

# Nutrition, mobility predict early death in elderly cancer patients

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Low nutritional assessment scores, poor mobility, and advanced disease predict early death after chemotherapy initiation among elderly patients with cancer, according to a study published online April 16 in the *Journal of Clinical Oncology*.

(HealthDay) -- Low nutritional assessment scores, poor mobility, and advanced disease predict early death after chemotherapy initiation among elderly patients with cancer, according to a study published online April 16 in the *Journal of Clinical Oncology*.

To investigate factors that predict death within six months of chemotherapy initiation, Pierre Soubeyran, M.D., Ph.D., of the Bordeaux Segalen University in France, and colleagues studied 348 elderly cancer patients (median age, 77.45 years) who had not had previous [cancer treatment](#). Participants were evaluated at baseline using

the abbreviated comprehensive geriatric assessment (aCGA), including the Mini-Mental State Exam, Timed Get Up and Go (GUG), Activities of Daily Living (ADL), [Instrumental Activities](#) in Daily Living (IADL), Mini Nutritional Assessment (MNA), Geriatric Depression Scale (GDS15), and comorbidities index (Cumulative Index Rating Scale-Geriatric).

The researchers found that 18.1 percent of participants had abnormal aCGA scores on the ADL, as did 73.0 percent on the IADL, 24.1 percent on the GUG, 19.0 percent on the MMS, 44.0 percent on the GDS15, and 64.9 percent on the MNA. Higher risk of early death was associated with advanced disease (odds ratio [OR], 3.9), a low MNA score (OR, 2.77), male gender (OR, 2.40), and long GUG (OR, 2.55).

"We recommend that the MNA and GUG, performed by a trained nurse, be maintained as part of routine pretreatment work-up in these patients to identify at-risk patients and to inform the decision-making process for chemotherapy," the authors write.

Several authors disclosed [financial relationships](#) with pharmaceutical companies, many of which funded the study.

**More information:** [Abstract](#)  
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