

An audit to determine the recording of non-specific symptoms of patients with a cancer, admitted to a radiotherapy ward.

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ANSHIKA GUPTA & SHALEEN KUMAR ON BEHALF OF THE DEPARTMENT OF  
RADIOTHERAPY



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# Introduction

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Patients are admitted in a 40 bed radiotherapy ward of a multispecialty teaching government hospital for reasons of acute deterioration during a course of (chemo)-radiotherapy; toxicity of treatment; invasive investigations or procedures; or general debility or end-of-life care

The focus of the treating team is usually on the principle reason of admission – i.e. some form of cancer directed care or a life threatening condition

Other accompanying symptoms are usually neglected, to the point of not being enquired about or trivialised

Therefore, the desire to audit the current status of recording common associated symptoms, which potentially have a very important bearing on patient well being, but neglected for reasons as stated

This audit was performed in the Department of Radiotherapy of the Sanjay Gandhi Postgraduate Institute of Medical Sciences, at Lucknow, Uttar Pradesh

# Approvals of Department Research Committee (30Jan23)

6.	An audit to determine the recording of non-specific symptoms of patients with a cancer, admitted to a radiotherapy ward. Presenter: & PI: Dr Shaleen	An exercise to improvise the indoor services by objective documentation of symptoms in advanced cancer patients admitted in the ward. A one-time ESAS questionnaire which objectively documents the severity of common reported symptoms in advanced cancer patients will be administered by the nursing staff to the patients admitted in the ward. This will facilitate the doctors and nursing staff to focus on the bothersome symptoms and help in directing treatment/care in amelioration of these symptoms. The exercise is anticipated to improve efficiency, give ownership to the nursing staff and expected to translate in improvisation of patient experience/care. Approved by committee members	Approved
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Date: 18<sup>th</sup> January 2023

Department Research Committee Meeting, Department Of Radiotherapy, SGPGI: Dr Shaleen Kumar, Dr Punita Lal, Dr Neeraj Rastogi, Dr KJ MariaDas, Dr Shalini Singh, Dr. Sushma Agarwal, Dr. Shagun Misra, Dr Anshika Srivastava, Dr Parul Priyanka

SN	Projects/ PI/Presenter	Comments	Status
		<b>Research Project</b>	
1.	Topic: An update on radiological downstaging with neoadjuvant therapy in unresectable gall bladder cancers. Presenter: Dr Parul PI: Dr Sushma Agarwal	This is an ongoing study wherein patients of locally advanced carcinoma gall bladder receiving neoadjuvant therapy will be included. The study will look into the radiological response rates post chemotherapy and chemoradiation. The incremental value of chemoradiation in downstaging the disease and conversion to resectable status will be ascertained from the study. The PI informed that majority of patients have undergone a CT angiography for response assessment. Approved by committee members	Approved
2.	Home based enteral feeding via nasogastric tube in advanced head and neck cancer patients during palliative care period- a survey. Presenter: Dr Anshika & PI: Dr Punita	An in house designed survey in local language was presented which will look into the various reasons of denial/ acceptance, problems faced thereof and objectively improvement in symptoms with nasogastric tube insertion. This survey will be administered to advanced head and neck cancer patients requiring nasogastric tube insertion based on physician discretion. This questionnaire will be administered at baseline and 2-3 weeks post insertion of enteral tube. The members suggested removing the word home-based from the title. A total of 50 patients will be accrued in the study. Approved by committee members.	Approved
3.	Initiation of DARS optimized IMRT in post NACT advanced HNC patients – a dosimetric comparison. Presenter: & PI: Dr Punita	A concept note looking into a dosimetric study to spare the DARS structures by utilizing the delineation and constraints suggested by Phase III randomized trial of dysphagia optimized IMRT (DoIMRT) in advanced head and neck cancers of larynx and hypopharynx was presented. As reported in the Phase III study Do IMRT by sparing the swallowing muscles has the ability to improve patient reported swallowing function as measured by MDADI dysphagia scoring. The feasibility of such sparing will be explored by a dosimetric exercise. Due to reduction in volumes, when implemented on patients during treatment daily IGRT might be required. The PI will pilot this dosimetry exercise in 2-3 cases and present the full study protocol in the next DRC.	Protocol to be presented in the next DRC
4.	The Prevalence and Clinical Relevance of DPYD Genotype in Patients with Gastrointestinal Malignancies Treated with Fluoropyrimidine-based Chemotherapy Regimens. Presenter: & PI: Dr Shagun	Dihydropyrimidine dehydrogenase (DPD) deficiency leads to severe side effects with 5FU based treatment. In India there is great variation in the frequency of DPD deficiency and mutation in encoding gene DPYD gene. This study will explore the frequency and identify the common high-risk variants in North Indian population. A total of 100 patients of gastrointestinal cancer receiving 5FU based treatment will be accrued. A one-time blood sample will be drawn before chemotherapy administration and their toxicities during chemotherapy will be documented. Those developing severe toxicity and having a mutation will undergo dose modification as suggested by guidelines. In addition to the frequency and typing of DPYD mutations, this will help in estimating the need of routine testing in our population and serve to establish a service of routine testing. The mutation analysis is not original but based on the reported common mutations. This work will be done in collaboration with the department of gastromedicine, in their laboratory. Intramural funds will be applied. The research is to enhance the service component. Approved by committee members.	Approved
5.	Maintenance Immunotherapy after CRT in advanced GB cancer. Presenter: & PI: Dr Sushma	A pilot study to explore the role of Nivolumab in locally advanced gallbladder cancer in patients receiving CRT. A total of 20 patients will be accrued. The patients completing CRT with no evidence of progression will receive immunotherapy Nivolumab 20mg every 3 weeks till progression. A total of 20 patients will be accrued. These patients will undergo PDL1 testing. The funds will be used from Ayushman funds and Chief Ministers discretionary funds. Committee members advised to look into the funding of the drug, and if it is available from Ayushman funds; the fact that 20mg dispensing is not available which may pose billing issues. Approved by committee members	Approved
6.	An audit to determine the recording of non-specific symptoms of patients with a cancer, admitted to a radiotherapy ward. Presenter: & PI: Dr Shaleen	An exercise to improvise the indoor services by objective documentation of symptoms in advanced cancer patients admitted in the ward. A one-time ESAS questionnaire which objectively documents the severity of common reported symptoms in advanced cancer patients will be administered by the nursing staff to the patients admitted in the ward. This will facilitate the doctors and nursing staff to focus on the bothersome symptoms and help in directing treatment/care in amelioration of these symptoms. The exercise is anticipated to improve efficiency, give ownership to the nursing staff and expected to translate in improvisation of patient experience/care. Approved by committee members	Approved

