Lesson 13: Performance status (ECOG/Karnofsky) and why it matters for integrative planning

Lesson 13 – Performance Status (ECOG/Karnofsky) and Why It Matters for Integrative Planning

1. Why This Lesson Matters

In oncology, there are always two parallel realities:

1. **Tumour status** – stage, size, spread, biology
2. **Patient status** – strength, functionality, resilience

Many clinicians look only at the tumour; an integrative clinician must look **equally** at the patient.

Performance status (PS) scales like **ECOG** and **Karnofsky** are standard tools to quantify:

- How active the patient is
- How much self-care they can do
- How much they are confined to bed or chair

Oncologists use PS to decide:

- Which treatments are possible/safe
- Whether intent is curative, disease-control, or purely palliative

As an Ayurvedic oncologist, PS should directly guide:

- Intensity of **Pañcakarma** vs only śamana
- How much **Rasayana/Brimhana** to give and when
- How hard you push diet/exercise/lifestyle changes
- How you counsel about prognosis and goals

This lesson will make you fluent in PS scales and show you how to use them in daily integrative planning.

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2. Performance Status – The Basic Idea

Performance status = **functional capacity**.

It answers questions like:

- Can the patient walk around normally?
- Can they do their daily work?
- Are they mostly in bed/chair?
- Do they need help for basic self-care?

Important distinction:

- **Disease may be advanced, but PS can still be good** (e.g., Stage IV but walking, working).
- **Disease may be limited, but PS may be poor** (e.g., small tumour, but severe heart disease, frailty).

Treatment possibilities and your Ayurvedic interventions depend more on **PS + organ reserve** than on stage alone.

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3. ECOG Performance Status (0–5)

The **ECOG (Eastern Cooperative Oncology Group)** scale is very widely used, simple and quick.

3.1 ECOG Scale – Levels and Meaning

ECOG	Description (Simple Language)
0	Fully active; no restriction in daily activities.
1	Restricted in strenuous activities but ambulatory; can do light work.
2	Ambulatory and capable of self-care, but unable to work; up and about >50% of waking hours.
3	Limited self-care; confined to bed/chair >50% of waking hours.
4	Completely disabled; totally confined to bed/chair; cannot do self-care.
5	Dead.

We usually talk about ECOG 0–4 in clinical practice.

3.2 ECOG with Clinical Examples

- **ECOG 0**
  - A 40-year-old woman with early breast cancer, doing job, taking care of family, walking daily.
- **ECOG 1**
  - Same patient during chemo: feels tired, avoids heavy work, but manages all self-care, light household tasks.
- **ECOG 2**
  - 60-year-old man with metastatic colon cancer: can bathe, dress, eat independently, but cannot work; spends much of day resting, yet out of bed >50% of time.
- **ECOG 3**
  - 70-year-old with advanced lung cancer: needs help to bathe/dress; sits or lies down most of the day; walks only to bathroom with support.
- **ECOG 4**
  - Bedridden patient, very weak, dependent for all activities, often in terminal phase.

For your OPD notes, you should routinely assign an ECOG at first visit and update over time.

4. Karnofsky Performance Status (KPS, 0–100)

The **Karnofsky scale** is older but still used, especially in research and some centres.

4.1 KPS Levels (Key Ranges)

- **100–80**: Able to carry on normal activity, minor symptoms only
- **70–50**: Unable to work but able to live at home and care for most personal needs
- **40–20**: Requires considerable assistance and frequent medical care
- **10–0**: Moribund to dead

Typical anchor points:

- **100** – Normal, no complaints, no evidence of disease
- **70** – Cares for self; unable to carry on normal activity or work
- **50** – Requires considerable assistance and frequent medical care
- **30** – Severely disabled; hospitalisation indicated; death not imminent
- **10** – Moribund, fatal processes progressing

- **0** – Dead

4.2 Rough Mapping: ECOG vs KPS

- ECOG 0 ≈ KPS 90–100
- ECOG 1 ≈ KPS 70–80
- ECOG 2 ≈ KPS 50–60
- ECOG 3 ≈ KPS 30–40
- ECOG 4 ≈ KPS 10–20

In practice, most oncologists prefer ECOG because it's simpler. For your integrative work, **ECOG is enough**, but knowing Karnofsky helps when reading research papers.

