22770 | Efficacy of Nutriscore and MST in identifying nutritional risk, using PG-SGA© and GLIM criteria as the standard in outpatients with cancer

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Background & Aim: Nutriscore and Malnutrition Screening Tool (MST), Patient-Generated Subjective Global Assessment (PG-SGA©) and Global Leadership Initiative on Malnutrition (GLIM) criteria are tools for assessing the risk and nutritional status, respectively, of cancer patients. The aim of this study is to compare Nutriscore and MST in identifying nutritional risk, using PG-SGA© and GLIM criteria as a reference. **Methods:** A cross-sectional observational study was conducted in adults with a diagnosis of cancer in pre-treatment (except surgery). Sociodemographic data, lifestyle data (smoking and drinking habits and physical exercise) and clinical data (diagnosis, stage and treatment) were collected and the four tools were applied. **Results:** Since November 2024, 106 patients have been included. The cancer sites ranked highest in nutritional risk or malnutrition were head-neck and gastrointestinal tract. MST classified 29,2% and Nutriscore 6,6% of the sample as having nutritional risk. PG-SGA© and GLIM criteria were similar in the classification of malnutrition (40,6% vs 43,4%). The sensitivity and specificity of Nutriscore with PG-SGA© as standard were, respectively, 17,0% and 100% and with GLIM criteria as standard were, respectively, 15,2% and 100%. The sensitivity and specificity of MST with PG-SGA© as standard were, respectively, 71,4% and 98,4% and with GLIM criteria as standard were, respectively, 60,9% and 95,0%. According to Nutriscore, 2,9% of patients who had not had surgery before were at nutritional risk vs 13,2% of those undergoing surgery (p=0,095). MST (p=0,505), GLIM (p=0,548) and PG-SGA© (p=0,839) did not have significant dependence on submission to surgery. **Conclusions:** MST has a better performance than Nutriscore in identifying nutritional risk in outpatients with cancer.

Keywords: Cancer, GLIM criteria, MST, Nutriscore, PG-SGA.

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