



# IMPACT OF PREOPERATIVE NUTRITIONAL STATUS ON POSTOPERATIVE OUTCOMES IN PANCREATIC CANCER PATIENTS FOLLOWING ELECTIVE SURGERY: A SINGLE-CENTER, RETROSPECTIVE OBSERVATIONAL STUDY

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## Background and aims

Among pancreatic cancer patients (PCP), those who have undergone resection have much better survival rates than those who are unresectable (less than 1/5 of PCP)<sup>1</sup>. In PCP, poor oral intake, altered metabolism due to malignancy and malabsorption caused by obstruction or exocrine insufficiency contribute to Cancer Related Malnutrition (CRM) and sarcopenia<sup>2</sup>. However, in PCP relationship between nutritional status before surgery and post-surgical outcomes still remain unclear<sup>3</sup>. Aim of this study is to evaluate the effect of preoperative nutritional status on postoperative outcomes in PCP following elective surgery.

## Methods

Nutritional assessment was performed before elective surgery as required by local clinical pathway. Clinical and nutritional data were collected from January 2015 to December 2021. Oral food intake was assessed by 24-hour recall. Diagnosis of CRM was detected according with GLIM criteria.

## Results

We evaluated 103 caucasian consecutive patients. Multivariable analyses show that unintentional weight loss before surgery independently affects postoperative morbidity and mortality (odds ratio 1,08 -  $p < 0,054$  - 95% interval confidence 0,99-1,16). Protein intake before surgery is inversely associated with length of hospital stay ( $-0,096 - p < 0,019$  - 95% interval confidence 0,17- 0,016).

## Conclusions

Poor preoperative nutritional status in PCP worsens clinical outcome in PCP. Early nutritional support should represent a gold standard in elective surgery for PCP.

## Bibliography

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- 3 - Chan MY, et al. World J Gastrointest Oncol 2019; 11(7): 527-537