Dr Shaleen Kumar (Chair)	Dr Punita Lal	Dr Neeraj Rastogi	Dr KJ Maria Das	Dr Shalini Singh	Dr Sushma Agarwal	Dr Shagun Misra
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# Audit Standard

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The recording of symptoms of a general nature in case-sheets was expected to be very low to non-existent (This was to be done by screening the preceding 100 case notes and discharge summaries for the mention of these symptoms).

Post intervention the compliance was expected to be Ideally 100%

Realistically, an 80% compliance would be acceptable.

# Audit Criteria

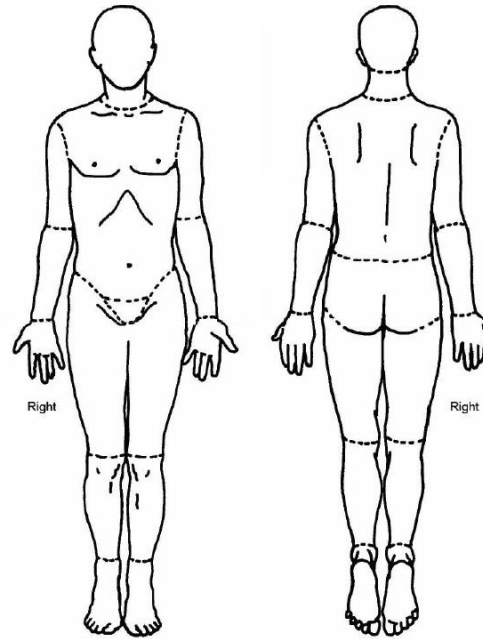
## Edmonton Symptom Assessment System-R-CS

Cancer Care Ontario

Action Cancer Ontario

Edmonton Symptom Assessment System:  
(revised version) (ESAS-R)

Please mark on these pictures where it is that you hurt:



Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness (Tiredness = lack of energy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness (Drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression (Depression = feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety (Anxiety = feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing (Wellbeing = how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No Other Problem (for example constipation)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible

Completed by (check one):  
 Patient  
 Family caregiver  
 Health care professional caregiver  
 Caregiver-assisted

BODY DIAGRAM ON REVERSE SIDE

ESAS-r  
Revised: November 2010

एडमॉन्टन टोग-आवण आकलन प्रणाली  
(संशोधित संस्करण) (ESAS-r)

