NUTRITIONAL STATUS ASSESSMENT IN ONCOLOGY PATIENTS

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Introduction

Nutritional status is often compromised in oncology patients and, consequently, most of them will confront cachexia during the course of the disease. In order to prevent the late stages of cachexia we must use screening tools in clinical routine.

Methods

A prospective observational study was conducted in our hospital during the years 2022-2023. Nutritional status was assessed via a questionnaire as a screening tool, the patient generated-subjective global assessment (PG-SGA). All patients were informed and signed their consent.
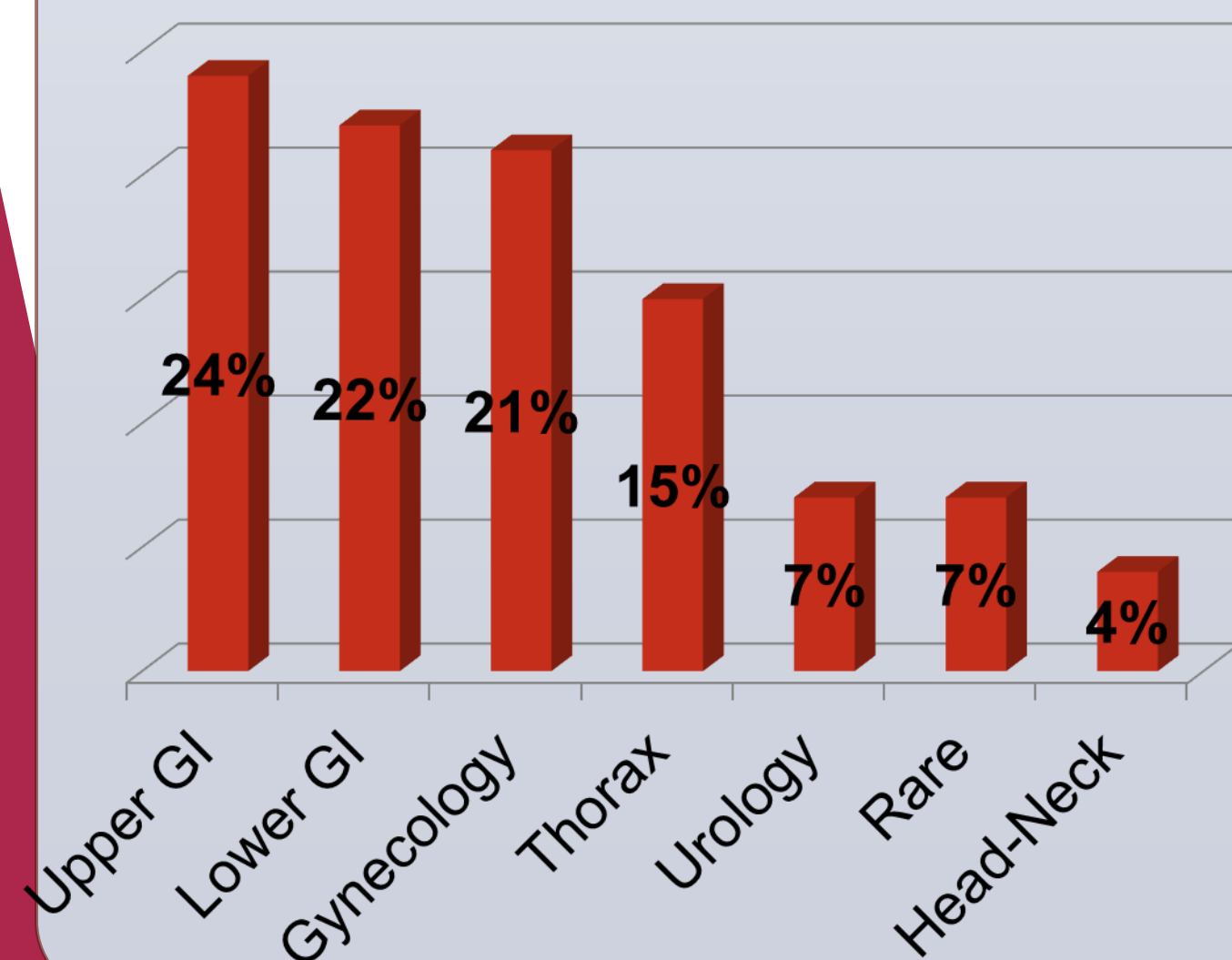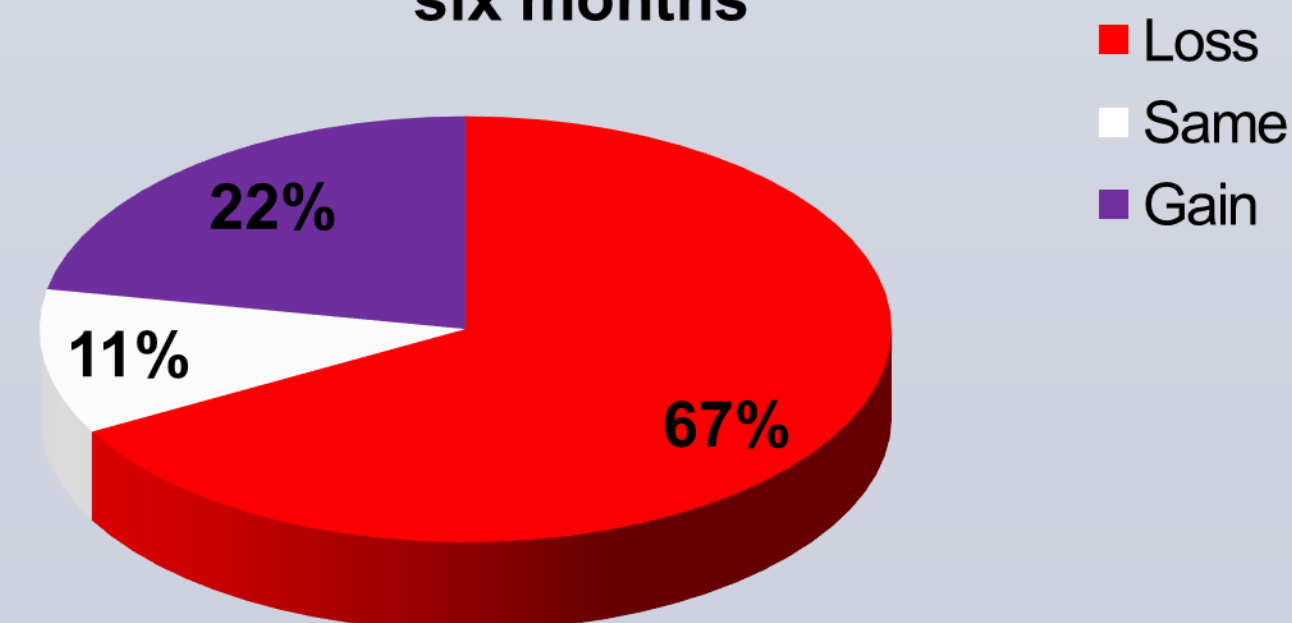
Characteristic	Measure
Number of patients	136
Age	60±16
Body weight (6 months before)	78±17
BW now (at the study check point)	73±15
PG-SGA score	10±6
Gender male	79(58%)
Metastasis	101(74%)
Chemotherapy	128(94%)
Radiotherapy	28(21%)
Immunotherapy	12(9%)

