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Background: Cancer Cachexia (CC) is a common problem in Non-Small-Cell Lung Cancer (NSCLC). In CC there is a significant loss of adipose tissue and skeletal muscle mass. There is a need to utilise a multi-targeted approach to decrease the inflammation and to stimulate the skeletal anabolic pathways with the use of progressive resistance training (PRT).

Methods: ACCeRT is a feasibility, open-label study investigating Eicosapentaenoic acid (EPA) and Cox-2 inhibitor (Arm A) versus EPA, Cox-2 inhibitor, PRT followed by essential amino acids (EAAs) (Arm B) in a 1:2 randomisation.

Results: 20 patients enrolled, with 1 patient currently on study.

Results up to week 12; one patient in Arm A and B withdrew. Four patients in Arm A and B progressed before Week 12. One patient in Arm B changed to targeted therapy.

Three patients in Arm A completed questionnaire all scored 'strongly agree' to commence the PRT / EAAs. All patients in Arm B scored 'strongly agree/tend to agree' for the acceptability of the PRT sessions. Attendance for PRT sessions median = 92%.

No treatment related SAE's were seen. Full results with MRI, leg strength and QOL data will be presented.

Conclusion: The above combination has shown acceptability and stability of LBM and gain in some NSCLC patients with refractory cachexia. This combination deserves further evaluation in a larger phase II study.

	mean	Arm A (n=7)	Arm B (n=13)
Male / Female		5 / 2	8 / 5
Adenocarcinoma/ Squamous		4 / 3	10 / 3
Age at entry into study (years)	68.2	64-81	47-87
Weight loss pre-enrolment	9.01%	6.46% - 9.83%	6.29% - 20.29%

Mean change in Lean Body Mass (LBM) kg (range)				
	Week 3		Week 12	
Arm A	n=4	-1.08 (-1.70 to +0.10)	n=2	+1.30 (+0.30 to +2.30)
Arm B	n=11	+0.53 (-2.20 to +3.00)	n=7	+0.66 (-4.20 to +6.80)

6-01

Nutritional and functional status, quality of life and caregiver burden of Alzheimer's disease patients

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Background: Several factors affect the nutritional and functional status and quality of life (QOL) of community-dwelling Alzheimer`s disease (AD) patients. However, the role of caregiver burden (CB) has not been comprehensively explored. The aim of this study is to explore the association between nutritional and functional status, QOL with CB in community-dwelling AD patients.

Methods: A cross-sectional study was conducted amongst 68 caregiver-patients dyads AD (patients: 25 men and 43 women; age: 77.5 ± 7.6; caregivers: 22 men and 46 women; age: 57.5 ± 21.7). Nutritional status was assessed using MNA, serum 25-hydroxyvitamin D3 [25(OH)D3] and bioimpedance analysis. Functional status using handgrip strength, gait speed, Lawton and Barthel Index was determined. Mental status was assessed by MMSE and QOL was evaluated through the Portuguese scale (QOL-AD). CB was measured using Zarit Burden Interview. Association between nutritional, functional mental and QOL status and CB was quantified through multivariable linear regression analysis.

Results: Thirty-three caregivers (48.5%) showed low CB and 24 (35.3%) high CB. Amongst high CB, 16 (34.8%) were female spouses, whose patients 14 (58.3%) were undernourished and 20 (29.4%) had 25(OH)D3 deficiency, 18 (75.0%) were severe dependent and 10 (41.7%) showed average QOL. Linear regression analysis showed that caregiver age and education, AD patient´s phase angle, gait speed and Barthel Index were the studied parameters most strongly associated with the CB, respectively (β = −0,465, 0.330, −0.358, −0.156, −0.284, and ρ = 0.008, 0.014, 0.002, 0.021, 0.033) regardless caregiver age, caregiver education, caregiver relatives, nutritional, functional and cognitive status and QOL (R2 = 0.662).

Conclusion: AD patient´s caregiver age and education, AD patient´s phase angle and functional status were the studied parameters independently associated with CB.

6-02

Hematopoietic stem cell transplantation in the elderly: nutritional and geriatric assessment

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Introduction: Hematopoietic stem cell transplantation (HSCT) may improve outcomes of patients with hematologic malignancies not