Nutritional Screening in Upper GI Outpatient Service

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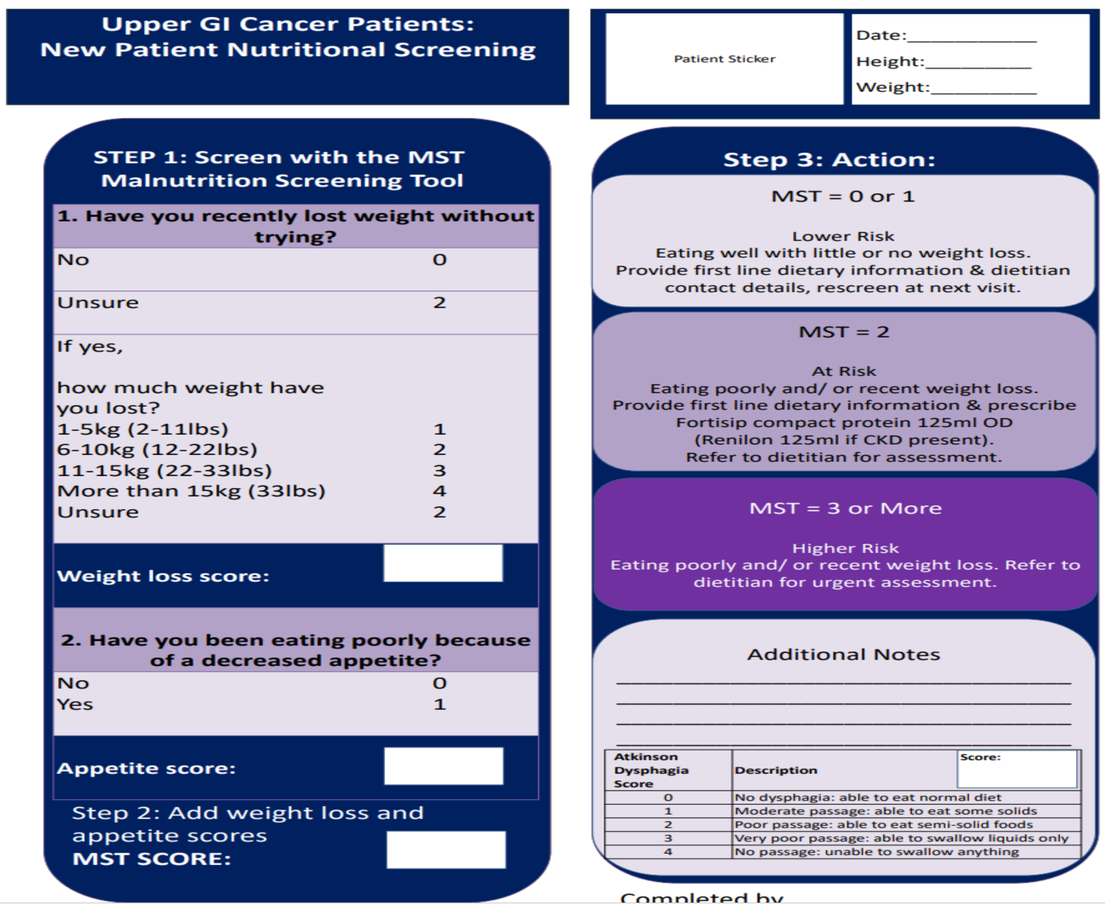
INTRODUCTION & AIM

- International guidelines recommend early assessment of nutritional risk in patients with cancer.
- Early intervention and prevention of malnutrition can help prevent adverse consequences, reduce associated costs and improve patient outcomes.
- Patients with a new diagnosis of oesophagogastric cancer attend a multidisciplinary (MDT) surgical outpatient clinic in Beaumont, presenting an opportunity for early assessment of nutritional risk and early nutritional intervention.
- Previous audit in this centre indicated only 18% patients who underwent OG cancer surgery had dietetic intervention at first MDT clinic attendance.
- Nutritional Screening was introduced in this clinic in 2025. This audit aimed to assess the use of the Malnutrition Screening Tool in the Upper GI Surgical Oncology Outpatient Service in Beaumont Hospital.

METHODS

- Retrospective review of patient records, including all new patients that attended the Upper GI surgical Oncology Outpatient Services in Beaumont during August 2025

Figure 1: Malnutrition Screening Tool



Upper GI Cancer Patients: New Patient Nutritional Screening

Patient Sticker

Date:_____
Height:_____
Weight:_____

STEP 1: Screen with the MST Malnutrition Screening Tool

1. Have you recently lost weight without trying?	
No	0
Unsure	2
If yes, how much weight have you lost?	
1-5kg (2-11lbs)	1
6-10kg (12-22lbs)	2
11-15kg (22-33lbs)	3
More than 15kg (33lbs)	4
Unsure	2
Weight loss score:	

2. Have you been eating poorly because of a decreased appetite?	
No	0
Yes	1
Appetite score:	

Step 2: Add weight loss and appetite scores
MST SCORE:

Step 3: Action:

MST = 0 or 1

Lower Risk
Eating well with little or no weight loss.
Provide first line dietary information & dietitian contact details, rescreen at next visit.

MST = 2

At Risk
Eating poorly and/ or recent weight loss.
Provide first line dietary information & prescribe Fortisip compact protein 125ml OD (Renilon 125ml if CKD present).
Refer to dietitian for assessment.

