

Hospice for Colorectal Cancer

The Sooner, the Better

Despite a rise in screening, early detection and advanced treatments, colorectal cancer remains the third most common cancer in the United States today. And while the death rate from colorectal cancer is dropping overall, it is still the #2 cause of all cancer-related deaths among men and women alike.

If your individual patient's treatment for advanced adenocarcinoma is no longer effective—and the tumor is continuing to progress despite trying several different therapies—hospice care should be the next step¹.

Hospice for End-Stage Colorectal Cancer: The Facts

According to *cancernetwork*®, home of the journal *Oncology*, it only takes four to six weeks for an adult with a chemo-refractory, solid colorectal tumor to progress from displaying symptoms to dying, a trajectory that has not changed in decades. Poor performance status is still the most important prognostic factor, including such continuing and worsening symptoms as:

- Confusion
- Anxiety
- Nausea
- Discomfort
- Weakness
- Lack of appetite

With its focus on symptom and pain management, supportive and spiritual care, hospice can improve the quality of life for patients with advanced adenocarcinoma. Care is typically provided in the patient's own home, which also contributes to a sense of well-being and comfort. To derive the greatest benefit, a patient should spend a minimum of two to three months in hospice care.

Cancer patients who use hospice services report a higher quality of life than those who don't, according to the National Cancer Institute. Studies also show that the majority of caregivers and families would have welcomed information about hospice at the time they learned of their loved one's terminal diagnosis.²

¹ <https://www.cancernetwork.com/end-life-care/why-oncologists-should-refer-patients-earlier-hospice-care>

² The Role of the Family Physician in the Referral and Management of Hospice Patients; *Am Fam Physician*. 2008 Mar 15;77(6):807-812.

We're Here to Help: At Capital Caring Health, we want the transition from life-saving to life-enhancing late-stage care to be as seamless as possible...for both you and your patient. For more information, or to arrange a consultation, please call 800-869-2136 or visit www.capitalcaring.org

Hospice Referral Guidelines

Physicians should consider any and all of the following criteria when contemplating hospice for a patient with advanced colorectal cancer:

- An ECOG score of 2 or greater; i.e., in bed at least 50% or more each day
- A Palliative Performance Scale of 70% or lower; i.e., unable to conduct normal activities or ambulate; reduced nutritional intake; limited ability for self-care
- Progression from earlier stage to metastatic disease despite therapy
- Patient's personal wishes to discontinue treatment

Comorbidities may also be a factor for enrolling in hospice sooner rather than later, including:

- COPD
- CHF
- Liver Disease
- Alcoholism
- Renal Failure
- Dementia
- Neurological Disease

Only a physician is able to determine whether a colorectal cancer patient meets the qualifications for hospice. However, the presence of the above symptoms strongly suggests that the current approach to curative care is no longer working, and that hospice can help.



About Us: Capital Caring Health is the largest non-profit provider of elder health, advanced illness, hospice and at-home care services for the Maryland, Virginia and Washington, D.C. area. We provide quality care where people live, supporting dignified, independent aging. For more information, visit capitalcaring.org or call our 24-Hour Care Line at 1-800-869-2136 to learn more.