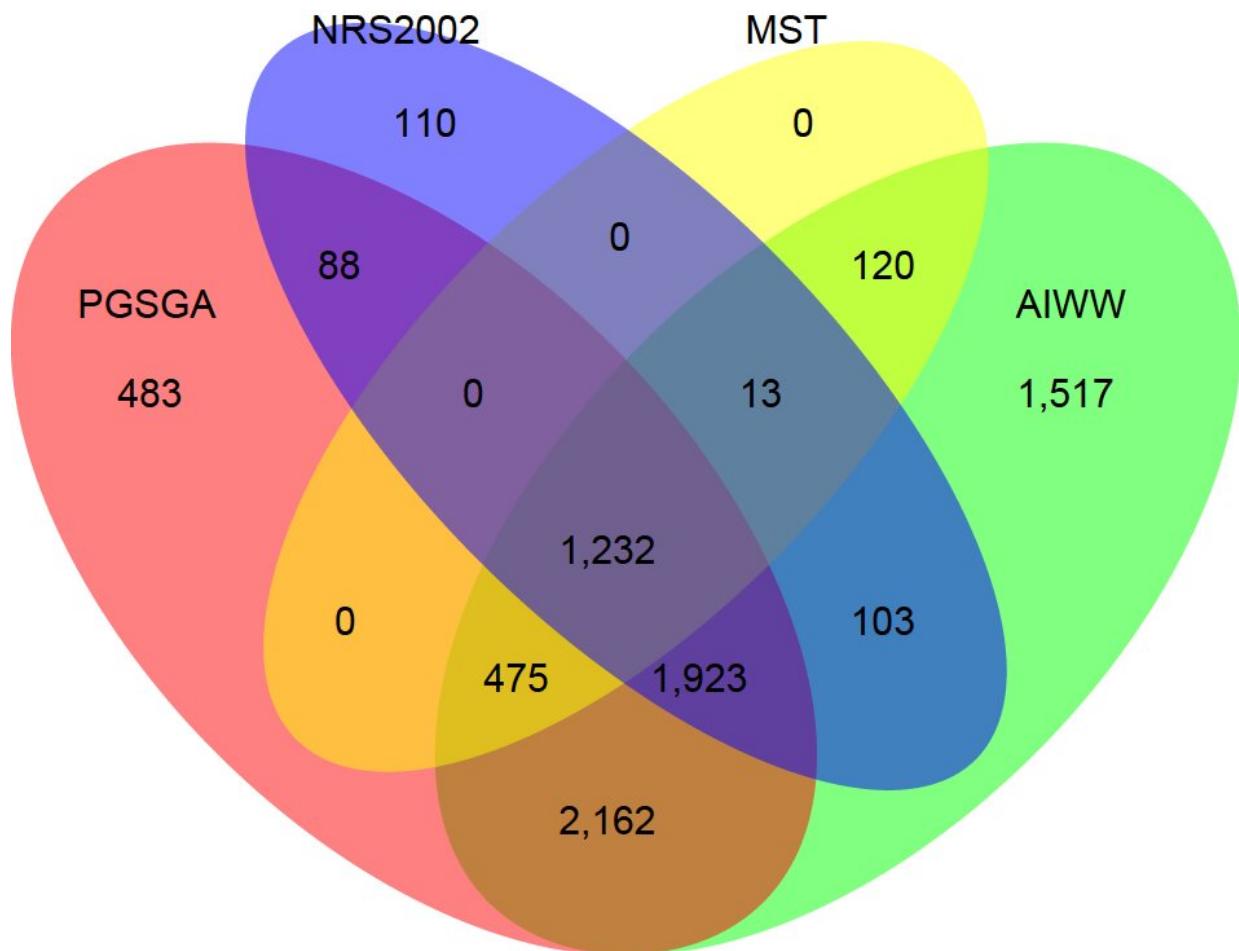# A new nutrition-screening tool for the oncologic population

May 24 2023

Venn plots of three screening tools and malnutrition defined by PG-SGA. Malnutrition was defined as a PG-SGA score of ≥4. The malnutrition risk in MST was defined as an MST score of ≥2. The malnutrition risk of NRS-2002 was defined as an NRS-2002 score of ≥3. The malnutrition risk in AIWW was defined as an AIWW score of ≥1. Severe malnutrition risk in AIWW was

defined as an AIWW score of ≥2. Credit: *Science China Life Sciences* (2023). DOI: 10.1007/s11427-022-2292-9

A study, recently published in the journal *Science China Life Sciences*, was led by Dr. Han-Ping Shi (Department of Gastrointestinal Surgery/Department of Clinical Nutrition, Beijing Shijitan Hospital).

In his daily work, Dr. Han-Ping Shi found that malnutrition affects the survival, quality of life and therapeutic effect of cancer patients. Based on the findings of his daily work, he devoted himself to promoting nutrition support therapy for cancer patients. At present, the diagnosis of malnutrition in cancer patients relies on the the patient-generated subjective global assessment (PG-SGA).

But the seven parts of the scale make it take a lot of time and medical staff to complete whole assessment. At the same time, many nutrition experts suggest that nutritional screening should be added before nutritional diagnosis to help complete the nutritional diagnosis of cancer patients more conveniently. However, the nutritional screening tools we have are not suitable for nutrition screening of cancer patients.

Based on the above, in this study, Dr. Shi invited experts from the Chinese Society of Nutritional Oncology to establish the AIWW nutrition screening tool. With the help of the INSCOC project, the working group compared the ability of malnutrition screening of AIWW, NRS2002 and MST, using PG-SGA as the gold standard. AIWW showed better screening ability than NRS2002 and MST in cancer patients.

"In the previous studies, nutritional screening is an integral part of nutritional diagnosis. The use of nutritional screening can help clinicians

reduce amounts of diagnostic time. The simplified scale makes it feasible for patients to self-monitor their nutrition. The building of the AIWW scale effectively solves a problem that needs to be solved urgently in the nutritional support treatment of tumor patients," Dr. Shi says.

The development of specific nutritional screening tools for special populations is a requirement of precision medicine, and it can also help to further enhance the effectiveness of nutritional diagnosis. In the future, precision nutrition research still needs to be further studied to help patients obtain better quality of life and survival status.

More information: Yi-Zhong Ge et al, AIWW: a new nutrition-screening tool for the oncologic population, *Science China Life Sciences* (2023). DOI: 10.1007/s11427-022-2292-9

Provided by Science China Press