

<b>Paper Category:</b>	Diagnosis and Aetiology
<b>Paper Title:</b> (Arial Font; 14 Pt Size)	<b>Prevalence and Diagnostic criteria of sarcopenic obesity in colorectal cancer: A scoping review</b>
<b>Abstract Body:</b> (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> <li>• Background</li> <li>• Objectives</li> <li>• Method</li> <li>• Results</li> <li>• Discussions and Conclusions</li> </ul>
<p>(Maximum word limit - 300 words)</p> <ul style="list-style-type: none"> <li>• Background Sarcopenic obesity (SO) in colorectal cancer (CRC) may have poor outcomes, however, the prevalence and diagnostic methods of SO vary among studies and remain unclear.</li> <li>• Objectives This scoping review aims to identify the prevalence and diagnostic methods of SO in CRC and to investigate associated problems.</li> <li>• Method This scoping review was conducted following the scoping review reporting guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews. Two independent reviewers performed a literature search on studies that diagnosed SO in CRC using the MEDLINE, EMBASE, CINAHL, CENTRAL, Web of Science, and Ichushi-Web (in Japanese) database. Studies written in English or Japanese published until July 2022 were reviewed. All observational, longitudinal, cross-sectional, and clinical trials were included. Studies that did not diagnose SO were excluded.</li> <li>• Results A total of 670 studies were identified, and 22 studies met the eligibility criteria. Eighteen studies diagnosed SO based on the coexistence of sarcopenia and obesity. Sarcopenia was mostly diagnosed by skeletal muscle mass index (SMI), and only one study diagnosed sarcopenia combination of grip strength or gait speed and SMI. Obesity was diagnosed mainly by body mass index (BMI), followed by visceral fat area (VFA). In patients with CRC, the overall prevalence of SO was 15% (95%CI, 11-21%). In surgical resection and CRC liver metastases, the prevalence of SO was 18% (95%CI, 12–25%) and 11% (95%CI, 3–36%), respectively.</li> <li>• Discussions and Conclusions Among patients with CRC, SO was diagnosed by the combination of SMI and BMI, rarely diagnosed by muscle strength and body composition. The prevalence of SO in patients with CRC was approximately 15%, however, the diagnostic method varied. To establish the clinical outcomes and overall prevalence of SO, further studies are warranted using the standardized diagnosis method by ESPEN and EASO guidelines for SO.</li> </ul>	

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