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PG-SGA SF IS A SUITABLE SCREENING TOOL FOR IDENTIFYING THE RISK OF MALNUTRITION IN OUTPATIENTS WITH CANCER

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In cancer centres, a valid malnutrition screening tool is necessary to identify patients at risk of malnutrition and ensure early nutrition intervention. The aim of this study was to explore the prevalence of malnutrition in outpatients with cancer and to investigate the validity of the Patient-Generated Subjective Global Assessment Short Form (PG-SGA SF) as compared to 2 reference standards: the Patient-Generated Subjective Global Assessment (PG-SGA) and the newly developed criteria for malnutrition by the Global Leadership Initiative on Malnutrition (GLIM). A sensitivity of 80% and specificity of 60% were deemed acceptable for the PG-SGA SF. In 141 adult outpatients with cancer receiving IV day treatment, we assessed the PG-SGA SF and compared to PG-SGA and GLIM. According to the PG-SGA, 117 (83%) of 141 patients were identified as well-nourished (PG-SGA A), and 23 (16.3%) and 1 (0.7%) as moderately (PG-SGA B) and severely (PG-SGA C) malnourished. The PG-SGA SF had a sensitivity of 86% and specificity of 67% as compared to PG-SGA, and the agreement between these tools was 'Fair'(k=0.3). PG-SGA SF had a relatively low sensitivity and specificity as compared to the GLIM, 42% and 53% respectively, and a 'Poor' agreement (k<0). In conclusion, approximately 1 out of 5 outpatients with cancer are malnourished. PG-SGA SF meets the professional standard and could be a suitable nutrition screening tool in outpatients with cancer. The GLIM criteria are different to PG-SGA ratings and further research is required to determine their value in oncology outpatients.