



## ESSO 38 Abstracts 2018 – Poster in the Spotlight

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**THE PROGNOSTIC VALUE OF A GERIATRIC RISK SCORE FOR OLDER PATIENTS WITH COLORECTAL CANCER**

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**Introduction:** VMS is a Dutch risk assessment tool for hospitalized older adults that includes a short evaluation of four geriatric domains: risk for delirium, risk for malnutrition, risk for physical impairments and fall risk. We investigated whether the information derived from this tool has prognostic value for outcomes of colorectal surgery.

**Methods:** All consecutive patients over age 70 that underwent elective colorectal cancer surgery in three Dutch hospitals (2014–2016) were studied. The presence of risk was scored prior to surgery and per geriatric domain either as 0 (risk absent) or 1 (risk present). The total number of geriatric risk factors was summed. Primary outcome was long-term survival. Secondary outcomes were postoperative complications, including delirium. Cox proportional hazards models were used to evaluate the sumscore and associated factors with overall survival (OS).

**Results:** Five hundred and fifty patients were included. Median age was 76.5 years and median follow-up was 870 days. Patients with an intermediate (1–2) or high (3–4) sumscore was independently associated with lower overall survival: intermediate sumscore HR 2.2 (95% CI 1.21–3.84;  $p = .009$ ) and high sumscore HR 9.6 (95% CI 4.44–20.56;  $p = <.001$ ). Sumscores were also associated with postoperative complications (intermediate sumscore OR 1.8; 95%CI 1.23–2.70 and high sumscore OR 2.4; 95% CI 1.02–5.53).

**Conclusions:** This easy to use geriatric sumscore has strong associations with long term outcome and morbidity after colorectal cancer surgery. This information may be included in risk models for morbidity and mortality and can be used in shared decision making.

**Conflict of interest:** No conflict of interest.

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**DAILY LIFE ACTIVITIES COMPROMISE INTESTINAL INTEGRITY IN COMMUNITY-DWELLING OLDER ADULTS: A PILOT STUDY**

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**Background:** Malnutrition is highly prevalent in elderly patients presenting with cancer and is associated with increased morbidity and mortality. In order to develop strategies to improve nutritional status, more insight in the underlying factors is needed. Splanchnic atherosclerosis affects the capability to adapt mesenteric blood flow to changes in oxygen demand. Therefore, daily activities that increase oxygen demand in the intestinal wall, such as consuming a meal after physical activity, may induce a disturbed intestinal integrity. Compromised intestinal integrity can affect the uptake and processing of nutrients contributing to a poor nutritional state. Before starting trials in elderly cancer patients, we first aim to get a proof of principle in community-dwelling individuals.

**Material and methods:** Participants (>75 years) performed a standardized walking test and received a standard meal directly afterwards. Through a venous drip, eight blood samples were collected: at baseline, directly after the walking test, directly after the meal and every fifteen minutes in the 75 minutes postprandial. Intestinal fatty acid binding protein (I-FABP), a plasma marker for enterocyte damage, was used as measurement for intestinal integrity. A 50% increase of I-FABP in plasma compared to baseline was defined as relevant loss of intestinal integrity.

**Results:** Thirty-four participants were included. The median age was 81 years. A 50% I-FABP increase in at least one of the measurements was observed in twelve persons (35%). No differences were observed between the group with an I-FABP peak of  $\geq 50\%$  and the group with an I-FABP peak  $< 50\%$  regarding baseline parameters.

**Conclusions:** A considerable part of participants showed a relevant I-FABP increase after the performance of a walking test followed by a meal, indicating that intestinal integrity is compromised during daily life activities. Future research should determine the presence in cancer patients and the consequences of a disturbed intestinal integrity on gastrointestinal function and nutritional state.

**Conflict of interest:** No conflict of interest.

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**PROGNOSTIC IMPACT OF RADIOACTIVE IODINE DIAGNOSTIC SCAN AFTER DETECTION OF BIOCHEMICAL RECURRENCE IN INTERMEDIATE AND HIGH RISK DIFFERENTIATED THYROID CANCER.**

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**Background.** Differentiated thyroid cancer patients treated with bilateral thyroidectomy and RAI (radioactive iodine) ablation who develop Thyroglobulin (Tg) elevation in follow-up require a 5 mCi (millicuries) [185 Mbq (megabecquerels)] Diagnostic whole-body scan (DWBS) and if positive, <sup>131</sup>I treatment. This could induce stunning, delay in therapy and increased cost. Oncologic outcomes associated to the use of <sup>131</sup>I DWBS during first biochemical recurrence are analyzed, as well as its diagnostic accuracy