

NUTRITIONAL PROFILE OF PATIENTS WITH ADVANCED CANCER IN PALLIATIVE CARE

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INTRODUCTION

Nutritional status (NS) is recognized as a prognostic factor and malnutrition is common in advanced cancer, manifesting itself in the form of body mass depletion, decreased performance status, and reduced quality of life and survival. The aim of this study was to evaluate NS of patients with advanced cancer in palliative care.

METHODS

This is an observational study undertaken with a cohort of patients admitted in the Palliative Care Unit at the Brazilian National Cancer Institute (INCA) in Rio de Janeiro from March of 2016 to June of 2018. Study exclusion criteria were: <20 years old, inability to answer the necessary information and/or not accompanied by someone capable of completing it, and Karnofsky Performance Status (KPS) <30%.

NS was evaluated by Patient-Generated Subjective Global Assessment Short Form (PG-SGA SF) and cancer cachexia was defined by the criteria described for Fearon et al. (2011). Statistical analyzes were performed using version 12.0 of the STATA software.

RESULTS

A total of 1.364 patients were included in this study and more than 75% of the sample presented nutritional risk (>9 points). Other characteristics of the population are described in **Table 1**.

CONCLUSION

The prevalence of nutritional risk and cachexia are high in individuals with advanced cancer in palliative care, being necessary early nutritional assessment and nutrition intervention adapted according to the NS and stage of the disease.

Table 1. Characteristics of the patients with cancer treated at a palliative care unit in Rio de Janeiro (n= 1364).

Variables	
Age (years) ^a	63 (54.0; 71.5)
Gender female (y/n) ^b	795 (58.3%)
Tumor Type (y/n) ^b	
GI Tract*	415 (30.4%)
Gynecology	229 (16.8%)
Head and Neck**	176 (12.9%)
Breast	152 (11.1%)
Lung	147 (10.8%)
Others***	245 (18.0%)
Distant metastasis (y/n) ^b	1160 (85.0%)
KPS 30-40% (y/n) ^b	656 (48.1%)
BMI ≤ 20kg/m ² (y/n) ^b	367 (36.6%)
WL 1 month (%) ^c	5.7 (±6.9)
WL 6 month (%) ^c	13.0 (±11.1)
Symptoms of nutritional impact (y/n) ^b	
Pain	873 (64%)
Dry mouth	818 (60%)
No appetite	805 (59%)
Fatigue	791 (58%)
Constipation	777 (57%)
Domains of PG-SGA SF (score) ^a	
Weight history	2 (0; 4)
Food intake	1 (0; 2)
Symptoms	10 (0; 14)
Activity	3 (2; 3)
PG-SGA SF (global score) ^a	16 (11; 21)
PG-SGA SF (≥9 pontos) ^a	1154 (84.6%)
Cachexia (y/n) ^{bd}	1001 (73.4%)
Albumim (g/dL) ^a	3.3 (2.7; 3.8)
CRP (mg/L) ^a	5.7 (1.8; 11.9)
mGPS ^b	
0	815 (70.2%)
1	40 (3.4%)
2	307 (26.4%)

Note: n= number of observations; %= frequency; GI= gastrointestinal; KPS= Karnofsky Performance Status; BMI= body mass index; WL= weight loss; PG-SGA SF= Patient-Generated Subjective Global Assessment Short Form; CRP= C-reactive protein; mGPS= modified Glasgow Prognostic Score.

^aMedian/interquartile ranges (p25-p75); ^bNumber of observations/frequency; ^cMean /standard deviation; ^dAccording Fearon, 2011.

*Upper and Lower Gastrointestinal Tract; **Oral and nasal cavity, pharynx, larynx, salivary glands, paranasal sinuses and eyes; ***Central Nervous System, Kidney and urinary tract, male reproducor system, hematologics, skin, bones and soft tissues and unrecognized site.

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