Comprehensive Cancer Cachexia Assessment and Classification in Palliative Care: Clinical Evaluation of the SIPP-SYSTEM

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**Background:** The understanding of mechanism and impact of cancer cachexia is evolving; a new generic definition of wasting/cachexia includes weight loss (WL) and five additional criteria. Current nutritional assessment tools identify patients at risk for malnutrition, but guide less practice. A common clinical classification, with simple, robust assessments specific for cancer and the PCC context, is required to improve care decisions, outcomes, and clinical trial design. Three systematic literature reviews, two focus group rounds and a formal Delphi process among clinical academic cancer cachexia experts were conducted to reach agreement, based on current evidence and consensus on definition, diagnosis, classification, and practical assessment of cancer cachexia. A cancer-specific, practice-guiding cachexia classification and assessment system based on the generic cachexia definition has been developed: the **SIPP-SYSTEM:** SIPP contains: **S**torage (gap of usual to current weight, WL duration, control for fluid retention or obesity), **I**ntake (anorexia, early satiety, percentage of normal intake, 1-2 day dietary record, secondary nutrition-impact symptoms), **P**otential (tumor [catabolic] activity, C-reactive protein), **P**erformance (Performance status, cachexia-related suffering, prognosis). Three phases pre-cachexia (risk for cachexia), cachexia syndrome, refractory cachexia) are proposed.

Feasibility, content validity, and independent clinicians agreement on multidimensional interventions is promising (n=10, age 46-72).

**Aim:** To test the SIPP-SYSTEM in PCC clinics and the correlation of SIPP Phenotypes with genotypes.

**Eligibility criteria for patients**

- Patients are characterized by an incurable, advanced solid tumour.
- Patients have involuntary weight loss, of any grade, not explained by fluid retention only.
- Patients are seen by a physician (or advanced practice nurse) experienced in the assessment and management of advanced cancer patients having symptom control issues including involuntary loss of weight.