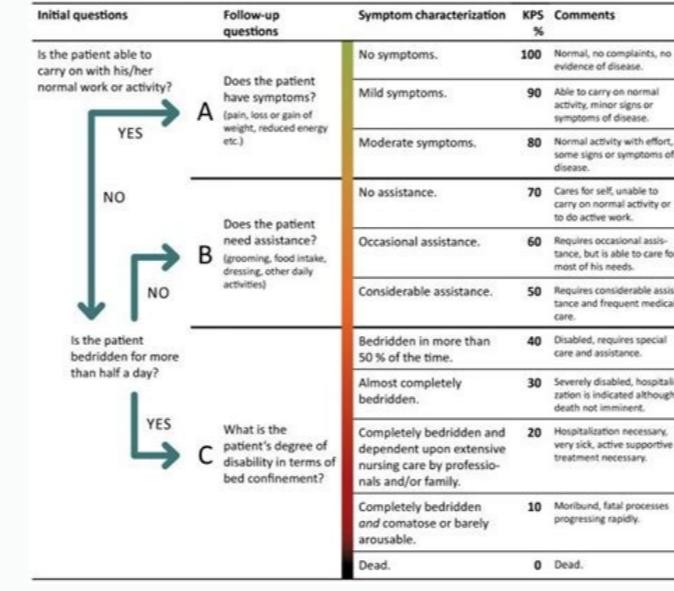


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## Karnofsky performance status score

### Karnofsky performance status (kps) score.



**Australia-modified karnofsky performance status scale score. Karnofsky performance score. Karnofsky and ecog performance status score. Karnofsky score vs ecog performance status.**

Performance status measures how well a person can carry on ordinary daily activities while living with cancer. It also provides an estimate of what treatments a person may tolerate. There are two performance scales: the Eastern Cooperative Oncology Group (ECOG)/WHO system and the Karnofsky Performance Status (KPS) scale. KARNOFSKY PERFORMANCE STATUS SCALE DEFINITIONS RATING (%) CRITERIA

Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease.
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his/her personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disable; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead.

Each ranks your functioning and ability to care for yourself. Performance status is often mentioned in the setting of clinical trials, where researchers use them as a way to ensure results are reproducible in people with similar health conditions.

But it is essential in the overall care and management of anyone living with cancer because it can help quantify a treatment's effect on your quality of life. This article explains ECOG performance status and KPS performance status, as well as how to interpret scores. Hero Images / Getty Images ECOG performance status or KPS determine how well you are doing with your activities of daily living, or ADLs. This says a lot about the current state of your disease and what treatments may be viable options for you. A healthcare provider may reference performance status: To see if/how your cancer is progressing To estimate prognosis To determine if you are in reasonable health to tolerate treatments such as chemotherapy, surgery, or radiation therapy To evaluate your response to treatment As selection criteria for clinical trials To help understand if you require special assistance so that appropriate referrals can be made to improve quality of life This is why your oncologist or a clinical trial investigator asks all of those questions about your daily life. Two primary performance scales are used to measure performance status for those living with cancer: the Eastern Cooperative Oncology Group (ECOG)/WHO system, and the KPS. ECOG performance status ranks performance status on a scale of 0 to 5. KPS uses a scale of 0 to 100. Note that these scales differ in whether a lower number or a higher number means better performance status. With the ECOG/WHO performance status, the ideal score zero, whereas with the KPS the ideal number is 100. 0: Fully active, no restrictions on activities.

activity and to work; no special care needed			minor signs or symptoms of disease
Moderate	70	Cares for self; unable to carry on normal activity or do active work	80 Normal activity with effort; some signs or symptoms of disease
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed	60	Requires occasional assistance; able to care for most personal needs	50 Requires considerable assistance and frequent medical care
Severe	40	Disabled; requires special care and assistance	30 Severely disabled; hospital admission is indicated; death not imminent
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly	20	Very sick; hospital admission necessary; active supportive treatment necessary	10 Moribund; fatal processes progressing rapidly
	0	Death	0 Dead

A performance status of 0 means no restrictions in the sense that someone is able to do everything they were able to do prior to their diagnosis. 1: Unable to do strenuous activities, but able to carry out light housework and sedentary activities. This status basically means you can't do heavy work but can do anything else. 2: Able to walk and manage self-care, but unable to work. Out of bed more than 50% of waking hours. In this category, people are usually unable to carry on any work activities, including light office work. 3: Confined to bed or a chair more than 50% of waking hours. Capable of limited self-care. 4: Completely disabled.

