

**Format**

**Presentation title:** Cancer Cachexia, Nutritional, Functional, and Health-Related-Quality of Life Status Among the Ugandan Cancer Patients; Baseline findings of the ASSIST-CC study

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**Presentation type:** Oral presentation

**Abstract**

**Background:** More than 50% of people with advanced cancer develop cancer cachexia (CC). Cancer cachexia is as a multifactorial syndrome characterized by an ongoing loss of skeletal muscle mass (with or without loss of fat mass) that cannot be fully reversed by conventional nutritional support and leads to progressive functional impairment. The pathophysiology is characterized by a negative protein and energy balance driven by a combination of reduced food intake and abnormal metabolism with three phases of clinical relevance; pre-cachexia, cachexia, and advanced / refractory. Cancer cachexia remains a major contributor to morbidity and mortality among cancer patients, how the magnitude of CC and its related nutritional, functional, and health-related-quality of life data on cancer patients in Uganda remains undocumented. This study aimed to assess cancer cachexia, nutritional, functional, and health-related-quality of life status among the Ugandan cancer patients to guide patients’ care decision.

**Methods:** We developed a quality improvement project titled “Applying Science to Strengthen and Improve Systems for Cachexia Care (ASSIST-CC) Study in Uganda”. To provide baseline cancer patients’ CC related data, a structured questionnaire was used to collect data on cancer cachexia, its assessment, nutritional, functional, and health-related-quality of life (HRQoL) status among the Ugandan cancer patients using standard nutritional, functional, HRQoL assessment tools and their medical records. The data was entered into REDCap (Research Electronic Data Capture) software analyzed using STATA version 18.0 software.

**Results:** A total of 392 patients were assessed of which 305 (77.8%) were from the Uganda Cancer Institute (UCI) in Kampala and 87 (22.2%) were from Mbarara regional cancer centre and Mbarara Regional referral hospital with average age of 50.7 years. Most participants had ECOG scale of 1, 194(49.6%) with a significant difference between the UCI and Mbarara. The level of distress among most participants was between 4-7, 173(44.3%), most physical concerns were pain, 315(84.5%), fatigue 226 (60.6%), and changes in eating 185 (49.6%). In HRQoL on Edmonton Symptom Assessment tool, most participants had a rate <5 apart from the well-being status with the mean and standard deviation of 4.1 and 2.3 respectively. In nutrition and physical function, there was a difference of 0.8kg reduction in the average weight of the participants within the last 6 months which was not statistically significant. 42(12.3%) participants had a very low BMI <18.5 while 41 (12.0%) had a very high BMI. There was a significant statistical difference (p<0.001) in Handgrip strengths, and PG-SGA scores between UCI and Mbarara, while 184 (46.9) participants reported that they got adverse effects and 179 (45.7) experienced gastro-intestinal (GI) dysfunctions.

**Conclusions:** Overall, this study suggest that the risk of CC among the Ugandan cancer patients seems low and there was a significant statistical difference in nutritional and functional status between the two study sites (UCI and Mbarara). Besides, the HRQoL status was low, with pain, fatigue, and changes in eating being the most physical concerns.

# Key words: Cancer cachexia, Cancer cachexia assessment, Nutritional assessment, Functional status assessment, Health-Related-Quality of Life, Uganda

**Biography**

Innocent Atuhe is a Senior Clinician, National QI mentor and International QI consultant. Mr. Atuhe is an accomplished Health Services Manager and an International Consultant in Health Care Quality Improvement with interest in health care new design, leadership for change and patient centered care. He works collaboratively with the Ministry of Health Uganda and USAID in capacity building for healthcare quality improvement through institutional support, technical assistance and mentorship in private and public health facilities.