

P248

OBSERVATIONAL (FEASIBILITY) STUDY OF NUTRITIONAL PROBLEMS IN LUNG, PANCREATIC AND COLORECTAL CANCER PATIENTS RECEIVING CHEMOTHERAPY

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Rationale: Cancer patients are at particularly high risk of malnutrition and loss of lean body mass (LBM) due to both the disease and the chemotherapy. Taste and smell alteration (TSA) is a common side effect of chemotherapy, and therefore the study aimed to examine the effect of TSA on nutritional intake and the development of LBM. Furthermore, exploring to what extent other lifestyle factors were affected.

Methods: Data was collected prospectively from 44 cancer patients (lung, 33,3%; pancreatic, 36,6%; colorectal, 30,3%; age, 69±8 years; male, 57%), who received chemotherapy. The participants completed a sensory test (mashed potato samples containing either sour, sweet, salty, umami or bitter taste in two different concentrations), a two-day image-based food record, body composition measurement by a bioimpedance analysis apparatus, weekly completion of a European Organization for Research and Treatment of Cancer QLQ-30 inspired questionnaire, weekly pedometer measurements and completion of a nutrition related patient interview. The examinations were completed at least twice weekly or daily in an observation period of 6-9 weeks in which three chemotherapy cycles were included.

Results: The study did not observe TSA on a significant level, apart from when the patients were grouped corresponding to their degree of xerostomia, a significant higher preference towards sour ($P<0,01$) and sweet ($P<0,05$) were found in patients with mild degree of xerostomia over time. Regarding nutritional intake, physical activity, nutritional problems, and side effects, the study did not find any significant changes within the time of observation.

Conclusion: The measurements used in this study showed almost none significantly changes regarding the status of the patients, implying the observation time might have been too short. Alternatively, our perception of huge nutritional problems within this patient group is wrong. However, experience from this study showed a problem in conducting a food record within this patient group. In future studies the observation time must be at least 6 months and especially the food record method needs be improved.

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