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5. Why Performance Status Matters For Modern Oncology Decisions

5.1 Surgery

- ECOG 0–1 (KPS ≥70–80)
  - Fit for major surgeries if organ functions are acceptable.
- ECOG 2
  - Cautious approach; may still undergo surgery with optimised support.
- ECOG 3–4
  - Major surgery usually avoided unless absolutely necessary for symptom relief (e.g., obstruction).

5.2 Chemotherapy and Radiotherapy

- ECOG 0–1
  - Standard, full-dose regimens usually considered.
- ECOG 2
  - Dose reduction, modified protocols, or selected drugs; risk–benefit carefully weighed.
- ECOG 3–4
  - Often unsuitable for aggressive chemo; focus on symptom control, low-toxicity regimens, or best supportive care.

5.3 Targeted Therapy / Immunotherapy

These also depend on PS:

- Good PS → more likely to get and tolerate these therapies.
- Poor PS → higher risk of serious toxicity; sometimes not offered.

As an Ayurvedic clinician, knowing PS helps you predict **how aggressive the allopathic side will be**, and you can plan your support accordingly.

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6. Ayurvedic Interpretation – PS as Bala, Ojas and Vyāyāma Śakti

Performance status is the **modern quantification** of several classical concepts:

- **Bala** – overall strength, resistance
- **Ojas** – vital essence, adaptive capacity
- **Vyāyāma śakti** – capacity to exert physically
- **Karma-sāmarthya** – ability to perform one's normal activities
- **Utsāha** – enthusiasm, mental drive

6.1 Rough Mapping

- **ECOG 0–1**
  - Good bala and Ojas
  - Dhātu-kṣaya may be present but compensated
  - Agni relatively stable; can handle stronger interventions (with care)
- **ECOG 2**
  - Moderate bala; Ojas somewhat depleted
  - Agni variable; prone to both ama and dhātu-kṣaya
  - Need balanced, cautiously up-building chikitsā
- **ECOG 3–4**
  - Marked bala and Ojas kṣaya
  - Agni very fragile; high risk of ama with any overload
  - Only very gentle śamana, ānupāna, and support; Pañcakarma usually contraindicated

This mapping should be in your mind for every cancer patient you see.

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7. How PS Guides Integrative (Ayurvedic) Planning

7.1 ECOG 0–1: “Fit, Treatable, Curative or Long-Term Control Possible”

Modern stance

- Curative intent if stage allows.
- Full-dose chemo/RT/surgery more feasible.

Ayurvedic priorities

1. **During active oncologic treatment**
   - Support Agni: deepana–pācana, mild srotoshodhana.
   - Prevent and manage side-effects: nausea, mucositis, constipation/diarrhoea, fatigue.
   - No very heavy Pañcakarma in the middle of chemo cycles, but mild, tailored procedures may be considered in off-treatment windows and after oncologist’s approval.
2. **In between cycles / after primary treatment**
   - Gradual **Rasayana** and **Brimhana** if digestion allows.
   - Strength-oriented diet plans (yavāgu, mamsa-rasa where indicated, ghṛta preparations in selected patients).
   - Encourage regular **vyāyāma** (walking, light yoga) and prāṇāyāma.
3. **Pañcakarma**
   - Only in carefully selected, supervised contexts and **never** at the cost of delaying chemo/surgery/RT.
   - Prefer **mṛdu, short courses** rather than classical, intense programs.

7.2 ECOG 2: “Borderline Fit; Can Take Treatment But With Difficulty”

Modern stance

- Curative treatment may still be attempted but with modifications.
- Dose reductions, regimen simplification, or shorter courses often needed.

