

CLINICAL SUMMARY

Early Nutrition Assessment and Intervention Improves Outcomes and Treatment Tolerance in Patients with Esophageal Cancer

A multidisciplinary esophageal clinic devised a nutrition pathway to improve the nutritional management of patients with esophageal cancer.

Implementation of this nutritional pathway was associated with improved clinical outcomes, including decreased weight loss, reduced unplanned hospital admissions, reduced hospital length of stay, and higher treatment tolerance.

Purpose: Patients with cancer of the esophagus are often malnourished at presentation. Dysphagia, or difficulty swallowing, is the primary symptom in more than 90% of patients, and has a significant negative impact on dietary intake and nutritional status. Malnutrition has been shown to negatively affect treatment response and survival in cancer patients.

Methods: The study compared outcomes between two groups: a control group (24 patients) received nutrition support in a reactive manner (referred to the dietitian only after problems arose), and a treatment group (24 patients) received nutrition support proactively upon initial visit to the clinic, with a nutrition intervention pathway started based on their risk level. Each patient's nutrition risk was assessed and defined as low, moderate or severe. Intervention included preventive advice (low risk), oral nutrition support (moderate risk), and enteral feeding (severe risk). All patients were reviewed and reassessed weekly throughout the treatment course. Refer to the back of this study to review the protocol put in place.

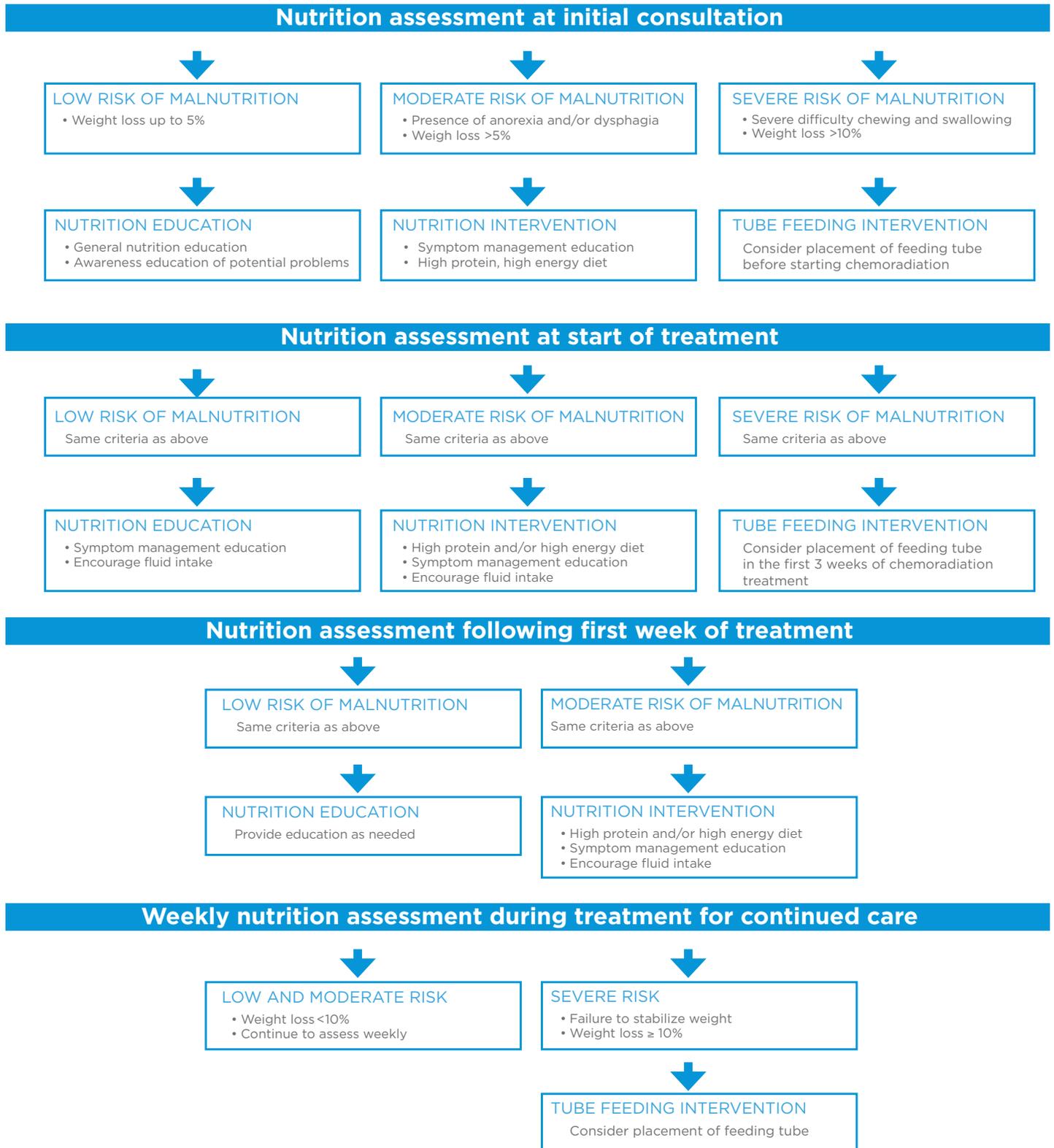
Results: This study shows that early nutrition assessment and intervention delivered according to a nutrition pathway had a significant positive effect on nutritional status and treatment tolerance of patients with esophageal cancer during chemoradiation.

Summary of Study Results:

| | Control Group | Treatment Group (Nutrition Pathway) | P Value |
|---|------------------|-------------------------------------|---------|
| Patients receiving enteral nutrition | 33% | 54% | 0.05 |
| Weight change during treatment (%) | -8.9 ± 5.9% | -4.2 ± 6.4% | 0.003 |
| Patients who had a chemotherapy dose reduction (%) | 42% (n=10) | 29% (n=7) | 0.34 |
| Patients who completed radiation (%) | 50% (n=12) | 92% (n=22) | 0.001 |
| Patients who experienced radiation therapy breaks (for those who completed treatment) (%) | 33% | 27% | 0.71 |
| Patients who had an unplanned hospital admission (%) | 75% (n=18) | 46% (n=11) | 0.04 |
| Total length of stay for all unplanned hospital admissions (days) | 13.5 ± 14.1 days | 3.2 ± 5.4 days | 0.002 |

CLINICAL SUMMARY

Early Nutrition Assessment and Intervention Protocol



Odelli C et al. Nutrition support improves patient outcomes, treatment tolerance and admission characteristics in oesophageal cancer. *Clinical Oncology* 2005; 17: 639-625.