

Invited Speaker Abstract

Official Language: English

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Title of Presentation

Cachexia, body composition, sarcopenia and oncology outcomes

1. Abstract

There is still a large gap between the proportion of advanced cancer patients who should benefit from anticancer therapies and the proportion of cancer patients who actually do benefit from these therapies. This discrepancy suggests that key needs and features of cancer patients remain unmet. Nutritional status is a major determinant of clinical outcome, yet it is rarely considered for risk stratification, and it is often overlooked and untreated. Cancer and cancer therapies are associated with specific changes of body composition, which go beyond just reduction of muscle mass (i.e., sarcopenia). Although it is now widely accepted that sarcopenia in cancer is a negative prognostic factor in cancer patients, more recent studies highlight a more complex picture of body composition changes during tumour growth. Fat infiltration of muscle mass (i.e., myosteatosis) as well as wasting of adipose tissue are negative prognostic factors which should be assessed and prevented/treated.

2. key references

Baracos VE et al. Cancer-associated cachexia. Nat Rev Dis Primers 2018;4:17105
Laviano A et al. Nutrition support and clinical outcome in advanced cancer patients. Proc Nutr Soc 2018;77(4):388-393

3. key messages

- a. The clinical journey of patients with advanced cancer is characterised by changes in body composition.
- b. Muscle loss, muscle infiltration of fat, adipose tissue wasting can be simultaneously found in the same cancer patient.
- c. Prevention and treatment of body composition changes during cancer should be informed by the accurate analysis of the pathogenic mechanisms