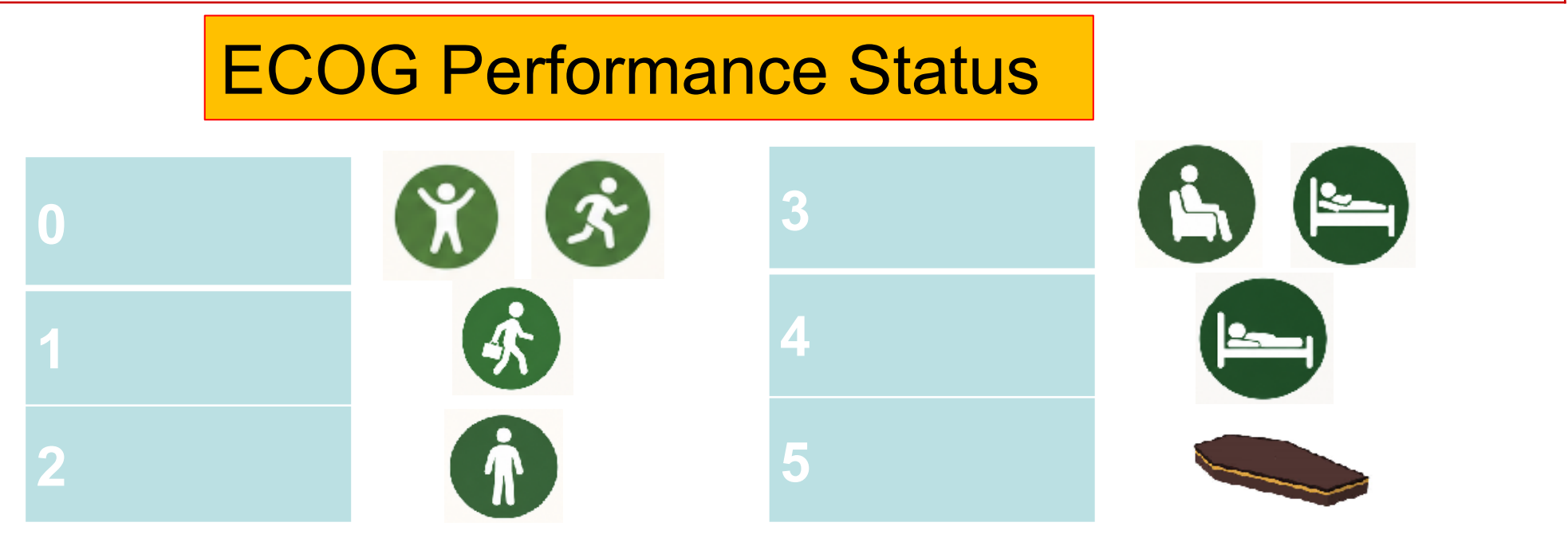


Background

Patients with advanced cancer often experience major functional decline due to uncontrolled symptoms, malnutrition, anemia, metabolic disturbances, psychological distress, and deconditioning. Although poor performance status is frequently attributed to disease progression, several contributing factors may be reversible. This case highlights substantial functional recovery following integrated specialist palliative care in a patient with advanced metastatic neuroendocrine tumor.

