

Conclusion: HGS and AGR independently hold significant prognostic value in EC patients. Their combined use facilitates precise survival risk stratification and the identification of high-risk patients for malnutrition and adverse clinical outcomes.

Disclosure of Interest: None declared

0013

A COMPREHENSIVE ANALYSIS OF THE ASSOCIATION BETWEEN SCALES OF EORTC QLQ-C30 QUESTIONNAIRE AND CACHEXIA IN PATIENTS WITH GASTRIC CANCER

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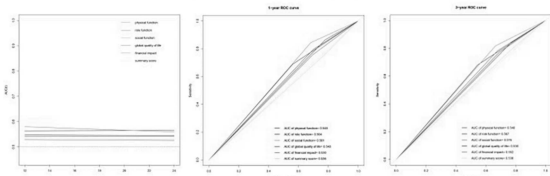
Rationale: Cancer cachexia is associated with poor QoL and reduced survival in cancer patients. The EORTC QLQ-C30 is a widely used cancer-specific health-related QoL questionnaire. Our study aimed to analyze the association of each scale with cachexia and explore its influence on survival in patients with gastric cancer and cachexia.

Methods: This multi-center cohort study enrolled 3,158 patients with gastric cancer, among whom 1,711 were diagnosed with cachexia. Logistic regression analysis was conducted to identify the individual scales significantly affected by cachexia. The Cox model was employed to evaluate the prognostic performance of scales.

Results: In this study, the median age of patients was 67.00 years, with 2,178 (69.0%) men and 980 (31.0%) women. In logistic regression analyses, scales such as role function, nausea and vomiting, loss of appetite, constipation, and diarrhea were independent scales significantly associated with cachexia. According to the ROC curves, the loss of appetite was the most significant scale associated with cachexia, followed by nausea and vomiting, role function, constipation, and diarrhea. Based on multivariate Cox analyses, the scales of physical function, role function, social function, global quality of life, financial impact, and summary score were independent risk factors for survival. The C-index and AUC value for survival prediction were the highest for the social function scale.

Image:

FIGURE 1 Comparison of ROC curves among independent predictors for survival in gastric cancer patients with cachexia, including physical function, role function, social function, global quality of life, financial impact, and summary score.



AUC, area under curve; ROC, receiver operating characteristic.

Conclusion: The QoL of patients with cachexia was significantly reduced. Certain scales in the EORTC QLQ-C30 were significantly associated with cachexia, especially the loss of appetite scale, and survival outcomes in patients with gastric cancer, especially social function. Emphasizing these scales can heighten our awareness of the impact of cachexia on QoL and enhance our ability to predict the survival of patients with gastric cancer and cachexia.

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0014

HIGH PREVALENCE OF MYOPENIA AND MYOSTEATOSIS IN PATIENTS WITH OESOPHAGOGASTRIC CANCER

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Rationale: Oesophagogastric cancers are associated with poor survival. Assessing muscle mass and quality identifies patients with reduced muscle mass (myopenia) and fat infiltration (myosteatos), and examines their links with clinical parameters.

Methods: A retrospective study was conducted between Nov 2019 and Dec 2023, including patients diagnosed with oesophagogastric cancer. Skeletal muscle index (SMI) and density (SMD) were assessed via non-contrast computed tomography images at the third lumbar vertebra level. Myopenia was defined as SMI < 55.4 cm²/m² for men and < 38.9 cm²/m² for women. Myosteatos was defined as SMD < 41 HU for BMI < 25 kg/m², and < 33 HU for BMI ≥ 25 kg/m². Clinical characteristics and biological markers were also analysed.

Results: A total of 161 patients with oesophageal (49.1%) or gastric cancer (50.9%) were included (67.1% male, mean age 65.0 ± 12.8 y). Most had adenocarcinoma (64.6%) and 25% presented with metastases. At diagnosis, mean SMI was 45.1 ± 10.5 cm²/m², and SMD 24.6 ± 9.6 HU. Myopenia and myosteatos prevalence were 73.9% and 87.6%, respectively. Myopenic patients were older (67.2 ± 11.5 vs 58.6 ± 14.2 y, p=0.0001), had lower BMI (23.5 vs 27.9 kg/m², p<0.0001) and lower albumin level (40.7 ± 5.0 vs 43.1 ± 3.9 g/L, p=0.0023) than those with normal muscle mass. Myosteatos was also associated with older age (66.3 ± 11.9 vs 55.9 ± 15.6 y, p=0.0005), higher proportion of women (35% vs 20%, p=0.0175) and lower albumin level (40.8 ± 4.9 vs 43.9 ± 2.9 g/L, p=0.0071) compared to patient with normal muscle density. Interestingly, despite lower muscle density, patients with myosteatos also had lower SMI (42.3 vs 52.6 cm²/m², p<0.0001).

Conclusion: Body composition analysis in oesophagogastric cancer shows a high prevalence of myopenia and even higher of myosteatos. Both conditions are linked to poor nutritional status. Future studies are needed to assess their prognostic value.

Disclosure of Interest: None declared

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IMPACT OF SARCOPENIA ON FUNCTIONAL AND COGNITIVE RECOVERY IN CAUCASIAN POST-STROKE PATIENTS FOLLOWING REHABILITATION

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Rationale: Sarcopenia significantly hinders stroke recovery. However its impact in Caucasian populations remains underexplored. This study aims to evaluate the impact of sarcopenia, as defined by the EWGSOP2 criteria, on functional and cognitive recovery in subacute post-stroke patients undergoing a six-week rehabilitation program.

Methods: Prospective cohort study involving 87 subacute post-stroke patients (mean age 69 ± 12; 42 women) evaluated at admission (T0) and after six weeks of rehabilitation (T1). At T0 sarcopenia was diagnosed. The modified Barthel Index (mBI), Fugl-Meyer Assessment for Upper Extremity (FMA-UE), Motricity Index for upper and lower limbs (MI-UE, MI-LE), Functional Ambulation Category (FAC), and Montreal Cognitive Assessment (MoCA)—were evaluated at both T0 and T1, and changes from baseline (ΔmBI, ΔFMA-UE, ΔMI-UE, ΔMI-LE, and ΔMoCA) were also assessed.

Results: Sarcopenia was confirmed in 24 patients (14 women). At T0, sarcopenic patients had poorer nutritional status and lower scores in mBI (46 ± 21 vs. 67 ± 23, p < 0.001), in FMA-UE (28 ± 22 vs. 39 ± 23, p = 0.045), in MI-UE (38 ± 31 vs. 56 ± 34, p = 0.008), in MI-LE (45 ± 28 vs. 65 ± 29, p = 0.007), in FAC (1 ± 2 vs. 3 ± 2, p = 0.002), and in MoCA (19 ± 6 vs. 22 ± 6, p = 0.019) compared to non-sarcopenic patients. At T1 both groups showed significant improvements in mBI, FMA-UE, MI-LE, MI-UE,