"Reliability of MSTC, Malnutrition Screening Tool for Cancer patients, in an Outpatient Clinic setting"

Anzevui, Aude ; FRATEUR, Léna ; BERTRAND, Brigitte ; Gihousse, Dominique ; Joly, Eugénie ; MEAN, Anne ; Hamoir, Marc

Abstract
MSTC seems to be useful as undernutrition screening tool in adult cancer patients. The 3 pre-categories need to be objectively identified

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**Rationale:** To analyse the applicability and interrater reliability of the MSTC, a nutritional screening tool newly developed for hospitalized patients, suffering from certain types of cancer, in Korea.

**Methods:** 95 adult outpatients, suffering from any tumour types, were interviewed by trained registered dieticians (TRD). Nutritional statuses were assessed by TRD, according to weight loss, eating difficulties and autonomy, food intake, tumour type, treatment, age, general status. Screening was performed using the MSTC, translated into French. Probabilities of being undernourished were then calculated and pre-classified. Cohen's kappa coefficient was determined.

**Results:** TRD regarded MSTC as a consistent, quick (5’), practical, yet subjective screening tool. Easily understood and directly answered, it could be used in routine screening by health care community. Nutritional statuses were compared to pre-categories of the MSTC.

<table>
<thead>
<tr>
<th></th>
<th>Severely undernourished</th>
<th>Moderately undernourished or at risk</th>
<th>Well nourished</th>
</tr>
</thead>
<tbody>
<tr>
<td>P &gt; 0.8</td>
<td>37</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>P ∈ [0.8 ; 0.15]</td>
<td>2</td>
<td>22</td>
<td>3</td>
</tr>
<tr>
<td>P &lt; 0.15</td>
<td>0</td>
<td>7</td>
<td>23</td>
</tr>
</tbody>
</table>

Interrater reliability was high (κ = 0.79). Lack of concordance is explained by: confusion between actual and future undernutrition, extreme BMI, oedema, amputation, voluntary weight loss, cortisone, lack of patients’ collaboration.

**Conclusion:** The MSTC seems to be an interesting practical screening tool for determining nutritional risk in adult cancer outpatients in our countries, whatever tumour types. Concordance with the nutritional assessment by TRD is high. However, the 3 pre-categories need to be objectivised. 2 cut-offs could then be determined and used as criteria for nutritional management in the early state of precachexia.


**Disclosure of Interest:** None Declared

**Keywords:** Cancer