

Relation between the outcomes of cancer patients on Home Parenteral Nutrition and GLIM criteria and Karnofsky score

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• Description of the initiative

The selection of proper criteria to accurately identify cancer patients who benefit from home parenteral nutrition (HPN) is crucial to optimize healthcare costs. In this regard, a previous study of our group evaluated retrospectively the association between Karnofsky Performance Status (KPS) score and outcomes in cancer patients on HPN. The results of this study was that cancer patients with a KPS ≤ 50 scores had a five-fold increased risk of death than patients with >50 scores. We propose a prospective study to evaluate the nutritional (GLIM criteria) and functional (KPS) outcomes of cancer patients on HPN and analyse the prognostic value of this methodology.

• Planned activities & deliverables

trimester	1	2	3	4	5	6	
Implementation of the protocol, Ethics Committees approbations.	X			-	-	-	-
Incorporation of patients	X	X	X		-	-	-
Patients follow up	-	X	X	X	X	-	-
Preliminary report	-	-	-	X	-	-	-
Results analysis	-	-	-		-	X	-
Statistical analysis	-	-	-		-	X	-
Final report, and publication	-	-	-		-	X	X

• Resources & enablers

Nutritional support experts (NSE) and their teams, from different cities in Argentina will participate in the current project. The investigators are members of the AANEP (Asociación Argentina de Nutrición Enteral y Parenteral) and have a great experience in HPN. We expect at least 6 NSE will actively enroll patients, perform the GLIM, KPS and register all data. The follow-up of the patients will during 6 months. The grant will be used to pay honoraria to the NSE, data entry, statistics support, ethical treatment, and publication fees. No other funding will be received for the current project.

• Results/outcomes & expected impact

We expect to include a minimum of 120 cancer patients on HPN. The outcomes will be: days on HPN, time of weaning of PN, GLIM criteria, KPS score, BMI, the difference between usual weight and weight at the beginning of HPN, causes of lay off HPN, mortality. We expect to include a minimum of 120 cancer patients on HPN. To calculate the sample size, the formula proposed by Noether (1987) for non-parametric data was used, considering a confidence of 95% and a power of 90% to detect a probability that the negative difference (before-after) on the scale Karnofsky at least twice as large as the probability that said difference is positive. The outcomes will be: days on HPN, time of weaning of PN, GLIM criteria, KPS score, BMI, the difference between usual weight and weight at the beginning of HPN, causes of lay off HPN, mortality and their associations.

Expected impact: The correct selection of adult cancer patients to be admitted to HPN will decrease healthcare costs, and help redirect patients and the resources needed to the proper homecare settings and palliative care. The results of the current project will be of use worldwide due to the simplicity and low cost of the GLIM, KPS and their potential power to assist in essential healthcare decisions.



F. Pochettino, G. Visconti, D. Godoy, et al: "Association between Karnofsky performance status and outcomes in cancer patients on home parenteral nutrition" *Clinical Nutrition ESPEN* 54 (2023) 211e214
 A. Crivelli, M. Fabeiro, M. Puga: "Care of patients on home parenteral nutrition during the first year of the COVID-19 pandemic: Management of central line-associated bloodstream infections". *Clinical Nutrition. ESPEN* 52 (2022) 250e25.



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