

ONCOLOGY NUTRITION IN 2020

SUBHEAD

Featuring :: Jyoti Benjamin, MS, RD, CSO, CD, FAND & Annette Quinn, MSN, RN

TRANSCRIPT

Maura: My aunt has Multiple Myeloma, which is a cancer that forms in plasma cells. She's been working with her care team to address her diagnosis for about three years now, and while she's doing well, she won't hardly talk about what she's experiencing. She's a fiercely independent woman with Sicilian American genetics, so she has an intrinsic toughness and she hardly ever complains, at least not to me. The only thing she'll admit is that she misses being able to eat whatever she wants. Like the red sauces. And the red wines. All of that exemplary cuisine from the motherland. Her stomach just can't handle it under her current care plan—and her health and fighting spirit are suffering because of it. I can't help but be frustrated on her behalf.

Maura: I'm Maura Bowen, and I'm here today with Jyoti Benjamin (MS, RD, CSO, CD, FAND), a clinical dietitian for Kaiser Permanente in Bellevue, Washington, along with Annette Quinn (MSN, RN), program manager of radiation oncology at the University of Pittsburg Medical Center in Pittsburgh, Pennsylvania, here in the United States. In this podcast episode, Jyoti and Annette will talk about the benefits of a multidisciplinary approach to oncology nutrition—they'll talk about the roles of each team member, for instance, and the nutrition tools they can use in patient care. They'll also describe how to influence protocols in oncology clinics to better address malnutrition related to cancer diagnoses. And they'll share all of this information in part through the lens of Covid-19, which, let's face it, is a virus that may not be going anywhere soon, and meanwhile can dramatically obscure an already complicated healthcare landscape.

Maura: So without further delay, Jyoti, Annette, thanks for joining us.

Jyoti: Oh, thank you for having me!

Annette: Thank you!

Maura: First, because we're still in the middle of this pandemic, we're conducting this interview outside the studio setting. The recording today may be a little bit different from what you're used to hearing. Just know we are doing—and trying to sound—our best.

Maura: Let's get started with some introductions. Jyoti, Annette, would you mind taking a moment to tell us a bit about yourselves, your backgrounds, and how nutrition and oncology have become points of focus in your careers? Jyoti, would you mind going first?

Jyoti: Hi, I'm Jyoti Benjamin, and I'm a long-time clinical dietitian with a specialty in quality nutrition. I have taken care of cancer patients for a long time and currently I'm working with Kaiser at Bellevue, Washington State.

Maura: How about you, Annette?

Annette: My name is Annette Quinn, and I'm the program manager for radiation oncology at the University of Pittsburgh Hillman Cancer Centers. I've been an oncology nurse for about 30 years. It is my passion. Helping patients achieve a very successful quality of life as they go through cancer treatment is one of my greatest passions. I deal a lot with patients who suffer a lot of nutritional deficits and I think it's paramount that we start to look at how do we bring nutrition to the forefront of oncology care.

Maura: Thank you for both that. We'd like to talk about oncology and nutrition through the lens of the Covid-19 outbreak. Let's start with a big question, because as we know, nutrition can be complicated for people with cancer. Can you talk about the prevalence of poor nutrition in oncology patients, and how poor nutrition can impact your approach to care?

Jyoti: Certainly. Poor nutrition in oncology patients is well-documented. I mean, depending on the site and stage of cancer it's up to 70%. When we have malnourished patients who are eating poorly, losing weight and then stress about it, that just leaves the patients and caregivers feeling so helpless. This quantifiable emotional cost, along with the fact that due to poor intake and weight loss, patients sometimes have their chemotherapy canceled and their other treatments canceled just because their labs are not permissible. The side effects from this therapy and the complications of nutrition—most of them are avoidable, as long as they're seeing a dietitian right in the beginning, before the treatment starts so that all these things can be handled. The usual practice is when the patient has suffered for a long time, that's when they get referred to a dietitian, which is kind of an uphill task for the dietitian to make sure to reverse all the things that have happened. It would be really nice if the patients are referred to a dietitian and their nutrition is taken care of.

Maura: What about the benefits of good nutrition and managing the side effects of treatment?

