ESPEN 2016 Abstract Submission

Topic: Nutritional assessment

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DIAGNOSTIC ACCURACY OF PG-SGA SF, MUST AND SNAQ IN PATIENTS WITH HEAD AND NECK CANCER

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Presentation Method: Oral or Poster presentation

Please indicate your professional occupation: Dietitian

The presenting author fulfills the above conditions and wants to apply for a travel award: No

Rationale: The Patient-Generated Subjective Global Assessment (PG-SGA SF; ©FD Ottery, 2005, 2006, 2015) is a validated screening instrument to identify malnutrition and its risk factors in clinical populations. Its patient component, also known as the PG-SGA Short Form (SF), can be used as screening instrument. In this cross-sectional study, we aimed to assess diagnostic accuracy of the PG-SGA SF, Short Nutritional Assessment Questionnaire (SNAQ) and Malnutrition Universal Screening Tool (MUST), in patients with head and neck cancer at the University Medical Center Groningen, The Netherlands.

Methods: In 78 patients with head and neck cancer, malnutrition risk was assessed by PG-SGA SF, MUST, and SNAQ. Low or medium malnutrition risk was defined as: PG-SGA SF=0-8, MUST=0-1, and SNAQ=0-2 points, and high malnutrition risk was defined as PG-SGA SF \geq 9, MUST \geq 2, and SNAQ \geq 3 points. Nutritional status was assessed by the full PG-SGA (reference method). Malnutrition was defined as PG-SGA Stage B (moderate or suspected malnutrition) or Stage C (severely malnourished). Sensitivity, specificity, and positive and negative predictive value were calculated. **Results:** Prevalence of high malnutrition risk was 28%, 21% and 21% according to PG-SGA SF, MUST and SNAQ, respectively, and 39% of the patients were malnourished. Results on diagnostic accuracy are shown in Table 1. Table 1. Diagnostic accuracy of PG-SGA SF, MUST and SNAQ

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	PG-SGA SF	MUST	SNAQ
Sensitivity	0.73	0.40	0.40
Specificity	1.00	0.92	0.92
Positive predictive value	1.00	0.75	0.75
Negative predictive value	0.86	0.71	0.71

Conclusion: The findings of our study indicate that in patients with head and neck cancer, the PG-SGA SF shows good diagnostic accuracy, whereas sensitivity of the MUST and SNAQ are poor in this patient population. Utilizing the PG-SGA SF facilitates accurate identification of (risk for) malnutrition in head and neck cancer patients.

Disclosure of Interest: H. Jager-Wittenaar Other: Co-developer of the PG-SGA based Pt-Global app, F. Ottery Other: Copyright holder of the Patient-Generated Subjective Global Assessment (PG-SGA), co-owner and co-developer of the PG-SGA based Pt-Global app, H. de Bats: None Declared, B. Welink-Lamberts: None Declared, B. van der Laan: None Declared, J. Roodenburg: None Declared

Keywords: diagnostic accuracy, patient-generated subjective global assessment