



Frequency of Malnutrition and Anorexia-Cachexia Syndrome Patients with Advanced Cancer Evaluated in an Outpatient Supportive Care Clinic

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BACKGROUND

Patients with advanced cancer are at risk for malnutrition and the development of anorexia-cachexia syndrome, which is often under-treated. The objective of our study was to determine the frequency of these conditions in patients with advanced cancer who were evaluated in an outpatient ambulatory Supportive Care Clinic.

METHODS

Patients with advanced cancer seen in SCC were prospectively enrolled to complete a cross-sectional one-time survey. We collected patient demographics, weight history and height, cancer history, the Functional Assessment of Anorexia Therapy – Anorexia/Cachexia Subscale (FAACT-A/CS) questionnaire, Edmonton Symptom Assessment Scale (ESAS), the Patient Generated Subjective Global Assessment – short form (PG-SGA SF), and a Body Image Scale (BIS) questionnaire. Malnutrition was indicated by a PG-SGA cut-off of ≥ 5 , and loss of appetite, anorexia, was defined as either ESAS ≥ 3 or FAACT-ACS ≤ 37 .

RESULTS

165 Patients with cancer were approached 100 (61%) completed the prospective survey. Average (SD) age was 61.6 years old (11.5) Majority were Female Gender (52%), Caucasian (75%), Married (80%) Most common cancers - Gastrointestinal (22%) & Genitourinary (21%). At the time of the survey

- 14% of patients were noted to have a BMI < 20
- 60% of patients reported anorexia (ESAS ≥ 3)
- 53% patients screened positive for the FAACT-A/CS (≤ 37)
- 69% were malnourished (PGSGA ≥ 5)
- 55% had body image dissatisfaction (BIS ≥ 4).

Documented weight loss of >10% in the medical records was recorded in 59% of patients with an average (SD) of -12.8% (15.3). Patient self-reported weight loss of > 5% over 6 months and > 10% over a lifetime was noted in 56% and 62% of the patients, respectively.