Jyoti: Well, side effects are very well-managed with the help of an oncology dietitian. The patient is able to maintain a good intake, depending on the issues ranging from nausea, constipation, swallowing issues, the need for pancreatic enzymes. All of these can be very well managed by an RD with good outcomes. Best of all, the patient can maintain his or her weight, and the family doesn't stress too much. Let's face it: The family can only contribute to the comfort of the patient since they can't influence the treatment. So it becomes very important that the side effects that the patient are having—the dietitian, the family, all the caregivers around help that patient to manage, so that the treatments don't seem something they can't overcome.

Maura: And can you talk a bit about the benefits of applying a multidisciplinary team approach to nutrition care for oncology patients? What role might each member of the care team fill?

Annette: As we know it cancer treatment, it has really evolved into a more individualized approach, examining patients' performance status. We also look at their genetic background. So, I always say we've gotten rid of the cookie-cutter treatment for cancer care and really start to look at the patient as an individual. And this increased awareness of how a deteriorated nutritional status can effect a patient, I think we also start to have to have that same approach, when we're looking at dealing with nutrition when it comes to oncology patients. So, a close collaboration is essential, from diagnosis to treatment, to follow-up. When patients commence on treatment, they're going to meet a lot of different disciplines along the way. I always like to think of pancreatic patients. They may have their radiation therapy first, and they're going to experience some issues from the radiation treatment—they may experience nausea—and those patients may go on to surgery and have a whole different set of nutritional issues after a Whipple procedure. And after they have the surgery, they may go on to chemotherapy and find they're developing a lot of other nutritional issues that are unrelated to the surgery or the radiation therapy. Not only that, patients along the way may develop a lot of pain and be seen by Pain Management or have to see a psychologist for issues of depression. It's really paramount that we all come together and talk about how all these different disciplines are affecting this individualized patient, and how can we work together in communication and making that better? So if we look at what part does each person play in this picture, we know that a qualified

registered dietitian is an essential member of the team, but we also have to remember that so are the treating physicians, the nurses, the supportive staff—all of those must be involved in order to really come up with a good nutrition care plan for the patient.

Annette: So nurses: What role do we play? Well, we're really involved in providing initial screening, education to patients. We're the ones that develop a trust relationship with the patient. They really come to us with all their problems. And you have to remember, a lot of oncology patients don't like to tell their doctors especially about losing weight or nutritional issues because they're afraid that they'll be looked at as a failure, or that the physician will not want to treat them. And the fear of not being able to get their cancer treatment is very significant to these patients.

Annette: Dietitians obviously perform the more complete and intensive assessment. They develop the evidence-based interventions when they're required. You have your attending physicians who are a very vital part of the plan, whether they be radiation oncologists or medical oncologists or surgeons, but they really supervise the plan of care. They make sure the patients follow the plan of care and are being compliant. And as I said, along the care path [the patient] may run into pain management. So, whenever you're sitting down to talk about a nutrition care plan for these patients, you really want to bring in the pain management people. Because what side effects are those pain meds going to cause these patients? Are they going to make them sedated or cause constipation? I think it's also important that you involve psychology and your psychologist, because we know things like depression and anxiety can obviously affect the nutritional status of a patient.

Annette: The two others that I think we overlook a lot are social services. A lot of patients don't have access to certain care. Let's say you don't have a registered dietitian on site, so you refer the patient out. That patient may not have transportation to get to a dietitian, and so they may not go. So I think it's important to know the social surroundings for the patient. And also the family members: We tend to leave them out when we're doing a nutritional plan. But family members see food as a vehicle to recovery, and they sometimes put a lot of pressure on their loved ones to eat. They don't understand the treatments or what the patient is going through. So I think incorporating them as well is very important.

Maura: I'm wondering if you can talk about some of the tools and collaborative strategies that are available across the multidisciplinary team to help manage nutrition needs for these patients?

Annette: There are a lot of great tools out there to help us manage the nutritional needs of patients. One of the things I always start off with is the ESPEN guidelines for oncology patients, and that's the European Society for Clinical Nutrition & Metabolism. We look at the multi-nutritional screening tool—the MST tool—and that's a really simple, quick-to-administer, two-question tool that's very effective. There's also a nutritional risk screening. There's the MUST, which is the malnutrition universal screening tool, which was developed for screenings in the community. Those are some of the tools we tend to use here when evaluating nutritional status.

Maura: I'm glad you mentioned the guidelines a few minutes ago because I wanted to ask what are some of the actions members of the care team can take to influence protocols in oncology clinics that would help better address malnutrition related to diagnosing and addressing cancer? Can you speak about that a little bit?

