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ACCURACY OF SCREENING TOOLS IN PREDICTING MALNUTRITION IN CANCER OUTPATIENTS ACCORDING TO THE GLIM CRITERIA

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Background

The Global Leadership Initiative on Malnutrition (GLIM) criteria for malnutrition endorses the continued practice of screening for risk of malnutrition but does not favor one screening tool over the other.

Aim

The aim was to assess the accuracy of a wide range of malnutrition screening tools in predicting malnutrition in outpatients with inoperable lung cancer.

Conclusion

The PG-SGA SF provides the highest sensitivity and fair specificity.

Thus, the PG-SGA seems the most appropriate malnutrition screening tool in lung cancer outpatients

References

1. Cederholm et al. (2019). GLIM criteria for the diagnosis of malnutrition - A consensus report from the global clinical nutrition community. Clin Nutr Feb; 38(1): 1-9

Results

Characteristics		n (%)
Age, mean (SD)		67.7 (8.2)
Male sex		71 (59)
NSCLC (TNM stage)		
	I-IIb	5 (4.2)
	III	31 (25.8)
	IV	84 (70.0)
Performance status		
	0	38 (31.7)
	1	60 (50.0)
	2	22 (18.3)

Malnutrition screening tool	Sensitivity	Specificity	PPV	NPV
NRS2002	0.56	0.45	0.77	0.73
PG-SGA SF	0.85	0.59	0.64	0.83
Nutriscore	0.59	0.73	0.63	0.70
MST	0.59	0.80	0.71	0.71
SNAQ	0.56	0.45	0.76	0.75
MUST	0.54	0.45	0.76	0.71

Method

- **A retrospective analysis of data extracted from two previously conducted prospective trials (LUCANU-1 & 2)**
- **Patients newly diagnosed with inoperable lung cancer**
- **Assess the accuracy of malnutrition screening tools in identifying malnutrition based on the GLIM criteria [1]**

Statistics

- **Sensitivity (number of true positives), specificity (number of true negatives), positive predictive value (PPV, number of correctly identified malnourished patients screened as such) and negative predictive value (NPV, number of correctly identified well-nourished patients screened as such)**