Nutrition Screening in a Head and Neck Cancer Population – A trial of the Patient-Generated Subjective Global Assessment Short Form Screening Tool

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Introduction

Malnutrition is common among head and neck cancer (HNC) patients due to tumour location, treatment side effects and pre-existing lifestyle factors. Early identification of nutritional risk through proactive screening is crucial to prevent treatment interruptions, complications, and reduced survival. The Patient-Generated Subjective Global Assessment Short Form (PG-SGA SF) is designed to be a patient-friendly tool which is validated to effectively assesses nutritional risk, including weight history, food intake, nutrition impact symptoms (NIS), and functional status. Regular screening and timely referrals to dietitians are recommended but often underutilized in clinical practice.

Methods

A trial of nutrition screening using PG-SGA SF was conducted in HNC clinics from March-May 2024 across 12 clinic sessions. At check-in, patients were given a paper printout of the screening tool and instructed to complete it before returning it to staff. Completed screenings were collected by the dietitian at the end of each clinic and analysed. A total of 364 patients were scheduled during this period, with 89 completing the screening (24% response rate). Patients who did not have a cancer diagnosis pre or post screening or those with insufficient data completed were excluded, leaving 31 patients for analysis.

Results

Patient characteristics (n=31)

Male	Female	Average	Average BMI =
71%	29%	**Age =** 61	25.8kg/m^2

The majority of patients had oropharyngeal cancer (42%), followed by thyroid (16%), hypopharynx (10%), and parotid (10%) cancers.

52% reported eating difficulties, with the most common NIS being dry mouth (37%), dysphagia (31%), pain (31%), and fatigue (31%).

19% reported weight loss in the two weeks prior to screening, 10% reported weight gain, and 71% reported no change in body weight during the time period.

Over the previous six months, 32% reported weight loss, with an average loss of **7.4%.** Furthermore, 10% of patients lost more than 10% body weight.

Additionally, **26% reported decreased oral intake** in the two weeks prior to screening, and 16% were exclusively dependent on enteral feeding or oral nutritional supplements at the time of screening.