Table 1. Characteristics of the study population

Figure 1: Tumor site

24% Upper GI, 22% Lower GI, 21% Gynecology, 15% Thorax, 7% Urology, 7% Rare, 4% Head-Neck
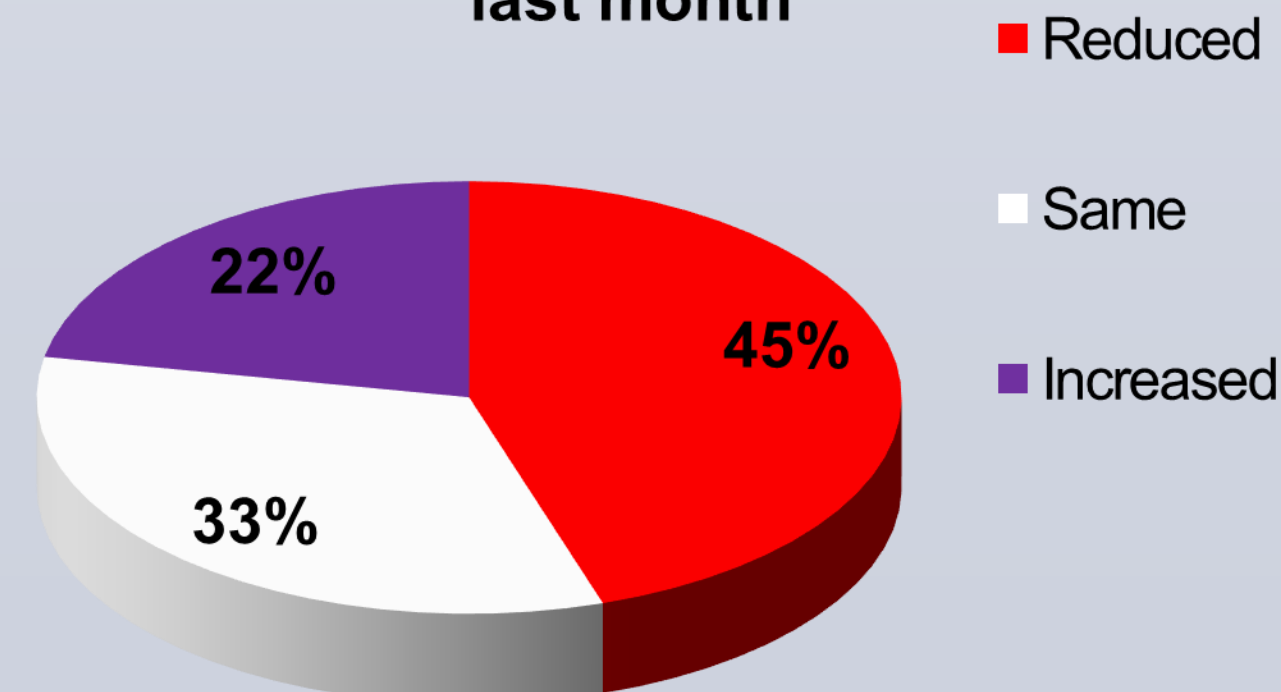
Results

In total, 136 patients participated in our study. During the period of this study, 45 patients (33.1%) had no weight loss, 48 (35.3%) had lost up to 10% of their initial weight and 43 (31.6%) over 10%. 61 patients (44.9%) had decreased their food intake compared to a month ago. According to the results of the questionnaire, 57 patients (42%) had a score up to 8, while 79 patients (58%) had a score of 9 or more, which is the limit for initiation of urgent nutrition intervention.

Statistical analysis showed that age, chemotherapy, or radiotherapy had no effect in body weight or food intake, neither in PG-SGA score (p>0.05 in all cases). Gender was related to weight loss during the last two weeks, specifically more women had stable weight (54% compared to 32% of the men, p=0.037) and more men had reduced weight (45% vs 32% in women). Metastasis had a significant role in the number of patients with PG-SGA, 66% of patients with metastases vs 34% of them without metastases had score ≥9, (OR:3.8, 95% CI: 1.7-8.5, p=0.0009). Moreover PG-SGA score was highly dependent on cancer type (p=0.0036).

Figure 2: BW change during the last six months

- Loss
- Same
- Gain

67%, 11%, 22%

Figure 3: Food intake change the last month

- Reduced
- Same
- Increased

45%, 33%, 22%

PG-SGA score with cut off ≥9			
	<9	≥9	Total
Upper GI	15 (45%)	18 (55%)	33
Lower GI	19 (63%)	11 (37%)	30
Gynecology	15 (54%)	13 (46%)	28
Thorax	2 (10%)	18 (90%)	20
Urology	3 (30%)	7 (70%)	10
Rare	2 (22%)	7 (78%)	9
Head-Neck	1 (17%)	5 (83%)	6
Total	57	79	136

Table 2. PG-SGA score with cut-off 9 in relation to tumor type

Discussion

The results of this study emphasize the importance of early assessment of the nutritional status in cancer patients receiving any type of treatment according to their individual characteristics. A timely intervention to prevent malnutrition and cachexia is crucial.

References

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