

Commentary

Response to Comment on “Comparative analysis of malnutrition diagnosis methods in lung cancer patients using a Bayesian latent class model”

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Dear Editor,

We greatly appreciate the comments on “Comparative analysis of malnutrition diagnosis methods in lung cancer patients using a Bayesian latent class model”. We wish to specifically respond to the comments.

The NRS-2002 is a classical nutritional screening tool widely used in clinical practice. However, our study shows that the NRS-2002 has a low sensitivity (0.74) but the specificity (0.85) is high. Two previous studies use the GLIM¹ and PG-SGA² as references to evaluate the diagnostic accuracy of NRS-2002. Results showed that the sensitivities and specificity were 0.82 and 0.98,¹ 0.62 and 0.84,² respectively, which is consistent with our findings.

A two-step approach for the malnutrition diagnosis was recommended by the GLIM consensus. The key first step in the evaluation of nutritional status is malnutrition risk screening to identify “at risk” status by the use of any validated screening tool, which follow by the second step of assessment for diagnosis and severity grading. The NRS-2002 was recommended by the GLIM consensus as a validated nutritional screening tool.³ As for the process of screening before diagnosis proposed by the GLIM consensus, a previous study showed that this process defined patients with positive NRS-2002 screening results and positive GLIM diagnosis results as malnutrition, and provided support for these patients.⁴ However, patients with positive NRS-2002 screening results but negative GLIM diagnosis results may also need nutritional support, which can also benefit from nutritional support.⁴ Another study compared the consistency of GLIM criteria and SGA when using different nutritional screening tools. The results showed that the positive rate of nutritional risk and the consistency between GLIM and SGA were the lowest when NRS-2002 was used. The AUC (0.77) of GLIM when nutritional screening was omitted compared with that when it was not omitted (0.78), although the difference was statistically significant ($p=0.010$), it had no clinical significance. Therefore, this study recommended that in some clinical environments, such as patients preparing for surgery, omitting nutritional screening and directly conducting GLIM diagnosis can simplify the process, make it simpler and more sensitive.⁵ Another previous study also demonstrated the effectiveness of GLIM in

clinical practice when omitted nutritional screening.⁶

Therefore, this study analyzed the validity of GLIM criteria under the condition of omitted nutritional screening.

AUTHOR DISCLOSURES

The authors declare no conflict of interest.

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