

A Rasch Model Analysis of the Montreal Cognitive Assessment within a Cancer Population



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Background

- It has been well established that cognitive deficits are prevalent in many end-stage diseases such as HIV/AIDS and cancer.
- However, the specific aspects of cognition affected by cancer are still imprecise.
- Although the Montreal Cognitive Assessment has been validated in a geriatric population, studies have not yet shown its application to the cognitive deficits experienced by individuals affected by cancer.

Objectives

To determine the dimensionality of the Montreal Cognitive Assessment (MOCA©) within a cancer population using statistical Rasch modeling.

Methods

- Data from 54 consecutive patients was collected retrospectively from patients enrolled in the Cancer Nutrition-Rehabilitation Program at the McGill University Health Centre - Montreal General Hospital.
- The patients' scores on each item of the MoCA[©] were analyzed using Rasch modeling on RUMM 2020.
- Tests of fit statistics were used to determine items which did not fit the model.

Inclusion Criteria:

- All cancer types/sites
- All stages

Exclusion Criteria:

Brain-related cancer or metastasis

Table 1: Patient Characteristics (n: 54)

Age (years) [mean (SD)]	58.78	(12.56)
Male [n (%)]	23	(42.59)
Female [n (%)]	31	(57.41)
During		
Chemotherapy		
Treatment [n (%)]	26	(48.15)
Post Chemotherapy		
Treatment [n (%)]	28	(51.85)
≥12 years education		
[n (%)]	46	(85.19)
<12 years education		
[n (%)]	8	(14.81)

Stage 1-2 [n (%)]	8	(14.81)
Stage 3-4 [n (%)]	36	(66.67)
Other [n (%)]	10	(18.52)
Colorectal [n (%)]	15	(27.78)
Breast [n (%)]	10	(18.52)
Lung [n (%)]	5	(9.26)
Upper GI [n (%)]	4	(7.41)
Pancreatic [n (%)]	3	(5.56)
Ovarian [n (%)]	3	(5.56)
Hematological		
[n (%)]	9	(16.67)
Other [n (%)]	5	(9.26)

Results Items: uncentralised thresholds Recall (all 5 words) Recall 4th word Clock Drawing (all 3 parts) Subtract3 Clock contour Recall1 Date Clock#s Rep2 Trail Abstract2 Tap A Digits BWD Digits FWD Abstract1 Subtraction2 Camel Lion Day Month Subtract1 -3.20 **-4**.00 € Low Cognitive Ability / Easiest Item Most Difficult Item Distribution of Person Location Perfect Score Recall all 5 words* (MoCA[©] Scores) Full clock drawing* Subtract all 5* Abstract2 **Trail** Repeat2 **Digit FWD Digit BWD** Abstract1 Easiest Item

Mean	SD	Mean	SD	Mean	SD	Mean	SD	Value	df	р	
2.05	0.94	0	1.3	0.09	0.78	0.23	0.68	24.99	18	0.12	0.68
PERSONS F r e q u 5 e n c y	9.47 - Tota	MATION No. 1 [53]	(Gr. Mean 2.051 0.	ouping Set t		hreshold ength of 0.3			ps)		18.9% 9.4% 0.0% 5 Location (logits) 0.0%
F 5 r e q 1	<u>.</u>										17.9% 35.7%

Item Fit

Residual

Person Fit

Residual

Chi Square

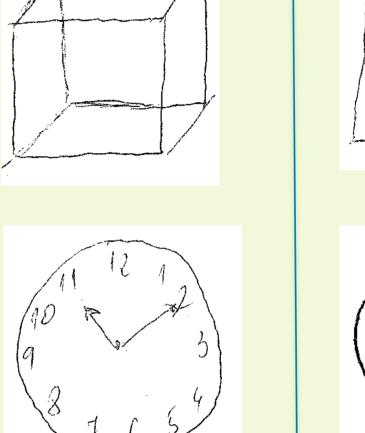
Interaction

PSI

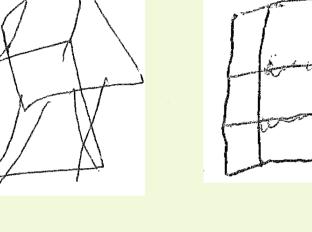
Person Location | Item Location

MoCA[©] Items

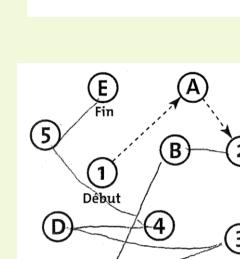
Perfect Score Mild Cognitive Deficits

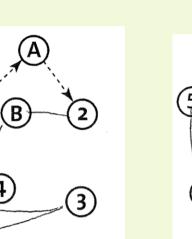


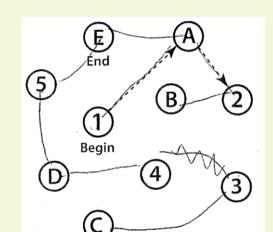


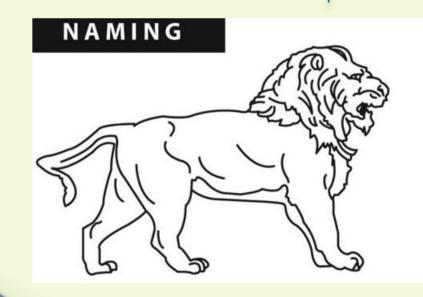


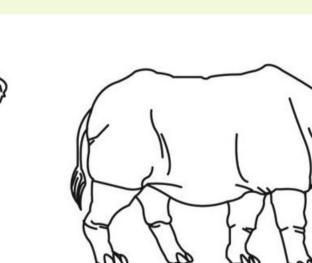


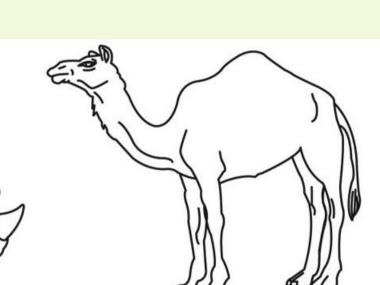












Discussion

- The present study represents the first application of Rasch Analysis to the MoCA® within a cancer population.
- The results suggest that the MoCA[©] may be testing a unidimensional construct such as cognition or cognitive deficits.
- The only exceptions are the items abstraction1 and subtraction. Abstraction1 was removed from the model due to local dependency on abstraction2. Whereas, subtraction was removed due to differential item functioning. We speculate that this may be a result of person factors.
- This study was limited by its small sample size.
- Further research is required to explore testing over multiple time points.

Conclusion

The results of this Rasch analysis begin to indicate that the MoCA[©] may be used as a measure of cognition in patients with cancer.

References d testing augments pencil-and-paper tag

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Acknowledgements

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