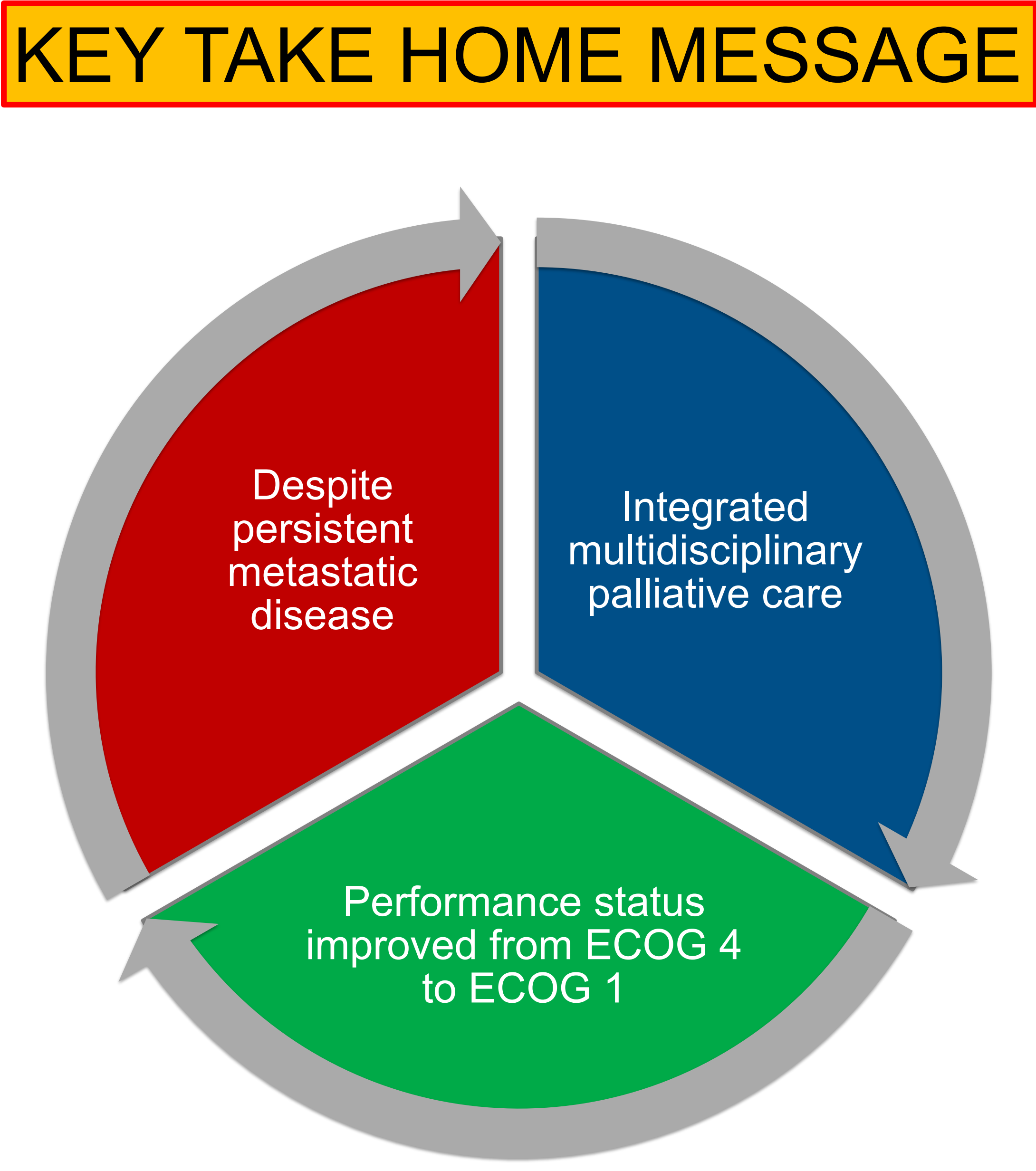


Case presentation

A 59-year-old woman with metastatic grade II primary hepatic neuroendocrine tumour and chronic kidney disease developed severe pain, recurrent upper gastrointestinal bleeding, transfusion-dependent anaemia, nausea, vomiting, diarrhoea, malnutrition, electrolyte abnormalities, and progressive weakness. Her mobility deteriorated until she became bedbound, with an Eastern Cooperative Oncology Group performance status of **ECOG 4**.

