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Perspective

The Prognostic Significance of the GNRI in Patients with Surgery for Stomach Cancer

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INTRODUCTION

Patients undergoing cancer surgery frequently have a poor prognosis due to malnutrition. One example of an objective measure of dangers connected to diet is the senior nutrition risk index. In order to comprehensively assess the data supporting the GNRI's ability to forecast the outcomes of patients receiving surgery for stomach cancer, we undertook a meta- analysis. Eligible papers were located using and Clinical outcomes included post-operative complications, overall survival, cancer-specific survival, and overall survival. This meta-analysis included papers that included patients. The combined forest plot demonstrated that the postoperative mortality of patients with stomach cancer decreased by for every unit increase in the preoperative score also, the combined data showed a correlation between a low. There was no evidence of significant heterogeneity, and the sensitivity analysis supported the stability and dependability of the above results.

DESCRIPTION

Valuable predictor of long-term outcomes and complications in stomach cancer patients undergoing surgery. With the fourth highest global death rate and the fifth highest incidence rate, gastric cancer continues to be a particularly deadly malignancy. Incidence rates for stomach cancer are highest in East Asian nations, where more than half of cases are reported. Many patients still have dismal prognoses even after successful curative surgery. As a result of several cancer-related symptoms, such as blockage, anorexia, nausea, and widespread weakness, patients frequently have inadequate oral intake. Because to their higher metabolic needs, food loss, and insufficient oral intake, patients frequently experience malnutrition, which is the greatest risk factor for preoperative problems. To improve a patient's prognosis, it is crucial to assess the nutritional health of the patient prior to surgery.

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The ratio of serum albumin level to current weight and optimum healthy weight, which is objective and straightforward in comparison to other indicators, makes up the geriatric nutrition a nutritional parameter. The is believed to be a more reliable predictor of nutrition-related outcomes in elderly populations than the serum albumin level or body mass index alone. The calculation method is simple to apply in clinical practise, and it is frequently employed to evaluate the nutritional status of diverse patients. According to a recent study, individuals with oesophageal cancer may have a worse prognosis if there is lower [2].

Inflammation and cachexia are linked to malnutrition, which weakens the immune system and dramatically raises the risk of postoperative complications. Decrease the efficacy of chemo radiotherapy and raise the risk of side effects from adjuvant therapy, all of which have an impact on the patient's prognosis. Hence, a number of biomarkers were created, such as the to identify patients who were undernourished. Unfortunately, due to difficulties in estimating typical weight, these indices were not useful for elderly individuals. The age-specific indicator known as the was then put out and used to evaluate the nutritional status of older individuals. Remarkably, recent research has indicated that they may have superior predictive value than nutritional evaluation in several conditions, including heart failure patients receiving and patients with diabetes [3-5].

CONCLUSION

Patients having surgery for a variety of cancers, such as oesophageal cancer, pancreatic cancer, gallbladder cancer, and hepatocellular carcinoma. According to a new study by Chen is the best preoperative care strategy for patients with rectal cancer and can be utilised as a viable replacement for the Global Leadership Initiative on Malnutrition. Patients with gastric cancer often have more severe and specific nutritional metabolic disorders than those with other forms of cancer. The nutrition of gastric cancer patients must be studied in order to determine the prognosis of gastric cancer since the stomach is one of the primary organs for food digestion and plays a significant role in nutrition and metabolism of the body.

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CONFLICT OF INTEREST

None.

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REFERENCES

1. Feigin VL. Global burden of stroke and risk factors in 188 countries, during 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. Lancet Neurol. 2016; 15:913-924.
2. Bülow RD. Extracellular matrix in kidney fibrosis: More than just a scaffold. J Histochem Cytochem. 2019; 67:643-661.
3. Taherkhani AA. Chronic kidney disease: A review of proteomic and metabolomic approaches to membranous glomerulonephritis, focal segmental glomerulosclerosis, and IgA nephropathy biomarkers. Proteome Sci. 2019; 17:1-8.
4. Kuppe C. Decoding myofibroblast origins in human kidney fibrosis. Nature. 2021; 589:281-286.
5. Barbara NP. "Endoglin is an accessory protein that interacts with the signaling receptor complex of multiple members of the transforming growth factor-β superfamily." J Biol Chem.1999; 274:584-594.