蓟 Chao Family **Comprehensive Cancer Center** School of Pharmacy & Pharmaceutical Sciences

ALLOSTATIC LOAD AS A PREDICTOR OF PRE-TREATMENT FUNCTION AND SYMPTOMS IN ADULT CANCER PATIENTS RECEIVING CHEMOTHERAPY

Introduction

- Allostatic Load (AL) is defined as a cumulative measure of stress-related state across different physiologic systems (immune, cardiovascular, and metabolic) as a response to external stressors and can be calculated based on routinely collected clinical and laboratory parameters.
- Patients in a state of allostatic overload had worse physical and mental health, such as frailty, multimorbidity and psychiatric disorders.
- We hypothesize that AL can be used to assess the holistic health of cancer patients prior to receiving treatment.

Methods

- Study design: This cross-sectional study recruited newly diagnosed, adult cancer patients prior to receiving intravenous anti-cancer treatment at the Chao Family Comprehensive Cancer Center from 07/2021 to 12/2022 (UCI IRB #2021-6431).
- Allostatic load (AL): A total of nine routinely collected biomarkers were utilized to calculate the AL scores as described below. A point was assigned if the biomarker value was not within the normal ranges for all biomarkers. <u>Higher scores indicate</u> worse physiological stress.
 - Total AL (range: 0-9): Albumin, BMI, Creatinine, Diastolic Blood Pressure (DBP), Glucose, Heart Rate, Systolic Blood Pressure (SBP), Urea, White Blood Cell Count (WBC).
 - Immune AL (range: 0-1): WBC.
 - Cardiovascular AL (range: 0-3): DBP, Heart Rate, SBP.
 - Metabolic AL (range: 0-5): Albumin, BMI, Creatinine, Glucose, Urea.
- **Health assessment:** Participants completed the **PROMIS** assessment tool that measures the patients' health in two function (*cognitive* and *physical function*) and five symptom domains (*fatigue, pain, anxiety, depression, nausea* & *vomiting*). Higher scores represent better function and worse symptoms.
- Statistical analysis: A spearman correlation matrix was generated to illustrate the bivariate relationships between the PROMIS symptom scores and allostatic load. All analyses were completed using R version 4.2.2.

Tab

Age at Mean (S Median Min, Ma Biologi Male Female Race/Et Non-His Hispanio Asians/ Others Highest None/K Primary Middle High Sc High Sc College School College Advance Employ diagnos Unempl Student Homem Retired Unable Full-time Part-tim Self-em

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Results

A total of 144 participants were recruited. The mean (SD) enrollment age was 60 (14.2) years and majority were females (55%). More than 90% patients had middle school and above education (Table 1).

Spearman correlation revealed that **Total AL** achieved a statistically significant and moderate negative correlation with cognitive function (p=-0.43, P<0.001). All other **Total AL** correlations were weak but statistically significant: physical function ($\rho=-0.20$, P=0.021), fatigue ($\rho=0.30$, P<0.001), depression (ρ =0.22, P=0.010), and anxiety (ρ =0.19, P=0.024) (Figure 1).

Among the three AL domains, Cardiovascular AL was found to best correlate with cognitive function (p=-0.57, P<0.001), fatigue (p=0.33, P<0.001), anxiety (ρ =0.29, P<0.001) and depression (ρ =0.25, P<0.004).

ole 1: Participant characteristics		Figure 1: Spearman							Correla			
Characteristics	(N=144)					-			1.5			
t enrollment		Immune AL	-0.13	-0.02	0.16	0.03	0.13	0.01	0.01	0.38	0.1	
(SD)	60 (14.2)		-0.15	-0.02	0.10	0.05	0.15	0.01	0.01	0.50	0.1	
n (Q1, Q3)	62 (52, 70)	Cardiovascular AL	-0.57	-0.14	0.29	0.25	0.33	0	0.19	0.63	0.03	
lax	21, 90										8	
gical sex, n (%)		Metabolic AL	-0.06	-0.15	-0.03	0.08	0.12	0.19	-0.02	0.71	1	
	62 (42%)											
e	78 (53%)	Total AL	-0.43	-0.2	0.19	0.22	0.3	0.12	0.09	3	0.71	
Ethnicity, n (%)		Doin	0.00	0.55	0.00	0.00	0.5	0.00	1.00	0.00	0.0	
ispanic White	64 (43%)	Pain	-0.33	-0.55	0.30	0.30	0.5	0.32	- B.	0.09	-0.0	
nic/Latino	41 (28%)	N&V	-0.17	-0.18	0.23	0.23	0.3	1	0.32	0.12	0.19	
Asian Americans	32 (22%)			10010074		1000	1000		19192		2.30	
6	31 (21%)	Fatigue	-0.57	-0.6	0.56	0.5	1	0.3	0.5	0.3	0.12	
st Education Level, n (%)				-	÷			-				
Kindergarten	3 (2%)	Depression	-0.56	-0.32	0.76	1	0.5	0.23	0.36	0.22	0.08	
у	12 (8%)	A		-				· · · ·			1	
School	10 (7%)	Anxiety	-0.59	-0.33	<u>, †</u>	0.76	0.56	0.23	0.36	0.19	-0.0	
School	19 (13%)	Physical function	0.3		0.22	-0.32	0.6	0.10	0.55	0.2	0.1	
School Graduate	27 (18%)	T Hysical function	0.5		-0.55	-0.52	-0.0	-0.10	-0.00	-0.2	-0.1	
e/Associates Degree/Technical	18 (12%)	Cognitive function		0.3	10.0004600	-0.56	and the second		areases and	1000000000	1000	
e Graduate	34 (23%)		5	· 5	Hz.	· 5	Ne	4	Ni	D'	2	
ced Degree	17 (12%)	nothing the series still be pointed to the start with										
oyment (before cancer	, <i>,</i>	. Je	a	¥.	Jegt .	X			\sim	atabe	Jest C	
osis), n (%)		dritting	, V		\checkmark				1	No dif	54.	
oloyed	16 (11%)	Cognitive function privetion privetion perfection ratione New Pain rate price perfection of the pain perfection of										
nt	1 (1%)	References • Oppegaard et al. vol. 180 (2022): 103822.doi:10.1016/j.critrevonc.2022.103822 • Zhao et al. vol. 187,2 (2021): 587-596. doi:10.1 021-06102-021										
maker	5 (3%)											
d	44 (30%)											
e to work (disabled)	8 (5%)											
ne employment	47 (32%)											
me employment/free-lance	13 (9%)											
nployed	7 (5%)											

