Article Summary

**Title:** Defining And Classifying Cancer Cachexia: A proposal by the SCRINIO working group. Federico, MD; and Luigi Mariani, MD

**Purpose:** To propose a simple and quick classification that relies on severity of weight loss and presence or absence of symptoms that are associated with cancer cachexia.

**Definition:** Cachexia is a complex syndrome characterized by a severe, chronic, unintentional, and progressive weight loss, which is poorly responsive to the usual nutritional support, and may be associated with anorexia, fatigue, and early satiation.

**Methods:** Multicenter prospective investigation on the screening of nutrition risk of 1307 oncology outpatients. Eligibility criteria included adult outpatients with a solid cancer, presenting for diagnosis, therapy, or follow up to the cancer units of multiple hospital, universities, or scientific institutions. Data was collected through a database that included demographic, oncologic, clinical, and nutritional information. The patients were divided into 4 classes based on combinations of wt loss (<10% precachexia, ≥10% cachexia) and the presence or absence of at least 1 symptom of anorexia, fatigue, or early satiation. The four classes were defined as asymptomatic precachexia, symptomatic precachexia, asymptomatic cachexia, and symptomatic cachexia.

**Results:** In 40% of patients weight loss exceeded 10% of UBW, with an overwhelming majority these patients being considered symptomatic (class 4). Only 4% patients with cachexia were considered asymptomatic (class 3). 56% of patients with upper GI tumors were in the cachexia class and only 33% precachexia class. 88% with a tumor stage of III-IV were in class 4. Also there were statistically significant trends from patients moving form class 1 to 4 in the number of symptoms per pt, the severity of symptoms, performance status, and nutrition risk score.

**Conclusion:** The statistical analysis verified the classification of cachexia by identifying stages and different severities. This classification could be useful within a comprehensive oncologic approach to the weight-losing cancer patient, until more sophisticated techniques used to determine body composition analysis or measurement of more specific mediators of cachexia are available for routine clinical use.