# NUTRITIONAL STATUS AND NUTRITIONAL RISK IN DANISH HEAD AND NECK CANCER SURVIVORS 1-5 YEARS AFTER RADIATION THERAPY – RESULTS FROM A NATIONWIDE CROSS-SECTIONAL SURVEY

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## **Rationale and objective**

Head and neck cancer (HNC) survivors are at risk of developing nutrition impact symptoms, but evidence is sparse on how nutritional status and risk are affected  $\geq 1$  year posttreatment.

The objective was to assess nutritional status and risk in Danish HNC survivors 1-5 years after treatment.

#### Methods

The population for this nationwide cross-sectional survey was identified through a national clinical quality database. All Danish HNC survivors treated with radiation therapy of curative intent within 1-5 years (n=1937) were invited.

Self-reported data were used to assess nutritional status and risk with:

- Body mass index (BMI)
- Nutritional Risk Screening 2002 (NRS 2002)
- Malnutrition Universal Screening Tool (MUST)
- The Scored Patient-Generated Subjective Global Assessment Short Form (PG-SGA SF)

Self-reported information on precancer body weight, own evaluation of current body weight, and use of enteral nutrition (EN) and oral nutritional supplements (ONS) was registered.

Differences between subgroups based on time interval since treatment completion were tested.

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#### Results

In total, 1190 (61.4%) responded. While 4.6% of participants were underweight, 17.3% considered their body weight too low. In 48.4%, current body weight amounted <95% of precancer weight. According to NRS 2002, 7.8% were at nutritional risk, while MUST categorised 6.9% at high risk of malnutrition. In PG-SGA SF, 12.2% had a score ≥9 which indicates critical need for intervention. EN was required by 11.7%, and 10.0% required ONS. The only significant difference between subgroups that could indicate gradual improvement over time was seen in use of ONS (p=0.012).



#### Table 1: Participant demographics (n=1190)

Age (mean ± SD)	65.6 ± 9.1	
Gender		
Male	891 (74.9%)	
Female	299 (25.1%)	
Cancer diagnosis		
Larynx	251 (21.1%)	
Pharynx	839 (70.5%)	
Oral cavity	100 (8.4%)	
Time interval from radiation therapy		
12-23 months	345 (29.0%)	
24-35 months	296 (24.9%)	
36-47 months	267 (22.4%)	
48-59 months	282 (23.7%)	

Table 2: Difference characteristics b based on time int **Body mass index** Median (interquart **Nutritional Risk S** Median score (inter Malnutrition Univ Median score (inte **Patient-Generated Assessment Shor** Median score (inte Current body wei precancer weight Median (interquart Use of ONS and/c Currently using ON Currently using EN Currently using ON

EN: Enteral nutrition, ONS: Oral nutritional supplements. Differences between subgroups were tested with Kruskall-Wallis H test for continuous variable and Fisher's Exact test for categorical variable. \*p≤0.05.

es in nutritional etween subgroups erval since treatment	12-23 months posttreatment	24-35 months posttreatment	36-47 months posttreatment	48-59 months posttreatment	Difference between subgroups <i>p-value</i>
	(n=317)	(n=262)	(n=233)	(n=255)	
ile range)	24.9 (5.6)	24.7 (5.2)	25.3 (6.0)	24.8 (4.6)	0.157
Screening 2002	(n=314)	(n=254)	(n=227)	(n=252)	
rquartile range)	0 (1)	0 (1)	1 (1)	0 (1)	0.602
ersal Screening Tool	(n=302)	(n=254)	(n=226)	(n=245)	
rquartile range)	0 (0)	0 (0)	0 (0)	0 (0)	0.521
d Subjective Global					
rt Form	(n=331)	(n=278)	(n=254)	(n=271)	
rquartile range)	3 (5)	3 (5)	2 (4)	2 (4)	0.057
ght in percentage of					
	(n=320)	(n=275)	(n=240)	(n=254)	
ile range)	94.4 (12.1)	94.6 (12.9)	96.8 (9.9)	95.6 (11.0)	0.002*
or EN	(n=341)	(n=293)	(n=266)	(n=277)	
NS but not EN	48 (14.1%)	28 (9.6%)	25 (9.4%)	17 (6.1%)	0.012*
I but not ONS	36 (10.6%)	19 (6.5%)	24 (9.0%)	26 (9.4%)	0.329
NS and EN	13 (3.8%)	9 (3.1%)	5 (1.9%)	6 (2.2%)	0.483
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#### Conclusion

Nutritional status and risk are still adversely affected in some HNC survivors 1-5 years after treatment. Results could indicate that few spontaneous improvements occur over time, why continuous nutrition screening and proper nutritional interventions should be offered.

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Participants' own evaluation of current body weight (n=1188)



- Too low = 17.3%
- Appropriate = 45.3%
- Too high =37.4%

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# REHPA

The Danish Knowledge Centre for Rehabilitation and Palliative Care