कृपया उस संख्या पर चिह्न बनाएँ जो इसका सर्वश्रेष्ठ वर्णन करता है कि अब आप कैसा अनुभव करते हैं:

कोई दर्द नहीं	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव दर्द
कोई थकावट नहीं (थकावट = ऊर्जा की कमी)	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव थकावट
कोई उनीचापन नहीं (उनीचापन = विद्रावु महसूस करना)	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव उनीचापन
कोई मतली नहीं	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव मतली
पूछ में कोई कमी नहीं	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव पूछ में कमी
सोम लेने में कोई कठिनाई नहीं	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव सोम लेने में कठिनाई
कोई अस्माद नहीं (अस्माद = उवास महसूस करना)	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव अस्माद
कोई चिंता नहीं (चिंता = पबराहट महसूस करना)	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव चिंता
सर्वश्रेष्ठ स्वास्थ्य-कल्याण (स्वास्थ्य-कल्याण = आप कुल मिलाकर कैसा महसूस करते हैं)	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव स्वास्थ्य-कल्याण
कोई नहीं अन्य समस्या (उदाहरण के लिए, कब्ज)	0	1	2	3	4	5	6	7	8	9	10	सबसे खराब संभव

रोगी का नाम \_\_\_\_\_

दिनांक \_\_\_\_\_ समय \_\_\_\_\_

इनके द्वारा पूरा किया गया (एक पर निशान लगाएँ):  
 रोगी  
 पारिवारिक देखभालकर्ता  
 स्वास्थ्य की देखभाल करने वाला पेशेवर देखभालकर्ता  
 देखभालकर्ता की सहायता की गई

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ESAS-r Hindi v.1:2015

Used with Permission from Alberta Health Services, 2015

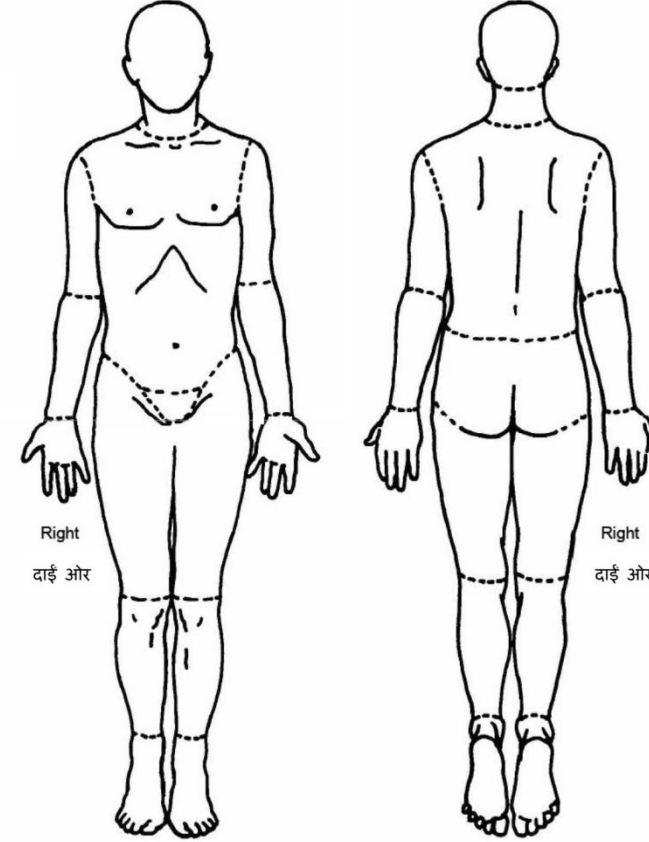
Hannon B, Dyck M, et al. Modified Edmonton Symptom Assessment System including constipation and sleep: validation in outpatients with cancer.

J Pain Symptom Manage. 2015 May;49(5):945-52. doi: 10.1016/j.jpainsymman.2014.10.013. Epub 2014 Dec 15. PMID: 25523890.

