Clinical Application of the 2011 Cancer Cachexia Consensus

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BACKGROUND

Cancer cachexia is prevalent

- Poor prognosis & ↓ quality of life

2011 consensus definition and classification¹

- Defined stages and assessment domains
- Objective assessment muscle mass
 - not usual in clinical practice
- Unknown if assessment domains and staging feasible in routine clinical practice

METHODS

- 5 tertiary referral centres
- Consecutive referrals to Oncology dietitian
- Adults with solid tumours
- Data collected during routine first assessment

OBJECTIVE

Assess if Oncology dietitians could classify cachexia stage, as part of routine first assessment, based on 2011 consensus¹

Classify as

- No cachexia
- Pre-cachexia
- Cachexia
- Refractory cachexia
- OR unable to classify and why not

Dietitian classified cachexia stage based on

- weight, weight loss
- food intake, nutritional intake symptoms
- systemic inflammation
- functional ability
- disease status

RESULTS

n=200 (female 119, male 81)

Median age 65 (Range: 19-93)

49% metastatic disease, 91% active treatment

40% overweight or obese

Reason unable to classify	Number of times cited
No CRP	14
No albumin	2
Missing weight loss info	2
Complex clinical picture	4
Acutely ill	2

CONCLUSIONS

- 2011 cancer cachexia consensus classification was surprisingly usable in clinical setting
- Oncology dietitians were able to use routine clinical information to classify 88% of patients
- Almost two-thirds were considered cachectic
- Future studies should validate clinical assessment against outcomes and objective muscle mass
- Expert clinical assessment based on 2011 consensus could be cost-effective to screen for cachexia

1. Fearon, Strasser et al *Lancet Oncol* 2011

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