Ayurvedic priorities

1. **Protect from being overwhelmed**
   - Focus more on **stabilising Agni** and minimising new Ama.
   - Use lighter but frequent āhāra and herbal supports.
   - Avoid heavy, greasy, over-building diets that they cannot digest.
2. **Symptom and function-oriented Rasayana**

- Rasayana medicines chosen to support specific dhātus (Rasa–Rakta, Māṃsa) and mind (Medhya).
- Low-to-moderate doses, watch tolerance carefully.

3. **Pañcakarma**
   - Generally avoid intensive Pañcakarma.
   - If absolutely indicated (e.g., mild basti), keep it extremely gentle, short and under close monitoring, usually outside chemo windows.
4. **Realistic counselling**
   - Explain that preserving strength is as important as attacking the tumour.
   - Emphasise rest, sleep, emotional support, and appropriate exercise (short walks).

7.3 ECOG 3–4: "Frail, Mostly Bed/Chair Bound, Palliative Zone"

Modern stance

- Aggressive chemo/RT rarely beneficial; focus is **best supportive care**.
- Sometimes low-intensity regimens or local RT for symptom relief only.

Ayurvedic priorities

1. **Goal shifts from cure to comfort and dignity**
   - Pain relief, breathlessness management, bowel and bladder comfort.
   - Anxiety, insomnia, agitation – manasa chikitsā and supportive presence.
2. **Therapeutic intensity is low**
   - Very simple, easy-to-digest āhāra (peya, vilepi, kṣīra in indicated patients).
   - Minimal number of oral medicines; avoid polypharmacy.
   - External therapies: gentle abhyanga (if tolerated), śirodhāra, local fomentation for pain relief.
3. **Pañcakarma**
   - In general, **avoid** classical Pañcakarma in ECOG 3–4.
   - No vamana/virechana/rakta-mokṣa in such frail individuals.
   - Enema approaches, if considered, should be very gentle (e.g., small-volume, oil-dominant, symptom-driven and under strict supervision).
4. **Spiritual and psychological support**
   - Ācāra Rasayana: compassion, satya, kṣamā, positivity.
   - Support patient and family in decision-making, acceptance, and end-of-life issues.

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8. Using PS to Decide On Pañcakarma, Rasayana, and Diet – A Quick Matrix

8.1 Pañcakarma

- **ECOG 0–1**
  - Possible: limited, customised, mild Pañcakarma when not interrupting chemo/RT and when labs (CBC, LFT, RFT) are reasonable.
  - Example: short course basti after chemo completion in a fit patient.
- **ECOG 2**
  - Usually avoid classical, strong Pañcakarma.
  - Rare, very gentle procedures only in exceptional scenarios and short duration.
- **ECOG 3–4**
  - Avoid Pañcakarma.
  - Focus on bheshaja, pathya, external soothing treatments.

8.2 Rasayana

- **ECOG 0–1**

- Structured Rasayana after stabilising agni and clearing Ama.
- Can be moderately aggressive in survivorship phase.

- **ECOG 2**
  - Light-to-moderate Rasayana aimed at function, not heavy Brimhana.
  - Go “low and slow”, continuously monitoring appetite, bowels, sleep.
- **ECOG 3–4**
  - Rasayana is mainly **supportive and palliative**: tiny doses, easily digestible, often more mental/spiritual (Ācāra Rasayana) than pharmacological.

8.3 Diet and Lifestyle

- **ECOG 0–1**
  - Can implement broader lifestyle changes: dinacharya, moderate exercise, yoga, structured diet plans.
- **ECOG 2**
  - Gentle lifestyle changes; short walks, simple āsanas/prāṇāyāma.
  - More focus on rest, energy conservation.
- **ECOG 3–4**
  - Only what is comfortably possible: passive movements, supported sitting, breathing awareness; diet mainly for comfort and minimal nourishment.

