

Assessing Longitudinal Body Fat Change in a Cohort of Patients with Advanced Cancer

Background

- The Cancer-Anorexia Syndrome (CACS) is defined by anorexia and ongoing loss of skeletal muscle mass, with or without loss of fat mass¹
- Advanced CACS is refractory to conventional nutritional support and leads to progressive functional impairment¹
- Research indicates that maintaining body fat may confer a survival advantage², and contribute to the preservation of skeletal muscle mass^{3,4}
- Longitudinal research assessing changes in body fat in patients with advanced cancer is scarce in the literature

Objectives

- To estimate to which extent body fat mass distribution differs between men and women at diagnosis of advanced cancer
- To identify the change in body fat over time in a cohort of patients after diagnosis of advanced cancer

Hypothesis

- It is expected that there will be different distributions of fat between men and women
- It is expected that subgroups of patients will demonstrate different patterns of body fat change

Methods

Study Population (N=101) recruited from the JGH and MUHC

Measures

- CT Scans: tissue volume measured at 3rd lumbar vertebrae (L3) as cross-sectional surface areas
 - total fat at L3 was used to estimate whole body fat mass from regression equation⁵
- Dietary energy intakes are from 3-day food intake diaries

Statistical Analysis

- Group-based Trajectory Modeling: assumes population is composed of distinct developmental trajectory groups for a given outcome
- Groups are comprised of individuals who have followed similar patterns of development for the outcome of interest (fat mass change)

Christopher Fraser¹, Stephanie Chevalier^{1,2}, Jessica Murphy³, Lin Yang³, and Bruno Gagnon³ ¹School of Dietetics and Human Nutrition, ² McGill Nutrition and Food Science Centre ³Division of Clinical Epidemiology, MUHC

Results			
Table 1. Patient Charae	cteristics		Figure 1. Trajectories of
	Men	Women	
Gender (n)	67	34	
Age (years)	65.4 ± 1.5	63.4 ± 1.9	Fat index (cm2/m2)
BMI	24.7 ± 0.6	24.9 ± 1.1	
Cancer Type (n)			
Pancreatic	18	16	200.00
NSCLC	13	5	
Hepatobillary	11	4	
Upper Gastrointestinal	10	3	100.00
Colorectal	10	5	
Other	5	1	0.00
Daily caloric intake (kcal)	1929 ± 88	1547 ± 119	-10.00
Caloric Intake (kcal)/ dav/bodv mass (kg)	27.3 ± 1.6	28.0 ± 2.8	Group Perc
Table 2. Patient Body F	-at Characteristics Men	Women	 Group 3: early and Group 4: linear dect
	23 0	23 2	There was no effect of a
body fat mass (kg)	(21.4 – 24.6)	(20.6 – 25.8)	Discussion
CT derived % body	30.4	36.2	Differences in fat di
fat	(29.0 – 31.8)	(34.4 – 38.0)	and are similar to th
Visceral Fat Surface Area (cm ²)	133.0 (110.4 – 155.6)	85.2 (60.8 – 109.6)	Classifying trajector
Subcutaneous Fat Surface Area (cm ²)	134.6 (116.2 – 153.0)	184.4 (144.4 – 224.4)	 Precachexia: Cachexia: Gro Pofractory Ca
Fat index (cm ² /m ²)	91.4	112.9	nemationy ca
	(78.2 – 104.6)	(88.5 - 137.3)	Most patients had s
Values reported as mean (9	5% CI)		more fat at baseline
Acknowledgements:	 Fat loss may occur o Mean difference 		
References:	o of concor cochovicy or intermetions!	oncur Lancot Oncol 2011.12(5).400-405	was > 2 months
2. McAuley and Blair. Obesity paradoxes. J 3. Dahlman et al. Adipose tissue pathways	Future Consider		
1548. 4. Das et al. Adipose triglyceride lipase con 5. Mourtzakis et al. Mourtzakis M, Prado (to quantification of body composition in c	 Compare character Evaluate death date change pattern on settern 		

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Table 2. Patient Body F	at Characteristics		 Group 3: early and Group 4: linear dec
	Men	Women	There was no effect of a
CT derived whole body fat mass (kg)	23.0 (21.4 – 24.6)	23.2 (20.6 – 25.8)	Discussion
CT derived % body fat	30.4 (29.0 – 31.8)	36.2 (34.4 – 38.0)	 Differences in fat di and are similar to the
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ages acquired during routine care. Appl Physiol Nutr Metab 2008;33(5):997-1006.



the fat surface area indexed to height over time



d 4 groups of fat change ple, differing only by amount of fat at baseline late decline separated by period of stability line

age or sex

istribution between men and women were expected hose seen in healthy populations

ry groups by stages of cancer cachexia¹:

- Groups 1 and 2
- oup 3 (with period of possible response to treatment) achexia: Group 4

stable body fat, while those who had losses also had

closer to death e between last CT scan and death/final assessment

rations

ristics of individuals between groups es of patients in each group to interpret effect of fat survival