Consort Diagram

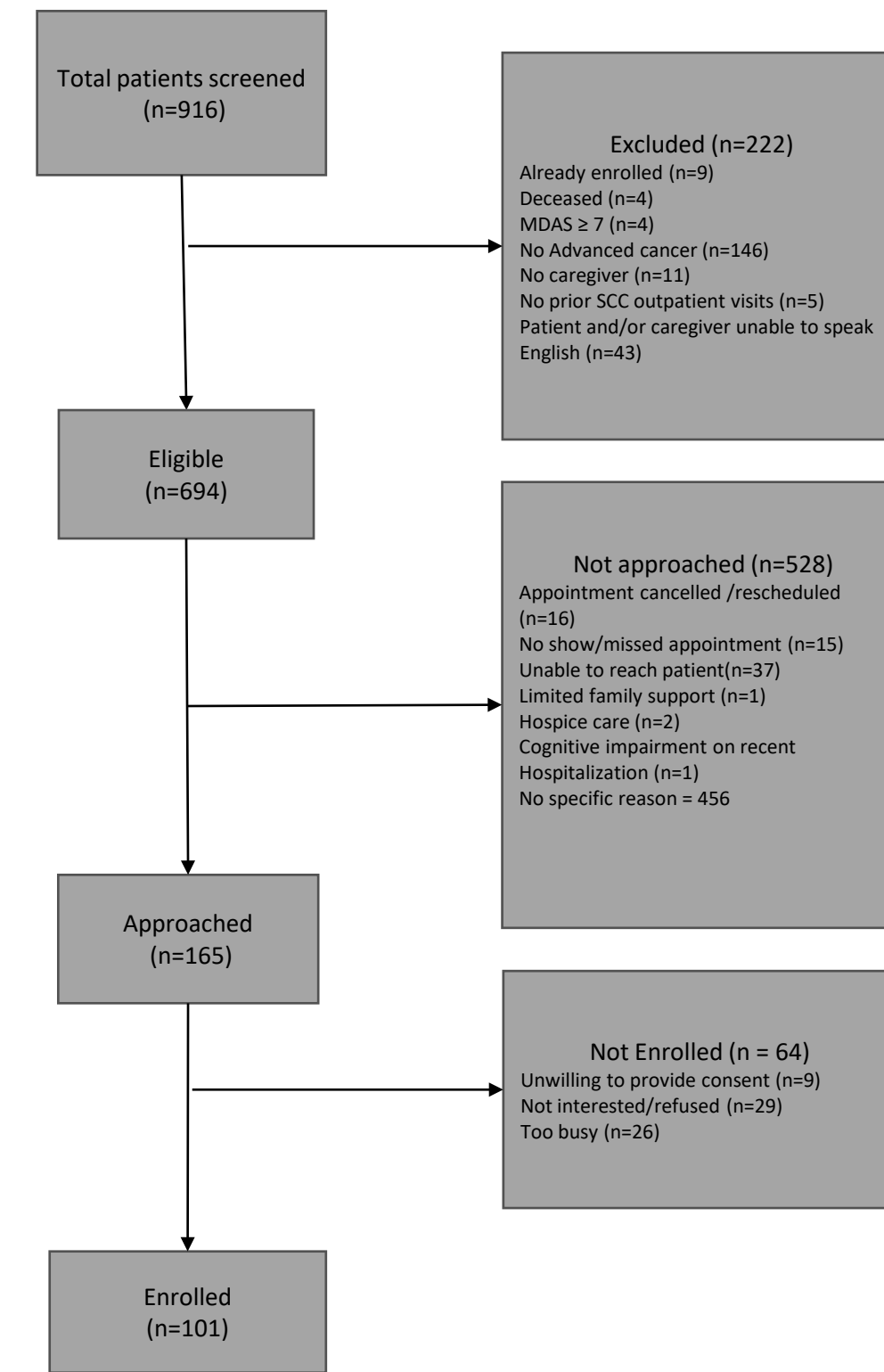


Table 1. Characteristics of Patients with Advanced Cancer who Completed Nutrition and Cachexia Survey

Patient Characteristics	N=100 (%)
Age (mean in years (SD))	61.6 (11.5)
BMI (SD)	26.5 (6.35)
Cancer Type	
Breast	12 (12)
Gastrointestinal	22 (22)
Gynecological	8 (8)
Head & Neck	8 (8)
Hematological	10 (10)
Thoracic	9 (9)
Other	7 (7)
Unknown Primary	3 (3)
Cancer Stage	
Metastatic	83 (83)
Locally Advanced	4 (4)
Recurrent/Relapsed	12 (13)
Gender	
Female	52 (52)
Ethnicity	
White	75 (75)
Hispanic/Latino	11 (11)
African American	10 (10)
Asian/Pacific Islander	4 (4)
Marital Status	
Married	80 (80)
Divorced or Widowed	12 (12)
Single or Never Married	8 (8)
Education	
College Graduate or Some College	54 (54)
Graduate or Professional or Technical School	21 (21)
High School/GED	18 (18)
Some High School	7 (7)
Performance Status	
1	70 (70)
2	18 (18)
3	12 (12)

RESULTS

Table 2. Frequency of Malnutrition and Cancer Cachexia in Ambulatory Patients with Cancer

Anorexia Cachexia Assessments	n=100 (%)	Average score (SD)
ESPEN Cachexia Criteria		
Weight loss >10% over 6 months	58 (58)	-12.8% (15.3)
Patient Self-reported weight loss		
Weight loss >5% over 6 months	53 (53)	-9.0 (9.6)
Weight loss >10% over lifetime	60 (60)	-13.6 (31.1)
Frequency of Malnutrition		
PG-SGA ≥ 5	69 (69)	7.26 (4.5)
Frequency of Anorexia		
FAACT-A/CS ≤ 37	53 (53)	35.9 (9.2)
ESAS ≥ 3	60 (60)	3.6 (3.0)
Body Image Dissatisfaction		
Body Image Scale ≥ 4	54 (54)	6.1 (5.7)

RESULTS

Table 3 Parenteral Nutrition Survey of Patients with Advanced Cancer (N=100)

	Strongly Disagree	Disagree	Neither Agree Or Disagree	Agree	Strongly Agree	No response
I Do Not Wish to Receive Tube Feeding Even If I cannot Eat Enough	2	40	44	11	1	2
I think the Parenteral Nutrition & Hydration are Essential If I Cannot Eat Enough	4	54	14	22	3	3
I think that Parenteral Hydration is Essential at Least If I Cannot Eat Enough	3	59	11	22	2	3
I Think That Medical Staff Needs to Provide Appropriate Nutritional Treatment	5	54	26	12	2	1
I Would Like to Leave the Decision About Nutritional Treatment to my Attending Physician	1	42	33	21	0	3
I Would Like to Decide on Nutritional Treatment Myself	10	51	14	19	4	2
I Think that my Family Members' Opinions about Nutritional Treatment are Very Important	15	45	9	26	4	1
I Don Not Wish to Receive Parenteral Nutrition and Hydration Even if I Cannot Eat Enough	0	39	54	6	0	1
I Would Like to Leave the Decision about Nutritional Treatment to My Family Members	1	35	37	24	2	1
I Think that I and My Family Members Disagree about Nutritional Treatment	1	33	55	11	0	0

CONCLUSION

- Patients with Advanced Cancer seen in an outpatient SCC are at high risk of Anorexia-Cachexia Syndrome
- 70% of Patients with Advanced Cancer were at Risk for Malnutrition
- Roughly 60% Experience Complications of Weight Loss (Cachexia)
- 54% of Patients with Cancer reported Body Image Dissatisfaction
- Routine screening for malnutrition and Nutritional Counseling should be Incorporated into All Supportive Care Encounters
- Patients with Advanced Cancer have Diverse Preferences for Parenteral Nutrition or Hydration