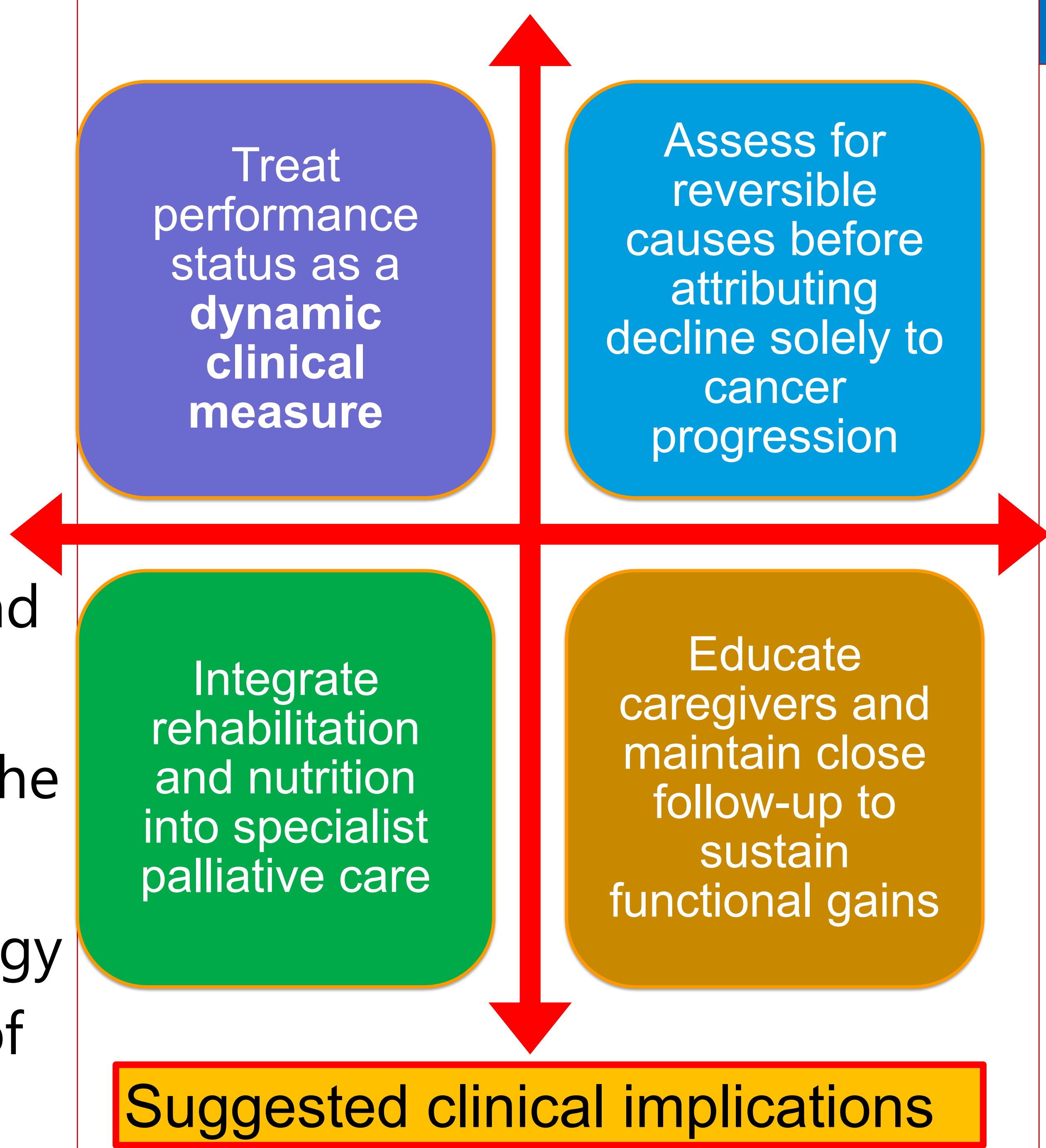
Keywords:

Integrated palliative care; Neuroendocrine tumor; Performance status; ECOG; Symptom management; Quality of life



Multidimensional Assessment

Over the following weeks, pain and gastrointestinal symptoms improved, bleeding episodes became infrequent and controllable, and oral intake and nutritional status recovered. The patient progressed from being bedbound to assisted mobilization and subsequently walking at home.



Multidimensional Assessment

At six-month follow-up, she was tolerating a normal diet, had stable symptom control, and had regained greater independence in activities of daily living. Despite persistent metastatic disease, her performance status improved from ECOG 4 to ECOG 2 and ultimately ECOG 1.

Discussion

This case demonstrates that performance status in advanced cancer is dynamic rather than fixed. Functional deterioration should not automatically be considered an irreversible consequence of tumour progression. Identifying and treating reversible contributors—including pain, anaemia, gastrointestinal symptoms, malnutrition, electrolyte disturbances, and deconditioning—may result in substantial restoration of function and independence.

CONCLUSION

Integrated specialist palliative care produced marked functional recovery despite ongoing metastatic disease. Early multidisciplinary assessment, comprehensive symptom control, nutritional support, rehabilitation, psychosocial care, caregiver education, and longitudinal follow-up may restore meaningful independence in carefully selected patients with advanced cancer