Characterising Nutrition Impact Symptoms and Nutrition Status in Patients Post-Treatment for Upper Gastrointestinal Cancers Attending Outpatient Clinics at a Large Metropolitan Healthcare Service

McShane E, Murnane L, Croagh D, Lundy J, Furness K. Contact: Emma McShane, +61 424148220, e.mcshane@latrobe.edu.au

Description of the initiative: Upper Gastrointestinal cancers (UGI) including pancreas, oesophageal and gastric cancers account for over a quarter of global cancer diagnoses (1). Survival is improving, but cancer treatments can cause nutrition impact symptoms (NIS) such as anorexia, dumping syndrome, and pancreatic exocrine insufficiency (PEI), that are frequently under-recognised and poorly managed, reducing survivors' quality of life (QoL), nutrition status, and survival (2). Although oncology services offer support during treatment, including effective symptom management, this assistance often ends when treatment finishes, leaving survivors to manage persistent symptoms on their own. This study will identify and describe post-treatment NIS (using the Structured Assessment of Gastrointestinal Symptom Score (SAGIS) (3)) in survivors of UGI cancers to help inform long-term survivorship pathways. Secondary aims/objectives include:

- Determine risk of malnutrition using the Patient-Generated Subjective Global Assessment Short-Form (PG-SGA SF) (4).
- Determine nutrition status of cancer survivors using the Global Leadership Initiative on Malnutrition (GLIM) criteria (5).
- Characterise QoL scores of cancer survivors after completion of treatment for UGI cancers using the European Organisation of Research and Treatment of Cancer QoL Questionnaire Core 30 (EORTC-QLQ-C30) (6).

Planned activities & deliverables

Recruitment will occur across a 12–18-month period. Participants will be identified from multiple UGI cancer nutrition clinics across Bayside Health, Melbourne, Australia. Participants will have completed curative-intent treatment six months prior. Project management plan:

1. Patients who meet the inclusion criteria will be identified through screening clinic lists and will be approached for consent.
2. If consented, participants will be asked to complete three questionnaires; EORTC-QLQ-C30, PG-SGA SF and SAGIS either via paper-based or electronic versions prior to their nutrition clinic appointment.
3. Pilot data on nutrition status identified using the GLIM criteria will be gathered retrospectively from the electronic medical record system.

Concrete deliverables within 24 months include recruitment and data collection (n=~50), data management and analysis (descriptive and inferential results), and dissemination and service impact outputs (conference abstracts & presentations, manuscript for publication and development of a health service business case).

Resources & enablers

- **Personnel:** Backfill for a Grade 3 Dietitian for 0.4EFT to assist with identification and consenting of eligible participants, data collection, and analysis.
- **Financial Needs**: Salary for Grade 3 0.4 EFT across Bayside Health sites (€31K), and for the principal investigator to disseminate findings across healthcare services and conferences to guide practice translation and strengthen business case proposals (€9K). There is no other funding for this project.
- **Success factors:** Backfill support for a Grade 3 will be essential to the project's success, enabling recruitment of a larger participant cohort. Financial support with dissemination activities will also help to raise awareness, inform practice change and strengthen survivorship pathways.

Results, expected outcomes & impact

- This study will provide high-quality data that will be validated through vigorous, appropriate data collection methods enabling reliable and accurate characterisation of NIS, nutrition status and QoL and allow for dissemination through the form of published manuscripts, service-level summaries and conference presentations to facilitate the translation of findings into practice.
- Evidence-based insights will also be developed from this study, for healthcare services, providing opportunities to enhance survivorship pathways.

Outcomes include characterisation of NIS that persist post-treatment, and evaluation of nutrition status and QoL. This project will show how structured symptom & QoL assessments can strengthen nutritional care for UGI cancer survivors and highlight current service gaps. Identifying NIS present post-treatment will assist in developing diagnostic and treatment pathways such as managing PEI and dumping syndrome in the long-term. This project will also inform how NIS contribute to malnutrition and reduced QoL in cancer survivors. Findings will be of interest both nationally and globally, as results will suggest effective management pathways that can be implemented into dietetic care to bridge service gaps and increase access to vital care for cancer survivors to improve QoL, survival and nutrition status. This project and its results can be utilised within different geographical settings (through the use translated questionnaires) with aim to improve survivorship care.

☑ **Please tick to confirm the PEN letter of endorsement is attached. Incomplete submissions will not be considered.**

References:
1. Ferlay J, et al. Cancer Today.
2. Jacobson R, et al. Nutr Clin Pract. 2023.
3. Koloski NA, et al. Dig Dis Sci. 2017.
4. Cong M, et al. BMJ Support Palliat Care. 2022.
5. Cederholm T, et al. J Cachexia Sarcopenia Muscle. 2019.
6. Aaronson NK, et al. J Natl Cancer Inst. 1993.