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Rationale: Malnutrition is a highly prevalent condition in cancer patients. Nutritional support during the hospital stay improves quality of life and reduces mortality in patients with different types of cancers. The aim of the participation in the nutritionDay (nDay) survey is to show the prevalence of malnutrition in French Comprehensive Cancer Centres (FCCS) and the extent of use of selected nutrition care process.
Methods: We present preliminary results of the 2023 nDay participation of 9 FCCS. The nDay methodology has been previously described[1].
Results: A total of 432 patients from 32 units were included, 56% women. The prevalence of malnutrition according to adapted GLIM criteria was 51% (n=219), including 33% (n=141) of severe malnutrition. 61% of the total patients included were weighed on admission, with 62% of the units weighing more than 2/3 of the patients in the unit at admission and 31% weighing less than half of the patients. Malnutrition in patient's chart was reported for 66% of the patients, 21% and 5% of the units reporting malnutrition status in chart for 100% and for less than ¼ of the units' patients respectively. Nutrition support (oral supplements, enteral or parenteral nutrition) was administered to 82% of malnourished and at nutrition risk patients, with 34% and 25% of the units administrating nutritional care to all and to less than ½ of the malnourished and at nutrition risk unit's patients.
Conclusion: Malnutrition is prevalent in FCCS. There is important heterogeinity among the FCCS units in selected nutrition care process. Participation in nDay promotes quality nutritional care and raises awareness on malnutrition.
References: 1. Hiesmayr M, et al. Decreased food intake is a risk factor for mortality in hospitalised patients: the NutritionDay survey 2006. Clin Nutr. 2009;28(5):484-91.
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THE APPLICATION OF MEDICAL NUTRITION IN HOSPITALIZED PATIENTS AT THE END OF LIFE (EOL): A CROSS-SECTIONAL MULTI-CENTRE STUDY

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Rationale: To assess the association of EOL care with medical nutrition therapy in EOL patients with malnutrition risk.
Methods: A cross-sectional multi-center study was conducted in hospitals. We assessed demographic data, medical diagnoses, EOL, care dependency, malnutrition risk according to the Malnutrition Universal Screening Tool (MUST) and medical nutrition applied in patients at risk of malnutrition. Descriptive statistics and logistic regression models were used, with oral nutritional supplements (ONS), enteral nutrition and parenteral nutrition as the respective dependent variables.
Results: Of all 12,947 participants, 706 (5.5%) were in an EOL phase. The prevalence of malnutrition risk in EOL patients was 41.1% compared to 24.7% in non-EOL patients ($p < 0.001$). The regression models showed that being at the EOL (OR 1.85; CI 1.30, 2.63), being treated by a dietitian (OR 6.02; CI 4.86, 7.45), suffering from dementia (OR 1.85; CI 1.10, 3.12) or cancer (OR 1.56; CI 1.25, 1.96) increased the chance of receiving ONS. For receiving parenteral nutrition, being at the EOL (OR 1.68; CI 1.04, 2.71), being treated by a dietitian (OR 5.80; CI 4.07, 8.25), surgery within the previous two weeks (OR 1.58; CI 1.09, 2.30), younger age (OR 0.99; CI 0.98, 1.00), care dependency (OR 0.97; CI 0.96, 0.98), suffering from a disease of the digestive system (OR 2.92; CI 2.07, 4.11) or cancer (OR 2.44; CI 1.71, 3.49) were independent predictors. EOL did not influence the application of enteral nutrition.
Conclusion: EOL patients at malnutrition risk are more likely to receive ONS and parenteral nutrition during hospitalization than non-EOL patients at malnutrition risk. This study does not allow a conclusion about the appropriateness of providing artificial nutrition. Every decision about nutrition and hydration in EOL patients should be a shared one based on advanced care planning principles.
Disclosure of Interest: None declared

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WHICH PRETREATMENT IMMUNONUTRITIONAL INDEX BEST PREDICTS OVERALL SURVIVAL IN ELDERLY PATIENTS WITH LOCALLY ADVANCED GASTRIC CANCER TREATED WITH PERIOPERATIVE FLOT THERAPY?

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Rationale: Recognizing immunonutritional risk factors holds significant importance in enhancing treatment efficacy and reducing mortality rates especially in geriatric cancer patients. We aimed to compare the utility of pretreatment immunonutritional indexes for predicting mortality in elderly patients with gastric cancer treated with perioperative FLOT.
Methods: We conducted a retrospective enrollment (January 2013 - July 2023) of 69 locally advanced gastric cancer patients aged over 65 years who were treated with perioperative FLOT regimen. We compared the prognostic nutritional index (PNI), geriatric nutritional risk index (GNRI), platelet/lymphocyte ratio, lymphocyte/monocyte ratio, neutrophil/lymphocyte ratio, platelet/hemoglobin ratio, CRP/albumin ratio, ferritin/lymphocyte ratio (FLR), and ferritin/albumin ratio (FAR) for predicting postoperative mortality in these patients.
Results: We determined that pretreatment PNI values were statistically significantly lower in patients who died during their follow-up (33.9±6.41 vs. 36.7±4.04; p=0.036). Multivariable analysis identified only PNI as being associated with overall survival (HR, 0.884; 95% confidence interval, 0.782–0.999; $p = 0.048$). The Cox regression model revealed that each one-unit increase (1%) in PNI caused an approximately 13% reduction in the risk of mortality.
Conclusion: In conclusion, our results suggest that the PNI is a good pretreatment predictor of overall survival for elderly patients with gastric cancer treated with neoadjuvant FLOT.
Disclosure of Interest: None declared

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EFFECTS OF NUTRITIONAL THERAPY ON WEIGHT LOSS AND MUSCLE STRENGTH IN PATIENTS SUFFERING FROM PANCREATIC ADENOCARCINOMA. PRELIMINARY DATA

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Rationale: Protein-calorie malnutrition and sarcopenia are frequent in cancer patients (pts). The aim of this study is to evaluate the rate of malnutrition and handgrip (HG) strength deficit in pts with pancreatic adenocarcinoma under treatment, describing the effect of nutritional therapy on these two aspects.
Methods: From 09/01/2023 to 02/29/2024 all pts suffering from pancreatic adenocarcinoma were recruited by our Clinical Nutrition Unit. At the first visit (T0) and at the check-up after 30 days (T1), nutritional and illness data were collected and a HG was carried out. GLIM (Global Leadership Initiative on Malnutrition) criteria were applied for grading diagnoses of malnutrition. The data were analyzed with descriptive and inferential statistics.
Results: 27 pts with an average age of 67 years were recruited (19 males, 8 females); 19 have a neoplasm of pancreas' head, 8 of the body/tail, 10 had a metastatic neoplasm; at T0 the average weight was 61 kg (Body Mass