


EAPC Research activities
**EPOS-NUF (Nutrition Fatigue): how to utilise multi-
centre research for additional projects**



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Research in complex symptomatology – syndromes / *diseases*



**Large data pools („cohort studies“) open
opportunities to test hypothesis**
AIDS-cohorts, Cancer-cohorts, ...

**Decision on variables to be included: balance of
„as much as possible“ \leftrightarrow „pragmatic realistic“**

**Variables: essential \rightarrow important \rightarrow nice-to-have
 \rightarrow do not know yet**

Important hypothesis may raise late: be prepared

EPOS-Study: suitable as cohort study for nutrition & fatigue?

Patients with cancer pain and opioid treatment
Cross-sectional study, n=3'000
Multicentre, international, multilingual

Patient-reported:	BPI, EORTC-QLQ-C30
Test with the patient:	MMSQ
Sociodemographics	Co-morbidity, tumor history Opioids & pain history/Dg
Professional reported:	Symptoms (and syndromes) Status of opioid therapy
Biological samples:	Serum, Edta (pre-analytics?)

EPOS-Study for N&F: Patient population

Cancer pain and „no“ cachexia? Cachexia and no pain with opioid treatment?

- Pain (80%)
- Fatigue (90%)
- Anorexia (80%)
- Nausea (90%)
- Anxiety (25%)
- Dyspnea (50%)
- Dizziness (80%)
- Depression (30%)

Volume 4 Topics Pall Care
Walsh D Supp Care Cancer 2000
Vainio A J Pain Symp Manag 1996
Reuben DB Arch Intern Med 1988
Dewys WD Am J Med 1980

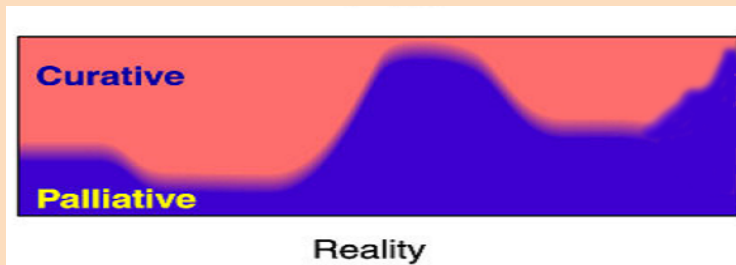
→ Given the high frequency of anorexia it is likely that a majority of EPOS patients have anorexia/cachexia/fatigue

→ Various degrees

→ „early“ and „late“ cachexia

EPOS-Study for N&F: cross-section

Is the trajectory of anorexia/cachexia/fatigue too variable to allow for a cross-sectional design?



Research on symptom trajectories suggest fluctuation

→ Include „longitudinal“ questions in the cross-section

Weight loss history & dynamics

EPOS-Study for N&F: contents

Weight loss last 2 and 6 months

Estimation of nutritional intake: 1 question

FAACT: 12 questions

Single-item Fatigue: 4 questions

Checklist for secondary anorexia: 14 items

Treatments for anorexia/cachexia/fatigue: 1 page

Urine

EPOS-Study for N&F: hypothesis to test

Which questions relevant for nutrition & fatigue may be asked in this cross-sectional study?

Burning questions in anorexia/cachexia/fatigue in the palliative care context

Common standards for diagnosis of cachexia in palliative care

→ “Optimal” set of items to classify

Assessment instruments tailored to palliative care patients

→ Secondary causes of anorexia

→ Psychosocial, existential distress

Characteristics of early vs late cachexia: genomics

Characteristics of weight loss dynamics

Frequency of „palliative“ nutritional issues: secondary and distress

EPOS-Study for N&F: hypothesis to test

Which questions relevant for nutrition & fatigue can NOT be asked in THIS study?

Burning questions in anorexia/cachexia/fatigue in the palliative care context

Common standards for diagnosis of cachexia in palliative care

→ “Optimal” set of items to classify

Assessment instruments tailored to palliative care patients

→ Secondary causes of anorexia

→ Psychosocial, existential distress

Assessments going beyond (?) the features of the study:

- **Nutritional intake**
- **Body composition**
- **Autonomic dysfunction**
- **Physical function measure**
- ..

EPOS-Study: Challenges

Challenges to „piggy-back“ this large, intl. trial

**Burden of assessments for patients, doctors,
research nurses**

Competition for additional modules

Variability of formats and time scales of instruments

Volume of biological samples (storage)

Legal issues: consent for main trial, but modules?

Translation of new assessment instruments

EPOS-NUF Study: Conclusion



**An important opportunity to tailor additional modules
to the backbone study**

**Distinguish collection of cohort data from evaluation
of new assessment instruments**

**Decide upon requested sample size for specific
modules evaluating defined questions**

Consider to participate in the EPOS-NUF part



Thank you

**many volunteers, co-
workers, and
colleagues (in
research and clinic)
my family**

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