MST = 3 or More

Higher Risk
Eating poorly and/ or recent weight loss. Refer to dietitian for urgent assessment.

Additional Notes
_____
_____
_____
_____

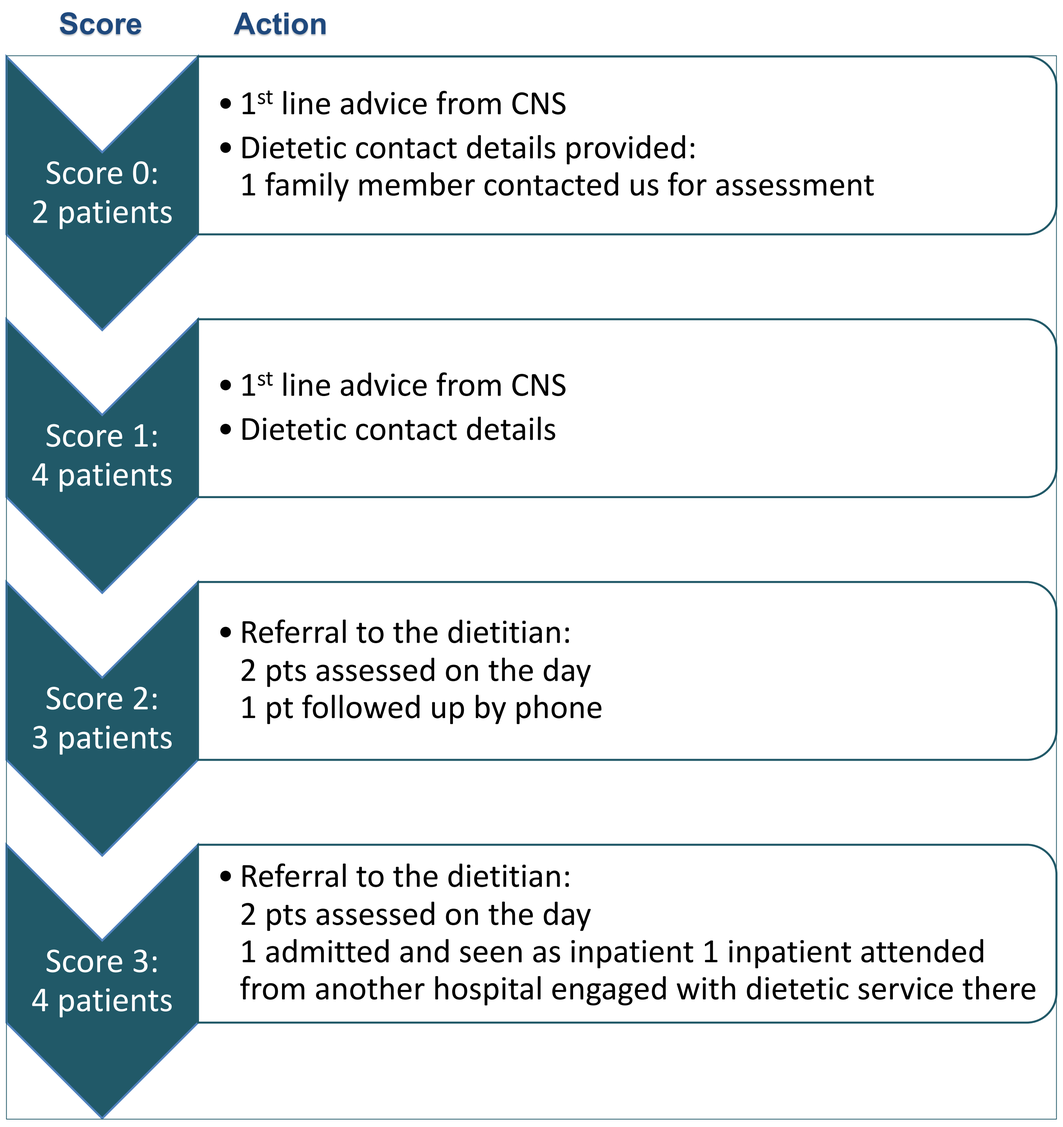
Atkinson Dysphagia Score	Description	Score:
0	No dysphagia: able to eat normal diet	
1	Moderate passage: able to eat some solids	
2	Poor passage: able to eat semi-solid foods	
3	Very poor passage: able to swallow liquids only	
4	No passage: unable to swallow anything	

Completed by

RESULTS

- MST was completed on 13 of 17 new patients that attended the outpatient clinics. It was completed correctly in 12 of 13 patients.

Figure 2: Results of MST screening



DISCUSSION

- MST was completed on 77% of new patients attending UGI outpatient clinics, 92% completed correctly.
- This resulted in 77% of new patients attending with a new diagnosis of UGI cancer having some form of nutritional intervention- an improvement from previous level of 18% in 2022/2023.
- The benefits of early nutritional intervention are well established, particularly in high risk groups such as those with gastrointestinal cancer.
- Where there are limited dietetic resources, a multidisciplinary approach to nutritional screening can be successful in triaging patients and to ensuring that a greater number of patients have the opportunity to optimise their nutritional status, as well as their tolerance and response to treatment.

RECOMMENDATIONS

For future work:

- Ongoing education to embed the MST into practice: ensuring tool and education resources available at every clinic, particularly ahead of staff leave and for high volume clinics.
- Reaudit of tool use to ensure ongoing utilisation.
- Share findings with dietetic colleagues to explore further areas of use.

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