

Help improve oncology patients' quality of life: changing from reactive nutrition support to proactive nutrition intervention in clinical practice

SUMMARY

Nutrition services can play a role in quality of life for patients undergoing cancer treatment. Early identification of patients at nutrition risk is the first, important step to ensure patients receive proactive and appropriate nutrition intervention. When nutrition intervention is provided early, patients have the greatest opportunity to improve nutrition status and quality of life.

SCIENTIST BIOGRAPHY



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Nutrition Impact on Quality of Life

The diagnosis of cancer and following treatment both have a profound impact on all aspects of a patients' life. Quality of life is impacted in many aspects including physical functioning, psychological well-being and social life. Even at diagnosis, up to 50% of cancer patients present with some nutritional deficit that may be impacting physical functioning.¹ Most of the anti-cancer treatments (i.e., surgery, chemotherapy and radiation) will jeopardize food intake and therefore nutrition status at some point during treatment. This disruption further contributes to declining quality of life throughout care and into survivorship.

In order to help improve or minimize the impact of treatment on quality of life, it is important to identify patients at risk of malnutrition at diagnosis or early during care.² In 2007, a group of researchers published a review of the literature that highlighted the relationship between quality of life and nutrition intervention in cancer patients.² The research made practice recommendations based upon findings from the literature linking weight loss and other nutrition-related symptoms to low quality of life and reduced response to anti-tumor treatment.² The groups concluded:

- Early nutrition intervention can reduce or reverse poor nutrition status, improve performance and improve quality of life.
- There should be a prescription for patient-tailored nutrition intervention (i.e. counseling, oral nutrition supplementation, tube feeding or parenteral nutrition).
- The role of nutrition intervention in curative care is to increase treatment tolerance and response, decrease complications and reduce mortality.
- The role of nutrition in palliative care is to improve quality of life by improving clinical symptom management (vomiting, nausea, ect.).

A review published in February, 2014 by a group of experts continues to highlight the importance of early identification of malnutrition and cachexia in oncology patients.³ The group emphasized the importance of completing a clinical assessment all patients for malnutrition and cachexia in order to



prescribe the appropriate intervention. Cancer-related weight loss, or cachexia, is different from simple starvation due to the tumor-associated metabolic abnormalities that prevent normal nutrition refeeding to restore nutrition status. When cancer patients reach the stage of cancer cachexia, conventional nutrition support alone is not sufficient to reverse this state.⁴ Unfortunately, malnutrition and cachexia are common during cancer care and are related to low quality of life.² Cancer cachexia represents 10% to 22% of all cancer deaths.⁵

Individualized Nutrition Care

Inadequate intake may be the primary reason for weight loss in some patients. In this case, conventional nutrition support such as counseling, oral nutrition supplements or tube feeding may be the best plan of care. Cancer cachexia has the additional clinical challenges of altered metabolism and systemic inflammation. In patients with cachexia, multi-modal therapy including oral nutrition supplements with or without omega-3 fatty acids, NSAIDs and exercise should all be considered in the management of cancer cachexia.³ The authors conclude that regardless of tumor type, each patient should have access to individualized nutrition care throughout the course of treatment and into survivorship.³

Proactive and continuous nutrition care can be integrated into treatment pathways to significantly impact quality of life. Associations and accrediting organizations support comprehensive cancer care that includes nutrition services.^{6,7} While nutrition services are generally available to all patients, access may be difficult. Because of this, each member of the multidisciplinary team has responsibility to identify areas of patient need including nutrition. Creating and automatic or required nutrition screen such as the Malnutrition Screening Tool (MST) at each visit will help identify early signs of nutrition risk and allow for early intervention. It is also helpful to have simple and readily available nutrition interventions, such as education or oral nutrition supplements, to encourage clinicians to start intervention as soon as a patient is identified as being at risk for malnutrition.

Conclusion

Nutrition intervention has been shown to reduce the number of complications patients may experience during the acute-phase of curative oncology treatment.² Expert reviews have demonstrated that improvement in patient outcome can be achieved with early and proactive nutrition intervention.^{2,3} Providing nutrition as an integrated part of the oncology patient treatment plan is one way you can make a significant contribution to the patients' quality of life.

REFERENCES:

1. Halpern-Silveira D, Susin LR, Borges LR, Paiva SI, Assuncao MC, Gonzalez MC. Body weight and fat-free mass changes in a cohort of patients receiving chemotherapy. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer*. May 2010;18(5):617-625.
2. Marin Caro MM, Laviano A, Pichard C. Nutritional intervention and quality of life in adult oncology patients. *Clinical Nutrition*. Jun 2007;26(3):289-301.
3. Aapro M, Arends J, Bozzetti F, et al. Early recognition of malnutrition and cachexia in the cancer patient: a position paper of a European School of Oncology Task Force. *Annals of oncology : official journal of the European Society for Medical Oncology / ESMO*. Aug 2014;25(8):1492-1499.
4. Fearon K, Strasser F, Anker SD, et al. Definition and classification of cancer cachexia: an international consensus. *The Lancet Oncology*. May 2011;12(5):489-495.
5. Tisdale MJ. Cachexia in cancer patients. *Nature reviews. Cancer*. Nov 2002;2(11):862-871.
6. *The Association of Community Cancer Centers Cancer Nutrition Services. A Practical Guide for Cancer Programs*. 2012.
7. American College of Surgeons Commission on Cancer. Cancer Program Standards 2012: Ensuring Patient Centered Care. Chicago IACoS.