Fig 1: Cancer type

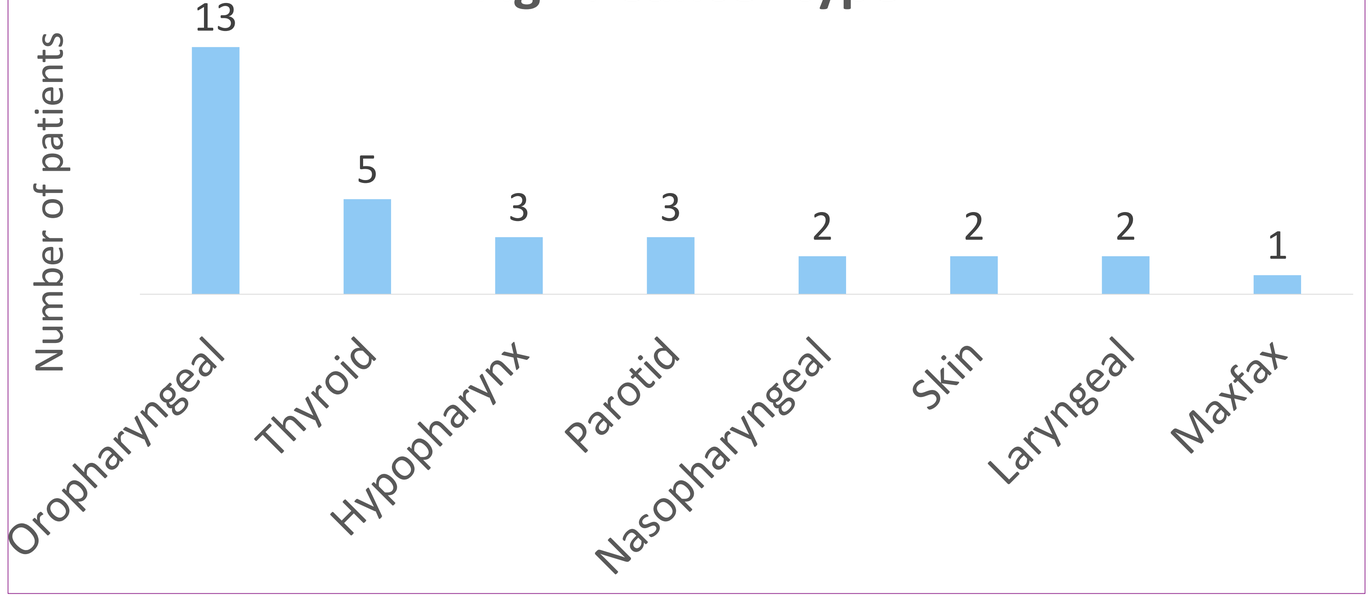
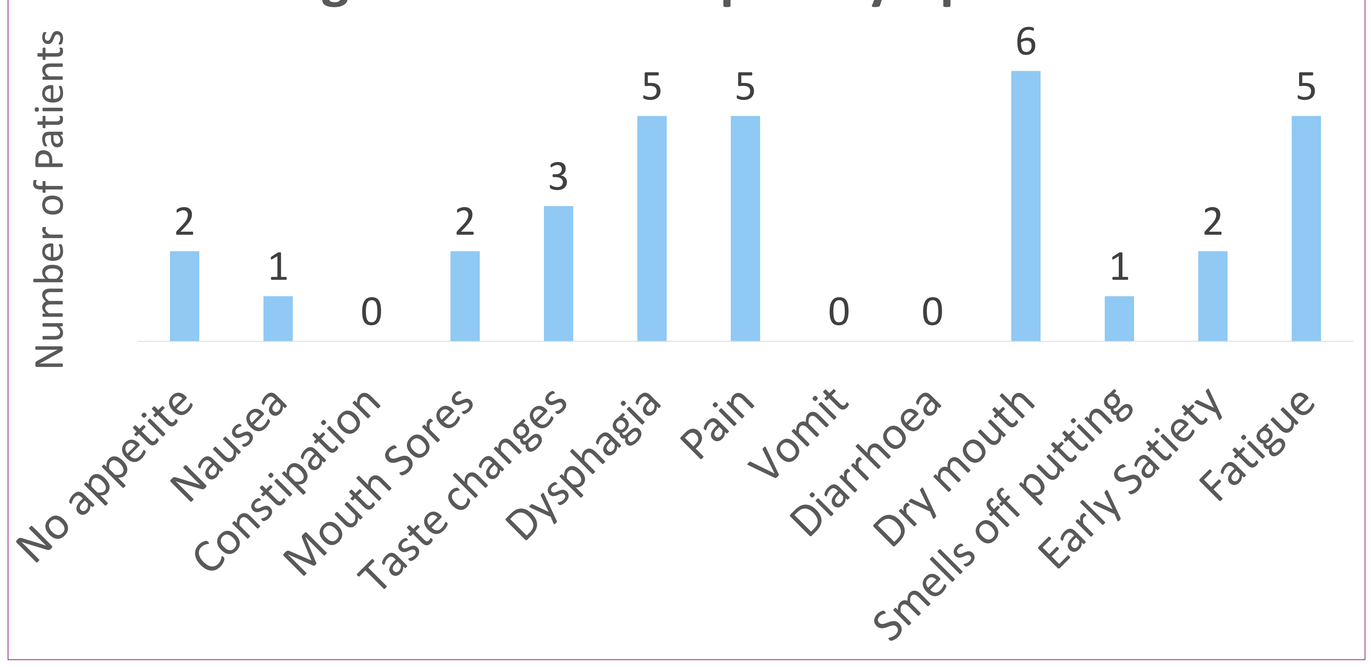


Fig 2: Nutrition Impact Symptoms



Conclusion

This screening trial highlights the significant nutritional challenges faced by HNC patients, with many experiencing weight loss and difficulty eating due to a range of nutrition impact symptoms. While the PG-SGA SF is a valuable proactive screening tool, its implementation in a busy clinic setting proved challenging, with patients requiring considerable assistance to complete the tool, reflected in a low response rate (24%). To improve feasibility, it is recommended that in future, a dietetic assistant administer the screening prior to clinic visits. Further integration of the tool into practice is essential for timely nutritional intervention and optimal patient outcomes.