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9. Case Vignettes – Same Cancer, Different PS

Case 1 – ECOG 1, Potentially Curable

- 45-year-old woman, carcinoma cervix Stage IIB
- ECOG 1: ambulatory, doing light work, mild fatigue
- Planned chemo-radiation

Integrative approach:

- Support agni and bowel function during RT/chemo.
- Mucosa-protective strategies for GI and GU tracts.
- Mild Rasayana after acute treatment phase.
- Guided exercise, yoga, and long-term diet/ritucharya planning.

Case 2 – ECOG 2, Borderline

- 65-year-old man, colon cancer Stage III, diabetes, mild heart disease
- ECOG 2: self-care possible, cannot work, spends much of day resting
- Surgeon and oncologist planning modified chemo

Integrative approach:

- Focus on optimising Agni and sugar control, preventing infections.
- Very cautious Rasayana: avoid excessive snigdha, guru preparations.
- No strong Pañcakarma.
- Realistic counselling about fatigue, possible incomplete chemo courses.

Case 3 – ECOG 3, Advanced

- 70-year-old woman, metastatic lung cancer with pleural effusion
- ECOG 3: mostly bed-bound, breathless, needs help for self-care
- Oncologist recommends palliative care, maybe low-dose RT for pain

Integrative approach:

- Goal = comfort: dyspnoea relief, pain control, anxiety reduction.
- Use simple āhāra, very limited oral medicines.
- External therapies (gentle abhyanga, local fomentation) for comfort.
- Emphasise prāṇāyāma variants, mantra, satsanga, counselling for family.

Same “disease name – cancer” but **completely different plans** because PS is different.

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10. Documentation in Your OPD and LMS

In your clinical notes and case discussions (and in LMS case-based teaching), always include:

- ECOG PS (and/or KPS if available)
- Stage and grade
- Key lab markers (Hb, LFT, RFT)
- Your Ayurveda assessment (doṣa, dhātu, srotas, Agni, Ojas, Bala)

Example:

> “Stage IIIB carcinoma lung, ECOG 2, Hb 10 g/dL, controlled diabetes. From Ayurvedic view: Vāta–Kapha predominant śvāsa-roga-like Arbuda with Rasa–Rakta–Prāṇavaha srotas involvement, Agni variable, moderate Ojas kṣaya.”

This immediately tells you the **ceiling** of how aggressive your Ayurvedic treatment can be.

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11. Key Take-Home Points

1. Performance status (ECOG/Karnofsky) measures **how well the patient is functioning**, not how big the tumour is.
2. ECOG 0–1 = good PS, ECOG 2 = borderline, ECOG 3–4 = poor PS; treatment intensity and goals shift accordingly.
3. For integrative planning, PS is a practical expression of **Bala, Ojas, Vyāyāma śakti and karma-sāmarthya**.
4. ECOG 0–1: you can combine modern curative treatment with moderate Ayurvedic support and later, structured Rasayana.
5. ECOG 2: focus on stability, symptom support and careful, gentle strengthening; generally avoid intense Pañcakarma.
6. ECOG 3–4: aim for comfort and quality of life; very gentle interventions; avoid burdening Agni and Ojas.
7. Always record PS in your case sheets and use it, along with stage and organ function, to decide the **intensity and type of Ayurvedic interventions** you will prescribe.

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12. Review Questions

1. Define performance status in your own words. How is it different from tumour stage?
2. Describe ECOG 0, 2 and 3 using simple clinical examples.
3. How does ECOG 1 differ from ECOG 3 in terms of:
    - Eligibility for intensive chemo
    - Your choice of Pañcakarma and Rasayana?
4. Roughly map ECOG 0–4 to levels of Bala and Ojas in Ayurvedic concepts.
5. Outline different integrative priorities for patients with ECOG 0–1, ECOG 2, and ECOG 3–4.
6. A 60-year-old man with metastatic gastric cancer is ECOG 3. What will be your primary Ayurvedic goals and what will you definitely avoid?

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7. How will you document performance status and use it while discussing treatment options with both patient and oncologist?

End of Lesson 13