[7]. One study showed 3-week and 6-week prognostic capability [6]. e GPS/mGPS showed evidence of prognostic value in patients with palliative care settings.

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One study described the performance status using Karnofsky performance status (Table 1) [8]. Worse GPS score had lower performance status. Other studies did not evaluate performance status. No study evaluated functional status including activities of daily living (ADL). In conclusion, GPS/mGPS showed evidence of correlation with performance status but no information about ADL.

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ere were no studies about the correlation between GPS/mGPS scores and QOL or symptoms (Table 1).

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e correlation between GPS/mGPS score and weight loss is 6. e increase in GPS score showed high prevalence of weight loss within 1 month. However, the degree of weight loss was not investigated. Other variables on the de nition of cancer cachexia were also mentioned. erefore, we concluded that the GPS/mGPS correlated with weight loss; however, there was little evidence about other characteristics in cancer cachexia.

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e present review showed that the increase in GPS/mGPS score had correlated with poor prognosis, poor performance status and weight loss in patients without anti-tumor therapy. However, no evidence about ADL, QOL and symptoms existed. The GPS/mGPS is quite simple and consisted of C-reactive protein and albumin. C-reactive protein, which is induced by inflammatory cytokines, reflects systemic inflammation at the time. Albumin, which has a turnover period of 21 days, reflects decreased intake and malnutrition. However, inflammatory cytokines decrease the synthesis of albumin and increase acute phase protein in the systemic inflammatory condition. Therefore, the increase of GPS/mGPS might imply prolonged systemic inflammation and decreased intake, which is a catabolic state and cancer cachexia in advanced cancer patients. GPS/mGPS was correlated with weight

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