Please mark on these pictures where it is that you hurt?  
कृपया इन चित्रों पर निशान लगाएँ जहाँ आप दर्द का अनुभव करते हैं

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
कोई दर्द नहीं												सबसे खराब संभव दर्द
No Tiredness	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
कोई थकान नहीं												सबसे खराब संभव थकान
No Drowsiness	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
कोई उनींदापन नहीं												सबसे खराब संभव उनींदापन
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
कोई मिचली नहीं												सबसे खराब संभव मिचली
No lack of appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
भूख की कमी नहीं												सबसे खराब संभव भूख की कमी
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
सांस की तकलीफ नहीं												सबसे खराब संभव सांस की तकलीफ
No Depression	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
कोई अवसाद नहीं												सबसे खराब संभव अवसाद
No Anxiety	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
कोई चिंता नहीं												सबसे खराब संभव चिंता
Best well being	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
उत्तम स्वास्थ्य कल्याण												सबसे खराब संभव स्वास्थ्य कल्याण
No Constipation	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
कोई कब्ज नहीं												सबसे खराब संभव कब्ज
Adequate Restful sleep	0	1	2	3	4	5	6	7	8	9	10	Worst Possible
पर्याप्त आरामदायक नींद												सबसे खराब संभव नींद

उनींदापन = निद्रालु महसूस करना; अवसाद = उदास महसूस करना; स्वास्थ्य कल्याण = आप कैसे महसूस करते हैं;



Patient's Name मरीज का नाम _____	Completed by / द्वारा पूर्ण की गयी
CR No _____ RT No _____	<input type="checkbox"/> Patient / मरीज
Date तारीख _____	<input type="checkbox"/> Family caregiver/ परिवार देखभालकर्ता
	<input type="checkbox"/> Health care professional caregiver / स्वास्थ्य देखभाल पेशेवर देखभालकर्ता
	<input type="checkbox"/> Caregiver-assisted / देखभाल करने वाले की सहायता की

Body Diagram on Reverse

  
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# Initial assessment- 3April2023 – 18May 2023

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The initial assessment consisted of obtaining 100 consecutive preceding admissions and discharge summaries

Period was **3April2023 – 18May 2023**      **N= 100**

Not a single file had any mention of Pain; Tiredness; Drowsiness; Nausea; Anorexia; Shortness of breath; Depression; Anxiety; Well being; Constipation; Sleep

Not a single discharge summary had mention of these symptoms either

Base line recording was 0 (Zero) %

# Intervention (19-20 May 2023)

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Faculty and residents were explained about the need for assessing general symptoms (some thing that should form a part of routine assessment)

The Chief Nursing Officer incharge of the indoor ward was briefed initially and then all the other nursing officers were explained about the importance of recording the symptoms.

A set of 100 proforma sheets were placed in the nursing station and sham interviews with nurses were simulated in the local language (Hindi) to explain how the questions need to be posed and how to record answers.



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# First post intervention assessment (20May-15June2023)

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In this period 20May to 15 June 2023 (27 days) 204 admissions took place

Of these in 55 (**27%**) of the files, ESAS forms were filled.



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# Second Intervention 20June2023

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A second round of discussions took place with the Chief Nursing Officer in-charge of the indoor ward and other nursing officers.

They cited too much work...

Stated that the forms had been exhausted and not replenished...

So a system was created where in the office staff would photocopy the ESAS forms and hand over to the ward attendant.

They stated they would do better and 200 forms were left with the nursing station.



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# Second post intervention Re-assessment (10July-29July2023)

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In this period 10July to 29July2023 (20 days) 145 admissions took place, 121 files retrieved (83%)

Of the 121 files, 85 files had filled ESAS questionnaires (**70%**).



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# Summary and Conclusion

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The recording of symptoms of a 'general nature', such as Pain; Tiredness; Drowsiness; Nausea; Anorexia; Shortness of breath; Depression; Anxiety; Well being; Constipation; Sleep are not recorded in case files or in the discharge summary in the department of radiotherapy

This audit has shown that with some effort and training it is possible to begin recording patient symptoms at the time of admission to enable nursing staff and doctors to focus on these symptoms and address them

A 70% compliance was noted after two iterations, but it makes the case for repeat audits to sustain or improve the compliance

Of note, it was observed that although symptoms were recorded in a form specific to this purpose, they still did not find mention in the case notes or discharge summaries

There is a need to highlight this deficiency as addressing the same has potential to ease the suffering of patients afflicted with cancer, along side disease modifying treatments that are being given

# Thank you

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This work is the result of a collaborative effort of the Chief Nursing Officer of the Radiotherapy indoor ward Mrs Mary MD Lal and her team of nursing officers and assistants

This audit has been overseen in the ward and data collected by Dr Anshika Gupta, MD, Senior Resident in the Department of Radiotherapy. Special thanks to Dr Parul Priyanka, MD, Senior Resident overseeing the ward

The co-operation of the faculty of the Department of Radiotherapy is gratefully acknowledged and in particular the supervisory role of Dr Shagun Misra

And a special thanks to Prof Punita Lal, who has been consistently leading the palliative care services in this department for over a decade and half now