

# Presentation title: Healthcare Professionals’ Knowledge of, and Compliance with the ASCO/ESMO/GLIM Guidelines for the Diagnosis and Management of Cancer Cachexia (CC): The ASSIST- CC Baseline findings in Uganda

**Corresponding Author name:** Innocent Atuhe

**Affiliation:** Uganda Cancer Institute

**Ph. No: 256 777 747 779**

**Email ID’s:** [**innocent504190@gmail.com**](mailto:innocent504190@gmail.com)

**WhatsApp No: 256777747779  
  
Twitter:** @InnocentAtuhe

**LinkedIn:** InnocentAtuhe **Facebook:** InnocentAtuhe

**Other Authors if any:** *Jatho Alfred****,*** *Babra Nalwadda, Judith Asasira, Martha Nantayi, Joseph Semujju, Naome Namwira, Kulusum Namayanja, Ashley Atwine, Semei Buwambaza Sekitene, Jackson Orem.*

**Presentation type:** Oral presentation

**Abstract**

**Background:** More than 50% of people with advanced cancer suffer from cancer related cachexia (CC) – a major contributor to morbidity and mortality. Despite lack of local guidelines on CC diagnosis and management in Uganda, the American Society of Clinical Oncology (ASCO), the European Society for Medical Oncology (ESMO) and or the Global Leadership Initiative on Malnutrition (GLIM) developed guidelines on CC screening and management. However, the level of knowledge on CC and compliance with the available guidelines among the Ugandan oncology health professionals is unknown. This study aimed to assess the level of *awareness and knowledge of cancer cachexia diagnosis and management and compliance with the ASCO / ESMO/ GLIM guidelines on CC* among *healthcare professionals* involved in the care of cancer patients.

**Methods:** In this phase one, a self-administered structured questionnaire developed using the ASCO /ESMO and GLIM guidelines on diagnosis and management of CC was used to assess the level of awareness, and knowledge of 200 health professionals from three hospital settings on CC, and compliance with the ASCO /ESMO / GLIM guidelines on CC related core communication, barriers to communication, clinician training in communication, discussing goals of care, treatment options, and meeting the needs of the underserved populations. The data was entered into REDCap (Research Electronic Data Capture) software analyzed using STATA version 18.0 software.

**Results:** The overall objectively correct knowledge score of cancer cachexia diagnosis criteria was 67.5% (n=135), yet there was a much lower level of awareness about ASCO /ESMO/ GLIM guidelines on CC at 30% (n=60) and only 21% (n=42) of the HCPs have ever assessed Quality of life of CC patients. The compliance with ASCO /ESMO / GLIM guidelines on nutritional interventions for patients with cancer cachexia varied across the variables markedly, ranging from 25.1% (n=50) to 81% (n=162) for the specific ASCO /ESMO/ GLIM guidelines’ recommendations. Whereas compliance with the guidelines on discussing goals of care, prognosis, treatment options and end of life cares scored the highest in most variables, most HCPs exhibited low compliance with the discussion about patients’ end-of-life preferences early in the course of incurable illness (49.8 %, n=99). There were statistically significant differences between the mean scores of only two variables among the three hospitals in compliance with ASCO /ESMO / GLIM guidelines on provision of additional calories by feeding tubes (P= 0.038), and the available evidence to recommend medication to improve cancer cachexia outcomes (P= 0.0286). Whereas on discussing goals of care, prognosis, treatment options, and end of life care there was a statistically significant difference between the mean scores of only one variable; clinician’s simplicity of providing information to patients (P = 0.0132) among the HCPs in the three hospital settings.

**Conclusions:** This study indicated that the overall objectively correct knowledge of cancer cachexia diagnosis criteria was inadequate, with a much lower level of awareness about the ASCO /ESMO/ GLIM guidelines on CC and handful of the HCPs have ever assessed quality of life of CC patients. Quality improvement interventions on cancer cachexia diagnosis and management should prioritize improving the level of knowledge on cancer cachexia, diagnostic criteria, patient-clinician communication, including discussion about patients’ end-of-life care using standardized tools such as ASCO /ESMO or GLIM guidelines on CC using a multidisciplinary team approach.

Key words: Cancer cachexia, Cancer cachexia diagnosis, Cancer cachexia management.

**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.