

NUTRITIONAL STATUS EVALUATION IN OUR CLINICAL PRACTICE



Farnesi, A.(1) *; Musettini, G.(1); Sbrana, A.(1); Biasco, E.(1); Paolieri, F.(1); Virgili, N.(1); Brunetti, I.M. (1); Galli, L.(1); Vasile, E.(1); Ricci, S.(1); Falcone, A.(1); Lacorte, M. (2); Nardi, K. (3) Antonuzzo, A.(1)

(1) Azienda Ospedaliero-Universitaria Pisana, Oncologia Medica, Pisa, Italy; (2) Azienda Ospedaliero-Universitaria Pisana (2) Geriatria, Pisa, Italy; (3) Azienda Ospedaliero-Universitaria, Servizio Dietetico, Pisa, Italy.

INTRODUCTION & OBJECTIVES

Introduction

Malnutrition is one of the most frequent complication in patients (pts) with cancer, especially in head and neck and gastrointestinal ones.

Objectives

The aim of this retrospective study is to assess which kind of pts would benefit of an early nutritional assessment and therapy, based on our daily clinical practice.

METHODS

We retrospectively collected data from September 2015 to October 2016 of 82 pts that come to our supportive care service for nutrition-related problems. Pathological characteristics are summarized in Table 1. Each pt underwent physical evaluation and nutritional assessment, in particular BMI (body mass index), PEM (protein-energy malnutrition), MUAC (middle upper arm circumference) and MUST score (malnutrition universal screening tool) (Table 2). After that pts were referred to a clinical nutritionist for appropriate supportive care.

Median Age	64 ys (38-89)	
Cancer site	M0/M1	Total
Head and neck	32 (39%) /5 (6%)	37 (45%)
Gastrointestinal non colon rectal cancer	14 (17%) /14 (17%)	28 (34%)
Colon rectal cancer	3 (4%) / 4 (5%)	7 (9%)
Others°	1 (1%) /9 (11%)	10 (12%)
Concomitant therapy *	Yes/No	
	75 (91%) /7(9%)	

Table 1.

° Others: breast, prostate, melanoma, lung, ovarian, unknown origin; * Radiotherapy and/or Chemotherapy; ormonotherapy.

	Head and neck 37 (45.1%)	GI non colon 28 (34.2%)	Colon-rectal 7 (8.5%)	Others 10 (12.2%)
BMI				
>20 kg/mq	25 (30.5%)	19 (23.2%)	4 (4.9%)	6 (7.3%)
18.5 -20 Kg/mq	7 (8.5%)	5 (6.1%)	1 (1.2%)	1 (1.2%)
≤ 18.5 Kg/mq	3 (3.7%)	4(4.9%)	1 (1.2%)	3 (3.7%)
Not evaluable	2 (2.4%)		1 (1.2%)	
MUAC				
> 23.5 cm	21 (25.5%)	13 (15.9%)	6 (7.3%)	7 (8.5%)
≤ 23.5 cm	8 (9.8%)	10 (12.2%)	1 (1.2%)	3 (3.7%)
Not evaluable	8 (9.8%)	5 (6.1%)	\	\
Weight reduction				
≤ 5%	12 (14.6%)	6 (7.3%)	2 (2.4%)	
5-10%	11 (13.5%)	5 (6.1%)	1 (1.2%)	5 (6.1%)
≥10%	12 (14.6%)	16 (19.6%)	3 (3.7%)	5 (6.1%)
Not evaluable	2 (2.4%)	1 (1.2%)	1 (1.2%)	
MUST				
0	11 (13.5%)	1 (1.2%)	1 (1.2%)	
1	7 (8.5%)	7 (8.5%)	2 (2.4%)	3 (3.7%)
≥2	16 (19.4%)	19 (23.3%)	4 (4.9%)	7 (8.5%)
Not evaluable	3 (3.7%)	1(1.2%)		
MPE				
mild	7 (8.5%)	5 (6.1%)	3 (3.7%)	4 (4.9%)
Moderate	14 (17.1%)	12 (14.6%)	3 (3.7%)	5 (6.1%)
severe	5 (6.1%)	8 (9.8%)	1 (1.2%)	1 (1.2%)
absent	10 (12.2%)	1 (1.2%)		
Not evaluable	1 (1.2%)	2 (2.4%)		

Table 2

RESULTS

In our series we found that pts affected by H&N and non colorectal GI (NCGI) cancer had more frequently MUST score ≥2, respectively 19.4% and 23.3%. The same type of pts had a higher incidence of moderate-severe grade of MPE, respectively 23.2% and 24.4%. According to weight loss, we found that in the NCGI cancer group the largest part of pts had a weight loss ≥ 10% (19.6%) at baseline.

CONCLUSIONS

Considering our data, we observed that H&N and NCGI cancer pts have frequent occasional findings of moderate to severe nutritional deficiencies.

We than strongly suggest a nutritional evaluation at baseline and periodically in this categories of pts.

REFERENCES

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