

# WAGO 2025 ANNUAL MEETING

## ORAL ABSTRACT



### **Prevalence of Ovarian Cancer Cachexia in Patients Undergoing Debulking Surgery at the University of Colorado between 2014-2024**

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#### Objectives

Cancer associated cachexia (CAC), a multiorgan disease process mainly characterized by muscle and weight loss that is resistant to nutritional supplementation, is associated with higher rates of adverse events after surgery, chemotoxicity, and poor quality of life. Evidence of CAC and its associated poor outcomes have been identified in patients with ovarian cancer, the deadliest gynecologic malignancy. Notably, the prevalence of cachexia in patients with ovarian cancer is not well characterized.

#### Methods

In this retrospective study, we aimed to identify the true prevalence of CAC in patients with epithelial ovarian cancer (EOC) who underwent cytoreductive surgery with a gynecologic oncologist at a large academic institution between 2014-2024 by exploring patient demographics associated with higher rates of CAC.

#### Results

Between 2014-2024, 391 patients with EOC were identified. 47% (184/391) of the patients were diagnosed with CAC based on the Fearon definition ( $> 5\%$  weight loss over 6 months, or  $> 2\%$  weight loss and either body mass index (BMI)  $< 20$  kg/m<sup>2</sup>, or evidence of sarcopenia). Among those with CAC, 78.8% of the patients met the diagnosis of CAC by  $> 5\%$  weight loss, 14.1% presented with 2% weight loss with BMI  $< 20$ , and 52.2% exhibited 2% weight loss with sarcopenia on CT scan respectively. 3% (13/391) of patients met all three criteria for cachexia. Notably, these 13 patients presented with BMI  $< 18$ , mean age 65, stage 3 or 4 disease with high grade histology, and 12/13 received neoadjuvant chemotherapy before their surgery. Higher rates of cachexia were found in people over age 70, whereas 100% cachexia rates were noted in people with BMI  $< 18$ . 85.9% of patients with cachexia had high grade serous histology and 59.2% and 26.6% had stage 3 and 4 diseases, respectively. Lastly, the rate of cachexia was 39.7% vs. 60.3% in those undergoing primary vs. interval cytoreductive surgery, respectively.

#### Conclusions

Cachexia is underdiagnosed in ovarian cancer. Review of our patient population showed a 47% prevalence of CAC. Given the poor prognosis of advanced epithelial ovarian cancer, and the prevalence of CAC in this patient population, additional work is needed to educate providers on early identification and initiation of multimodal therapy for these patients.