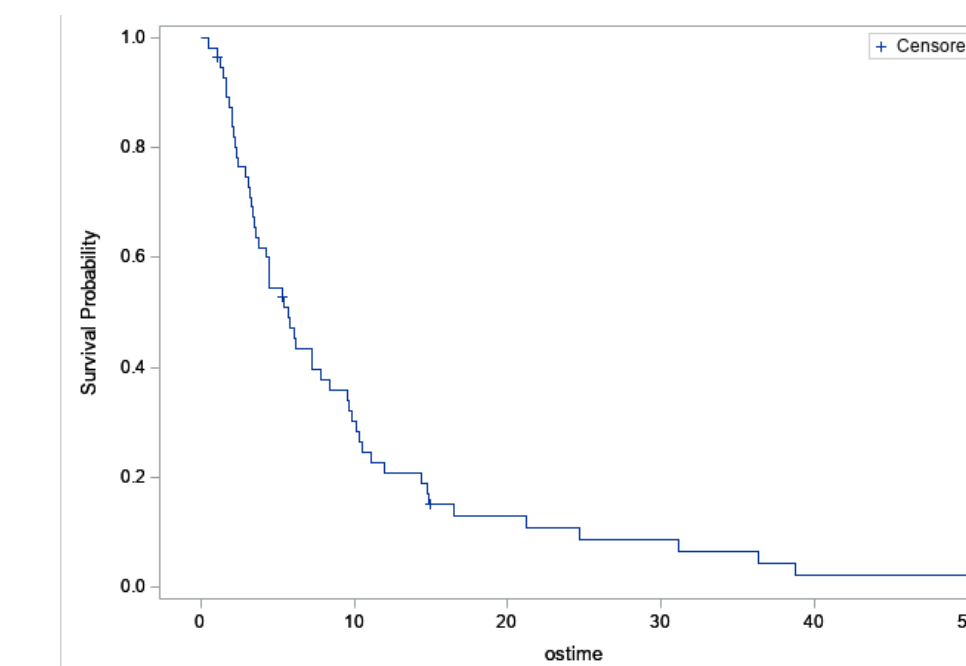
\*Median of 4 prior lines of therapy (range, 0-11)

### Hospitalization

Hospitalization	Median (range)
Total number of hospitalization*	2 (1-12)
Total hospitalization days*	25 (3-114)
Hospitalization days within 30 days	7 (0-30)
Hospitalization days within 60 days	12.5 (0-57)
Days in hospital: days out hospital (within 60 days of MBO)	0.3 (0-19)

## Results

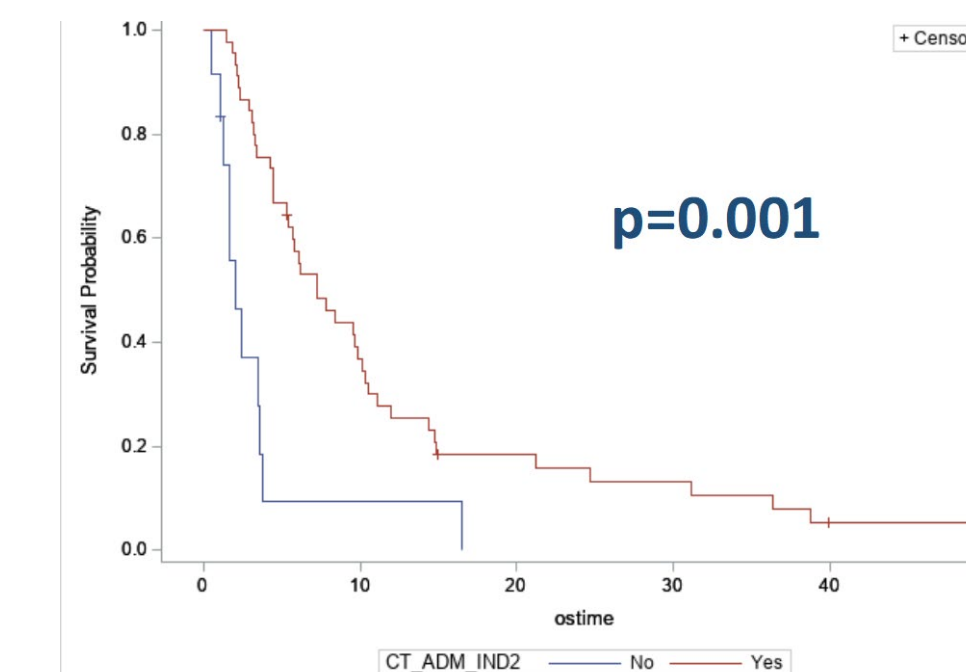
### Overall Survival



53 patients died during follow-up

- Median overall survival (95% CI) in patients with any MBO episode was 5.7 (3.6-8.4) months

### Chemotherapy



Chemotherapy administered to 77% (n=44) pts.

- Weekly paclitaxel (38%, n=21) most common
- Median OS (95% CI): 7.2 (5.3-10.1) months in patients who received chemotherapy vs 2.0 (1.1-3.6) months in patients who didn't.

## Conclusion

- Study demonstrates feasibility of risk based ambulatory management in patients with or at risk of MBO.
- Patients were managed outside the hospital 70% of the initial 60 days of MBO diagnosis.

## References

- Tran E, Spiceland C, Sandhu NP, et al: Malignant Bowel Obstruction in Patients With Recurrent Ovarian Cancer. Am J Hosp Palliat Care 33:272-5, 2016
- Mooney SJ, Winner M, Hershman DL, et al: Bowel obstruction in elderly ovarian cancer patients: a population-based study. Gynecol Oncol 129:107-12, 2013
- Madariaga A, Lau J, Ghoshal A et al. MASCC multidisciplinary evidence-based recommendations for the management of malignant bowel obstruction in advanced cancer. Support Care Cancer. 2022 Jun;30(6):4711-4728.
- Lee YC, Jivraj N, Wang L, et al. Optimizing the Care of Malignant Bowel Obstruction in Patients With Advanced Gynecologic Cancer. J Oncol Pract. 2019 Dec;15(12):e1066-e1075.
- Jivraj N, Lee YC, Tinker L, et al. Management of Malignant Bowel Obstruction: An Innovative Proactive Outpatient Nurse-Led Model of Care for Patients With Advanced Gynecologic Cancer. J Nurs Care Qual. 2023 Jan-Mar 01;38(1):69-75