Prevalence of malnutrition in patients at first medical oncology visit: the PreMiO study

SUPPLEMENTARY MATERIALS

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Cancer site	VAS disease severity M0	VAS disease severity M1	VAS disease severity Total	
Breast	5.5 ±3.2	7.0 ±2.1	5.7 ±3.0	
Genitourinary tract	5.8 ±3.1	5.8 ± 3.0	5.6 ±3.1	
Colorectal	4.8 ±3.2	5.9 ± 2.7	5.3 ± 3.0	
Lung	5.4 ±2.9	6.9 ± 2.5	6.5 ± 2.7	
Other cancer ¹	5.4 ±3.0	6.7 ± 2.3	5.6 ±2.9	
Gastroesophageal	5.3 ±3.3	6.0 ± 2.9	5.7 ±3.0	
Pancreatic	5.2 ± 3.6	7.1 ±2.6	6.4 ± 3.1	
Other GI	6.6 ±3.1	5.4 ±3.1	5.3 ±3.4	
Liver/bile duct	3.4 ± 3.8	5.6 ±2.3	5.2 ±2.7	
Head and neck	4.6 ±3.0	6.8 ±2.1	5.9 ±2.6	
Unknown primary site ²	7.0	5.4 ±2.5	4.0 ±3.2	
ALL CANCERS	5.4 ±3.2	6.4 ±2.7	5.7 ±3.0	

Supplementary Table 1: Patient-perceived disease severity by cancer site, based on VAS scores (N=1857)

Mean patient-perceived severity score was 5.7 ± 3.0 and patient-perceived curability was 6.0 ± 3.1 . Most of the of patients who perceived their disease as severe (score ≥ 6 , N=983, 52.9%) as opposed to not severe (score ≤ 6 , N=874, 47.1%) had breast (20.2% and 21.3%), lung (19.0% and 14.4%), genitourinary (16.3% and 16.5%) and colorectal cancer (15.3% and 19.1), (P=0.001), and had metastases (59.3% vs 39.8%), P<0.001.

¹Other cancer includes: Sarcoma, Mesothelioma, Mesenchymal, Skin, Endocrine and Hematologic tumors.

² N=1 if SD not indicated

VAS, Visual analog scale of appetite (questionnaire); SD, standard deviation.

Cutoff points for the perception of higher disease severity is VAS ≥ 6 . M0 = stage I-III, M1 = stage IV. Data are expressed as Mean \pm SD.

Cancer site	VAS disease curability M0	VAS disease curability M1	VAS disease curability total
Breast	6.7 ± 3.4	6.6 ±2.2	6.4 ± 3.2
Genitourinary tract	6.8 ±3.2	5.8 ±3.1	6.0 ± 3.3
Colorectal	5.6 ± 3.6	6.1 ±2.8	5.8 ± 3.2
Lung	5.5 ±2.9	6.3 ± 2.4	6.1 ±2.5
Other cancer ¹	7.3 ± 3.1	6.1 ±2.4	6.0 ± 3.1
Gastroesophageal	5.8 ±3.3	5.6 ±2.7	5.6 ± 2.9
Pancreatic	4.3 ±3.3	6.3 ± 2.3	5.6 ± 2.8
Other GI	7.0 ± 3.3	5.1 ±3.1	5.3 ± 3.5
Liver/bile duct	5.2 ± 4.8	5.8 ±2.0	5.5 ± 2.6
Head and neck	5.9 ± 3.5	6.7 ± 2.2	6.2 ± 2.7
Unknown primary site ²	5.0	4.8 ±2.1	3.5 ± 2.8
ALL CANCERS	6.3 ± 3.4	6.1 ±2.6	6.0 ± 3.1

Supplementary Table 2: Patie	nt perceived disease	curability by cancer s	ite, based on V	VAS scores (N=1857)

Most of the of patients who perceived their disease as difficult to cure or incurable (<6, N=856; 46%) as opposed to those who perceived their disease as curable (≥ 6 , N=1001; 54%) had breast (18.3% and 23%), colorectal (17% and 17%), lung (16.6% and 17%) and genitourinary (15.7% and 17%) cancer (P=0.009), and had metastasis in 52% vs 48% of cases, P<0.001. ¹Other cancer includes: sarcoma, mesothelioma, mesenchymal, skin, endocrine and hematologic tumors.

²N1 if SD not indicated.

VAS, Visual analog scale of appetite (questionnaire); SD, standard deviation

Cutoff points for the perception of poor disease curability is VAS <6. M0 = stage I-III, M1 = stage IV. Data are expressed as Mean \pm SD.

Supplementary Table 3: VAS appetite, FAACT and MNA score according to patient perception of disease severity and curability

	Not severe / easy to cure (<i>N</i> =273)	Severe/easy to cure (N=728)	Not severe /difficult to cure (<i>N</i> =601)	Severe/difficult to cure (<i>N</i> =255)	P value**
VAS appetite	69 ±21	69 ±21	68 ±24	56 ±23	< 0.001
FAACT	31 ±6	30 ±6	31 ±6	27 ±6	< 0.001
MNA	24 ±4	23 ±4	24 ±4	21 ±5	< 0.001

Disease was judged by patients as "not severe and easy to cure" in 273 cases (14.7%), "not severe and difficult to cure" in 601 (32.4%), "severe/easy to cure" in 728 (39.2%), and "severe/difficult to cure" in 255 (13.7%).

*Cutoff values: FAACT score \leq 30 for anorexia; VAS score \leq 70 for appetite loss representative of anorexia; MNA scores: malnourished <17; at risk of malnutrition, 17 to 23.5; well-nourished >23.5.

**ANOVA univariate test.

VAS, Visual analog scale of appetite FAACT, Functional Assessment of Anorexia-Cachexia Therapy (questionnaire); MNA, Mini Nutritional Assessment; SD, standard deviation

Data are expressed as Mean \pm SD*.