Score	Description
Mild	100 Normal; no complaints; no evidence of disease
Able to carry on normal activity and to work; no special care needed	90 Able to carry on normal activity; minor signs or symptoms of disease
Moderate	80 Normal activity with effort; some signs or symptoms of disease
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed	70 Cares for self; unable to carry on normal activity or do active work
Severe	60 Requires occasional assistance; able to care for most personal needs
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly	50 Requires considerable assistance and frequent medical care
Severe	40 Disabled; requires special care and assistance
Severe	30 Severely disabled; hospital admission is indicated; death not imminent
Severe	20 Very sick; hospital admission necessary; active supportive treatment necessary
Severe	10 Moribund; fatal processes progressing rapidly
Severe	0 Death

Source: Karnofsky and Burchenal.<sup>27</sup>

Totally confined to a bed or chair.

### Performance status

Karnofsky Scale	Zubrod Scale
Normal, no evidence of disease	100 Normal activity
Able to perform normal activity with only minor symptoms	90
Normal activity with effort, some symptoms	80 Symptomatic and ambulatory 1
Able to care for self but unable to do normal activities	70 Cares for self
Requires occasional assistance, cares for most needs	60 Ambulatory >50% of time 2
Requires considerable assistance	50 Occasional assistance
Disabled, requires special assistance	40 Ambulatory <50% of time 3
Severely disabled	30 Nursing care needed
Very sick, requires active supportive treatment	20 Bedridden 4
Moribund	10

Unable to do any self-care. 5: Death. 100: Normal, no symptoms or evidence of disease. 90: Minor symptoms, but able to carry on normal activities. 80: Some symptoms, normal activity requires effort. 70: Unable to carry on normal activities, but able to care for self. 60: Able to care for most needs, some occasional assistance with self-care. 50: Needs considerable assistance with self-care, frequent medical care. 40: Disabled; needs special care and assistance. 30: Severely disabled; possibly hospitalized. 20: Very ill; significant supportive care is needed. 10: Actively dying. Death. Many of the treatments for cancer, whether surgery, chemotherapy, radiation therapy, targeted therapies, clinical trials, or stem cell transplants, can be challenging enough for those who are very healthy at the time of diagnosis. Therefore, ECOG performance status and KPS can help people with cancer and their healthcare providers weigh the potential benefits and risks of different options. This is even more important now that there are many more treatment choices than in the past. For example, people with lung cancer who have a poor performance status are more likely to experience adverse effects and have a poorer overall survival if they receive standard chemotherapy. In contrast, targeted therapies, when appropriate, are much better tolerated by those who have a poor performance status. When talking about cancer treatment, quality of life issues can sometimes be pushed to the back burner. By routinely measuring quality of life with ECOG performance status and KPS, and noting changes, oncologists can be more aware of problems that are reducing quality of life and recommend appropriate resources. This may include options such as physical therapy, occupational therapy, and cancer rehabilitation (such as the STAR program), equipment ranging from oxygen to a walker or wheelchair, as well as the need for in-home health services or a referral for transitional or hospice care. Many people with cancer and their families ask about prognosis. While it may seem moribund to ask about life expectancy, having an idea of prognosis (while knowing that healthcare providers including oncologists do not have a crystal ball and that everyone is different) allows people to consider advance care planning and end of life issues, and can also help people have a better idea when hospice may be an appropriate choice. Both the KPS and ECOG scales appear to be equally effective in predicting survival, with studies showing that survival drops roughly by half with each adverse change in performance status. (For example, a person with an ECOG performance of 3 would be expected to survive only half as long as someone with an ECOG performance of 2.) Many clinical trials require patients to have a good performance status before trying an experimental treatment. Many people get frustrated by this. Why is it so necessary? Doesn't it exclude people who could benefit from an investigational treatment? There are a few reasons researchers use the criteria of performance status to determine eligibility for entering a clinical trial. One is so that their results are "reproducible." In other words, if another researcher were to do a similar trial, it's important to start with people in the same general health condition. Another reason, however, is important for you personally. By recording performance status, healthcare providers are able to monitor the new treatments to see if they have a negative effect on performance status. For example, if people responded to a drug but started with a performance status of 0, which dropped to 2, healthcare providers would then need to consider whether or not the side effects of the treatment justified the positive results they found in treating the cancer. Frequently Asked Questions: How long does an ECOG test take? Only a few moments. A physician typically completes an ECOG performance status test during a routine evaluation. Doctors look at some readily observable criteria, such as your level of activity, self-care, and assistance required. What is Palliative Performance Scale? The Palliative Performance Scale (PPS) is a modified KPS. It measures function and predicts survival among those receiving palliative care (intended to increase comfort during treatment). The Karnofsky Performance Scale, or KPS score, is an assessment tool for predicting of length of survival in terminally ill patients. The KPS scale is an 11 point rating system which ranges from normal functioning (100) to dead (0) in ten point increments. Use of these 11 points is necessary, meaning that estimates between points cannot be made. Although no specific instructions are given, the KPS score is an assessment tool for predicting of length of survival in terminally ill patients. The KPS scale is an 11 point rating system which ranges from normal functioning (100) to dead (0) in ten point increments. Use of these 11 points is necessary, meaning that estimates between points cannot be made. Although no specific instructions are given, the KPS score is an assessment tool for predicting of length of survival in terminally ill patients. The KPS scale is an 11 point rating system which ranges from normal functioning (100) to dead (0) in ten point increments. Use of these 11 points is necessary, meaning that estimates between points cannot be made. 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disease-specific Clinical Summary. The score is to be documented where indicated on the clinical summary. The KPS is to be completed for a patient any time there are significant changes in status. The score should then be documented in the clinical note. Please be aware that the KPS has only been validated as a predictor of terminal decline in cancer and HIV patients. It can be completed for other patients if the score indicates a declining functional ability. Review the scale: The Karnofsky Performance Scale ranges from 0-100 and is broken down into 10-point increments. The higher the score, the more independent the person is. Observe daily activities: Observe the patient's ability to perform daily activities such as dressing, bathing, eating, and walking. Evaluate symptoms: Evaluate the patient's symptoms, such as pain, shortness of breath, and nausea, and how they impact daily activities. Assign a score: Assign a score based on the patient's ability to perform daily activities and their symptom severity. For example, a score of 100 indicates the person can perform all activities without assistance and has no symptoms. A score of 50 indicates the person is able to perform only half of their daily activities and has significant symptoms. Document the score: Document the score in the patient's medical record and use it as a baseline for future assessments. Re-evaluate regularly: Re-evaluate the patient's functional status and symptoms regularly, especially if there is a change in their condition. Use the scale in conjunction with other assessments: The Karnofsky Performance Scale should be used in conjunction with other assessments and clinical observations to provide a comprehensive evaluation of the patient's functional status. Involve the patient and caregivers: Involve the patient and their caregivers in the assessment process to ensure accuracy and relevance. By following these steps, you can use the Karnofsky Performance Scale to assess a person's independent functioning and track their progress over time. The following questions can begin to serve as guidelines for determining the performance status of an individual patient. Evidence of Disease: Has there been any weight loss or weight gain? Has there been any reduction in energy or increase in fatigue? Self Care: Has there been any difficulty grooming or bathing? Daily Activities: Has there been any difficulty in walking or moving around? Has there been any difficulty driving? Work Difficulty: Has there been any difficulty working full or part time? The information obtained from these questions, the assessment and other medical data should then be used as specific criteria listed on the KPS Index. Once the criteria have been identified and the index which most closely corresponds to the criteria has been chosen, the KPS is documented. Following the admission assessment, when possible, the same health care provider should administer the scale on subsequent evaluations. If you found this article informative and useful share it with your friends and colleagues.