Annette: I always say, "Education, education, education." Some of the really good things that are important are Lunch & Learns, especially in an oncology radiation department. The dietitians come in, they do lunch and learns, they go over screening tools. I think if nurses know how easy they are to administer and how quick, that would be incredibly important.

Annette: Ok, a patient comes into the department, and they often are waiting for the physician. So in that time, that downtime, giving them a nutritional assessment to fill out or certain things like educational pamphlets, or a lot of

patients now have iPads, where patients can watch a nutrition education video before they can even get in to see the physician.

Annette: Working together as a team, encouraging education, involving multidiscipline—one of the big things to influence protocols is building it into EMR or Electronic Medical Records, where when we're doing our assessments, it immediately pops up with an icon that this patient is at a nutritional risk, so that you're more aware to start asking nutritional questions.

Maura: So focusing for a minute on the current landscape: As if cancer isn't scary enough, what challenges are oncology clinicians facing amid the reality of Covid-19? Are there specific factors that require multidisciplinary teams to adjust patient care, and if yes, how?

Jyoti: I can speak to that, because when you asked that question, two incidents came to my mind. One of my patients who, because of a small bowel obstruction due to a tumor was unable to eat for a while, and by the time she came to the dietitian (and in the hospital, every time she went in) she was told she had to go on TPN. But she knew if she went on TPN and something happened, she'd be admitted to the hospital, and her family members wouldn't be able to see her, and so she just didn't want to go into the hospital. Which kind of in a way turned out to be a good thing because we got in touch and came up with a plan and worked out and her small bowel obstruction being there we found a way that she can maintain her weight and get enough calories and protein that she does not need to be on TPN. She modified her diet and she could stay at home. Because she's a metastatic cancer patient, those have limited time and didn't want to be away from family members. Whereas this treatment would have started care a long time again if she wasn't worried about being in the hospital and not able to see her family members. Another patient that comes to mind is a gentleman who had surgery and treatment for cancer and lost partial hearing in one of his ears. Now family members because of Covid are not allowed when there's a team meeting—just the patient. So this gentleman, being a gentleman, never told anyone that, "I can't hear you very well." And whatever he did hear—you know we hear and talk a lot about chemo brain—and so he'd forget right after his radiation, would go out and his wife would say, "How did it go?" "All went well, yes, I asked them and we are doing right." Then once his wife spoke to me and we had a conversation about his tube feeds, set it all up. There in the care meeting, the patient says, "No, I'm not using my tube feeding." So the nurse called me and I said, "No, certainly they are. I've spoken to his wife." Now the wife was sitting outside, so the nurse went up [to her] and asked, "Are [his tube feeds] happening?" She said, "Yes, it is. And he can barely hear. Every time I tell him things, he just says 'Everything is fine. The team says I'm doing great.' But look at this miscommunication." That's when the care team decided that yes, the rule is these days that we have no family members or care members coming in, but for this person, we do need his wife to come in and do the talking and the listening because he can't. So, yes, we have some rules around our current situation of Covid-19, but exceptions are there. "One size fits all" doesn't work anymore, everyone's different. I think we just need to step up and make it a little more comfortable for these patients when this is happening, and realizing they are now by themselves when facing these treatments.

Maura: So given those examples, and—I'm sure—other complications that might come to mind, what care strategies seem to be working particularly well in the Covid-19 landscape?

Annette: You know, it's interesting. I haven't missed a day of work since this all started. I remember when we were told people needed to start working from home, the first person that went was the nutritionist. Being disjointed really caused us to lose a lot of good nutritional information. As soon as we moved the nutritionist out of here and allowed her to work from home, there was a connection that was completely lost. What we found that really helped was—we implemented telemedicine very quickly for patients when all of Covid started. When a patient is coming in for treatment and they're having issues, you have the capability now, every hospital now in the United States has the capability to use telemedicine. You're in the room with a patient, you can easily pull the nutritionist up via telemedicine call, and she can talk with the physician and patient right there in the room. So we really need to take advantage of those things.

Maura: Considering everything you both have talked about today, how would you like to see nutrition care evolve for oncology patients over the next three years?

Jyoti: Oh, I can speak to that. Just hoping and advocating that a patient will get to see an oncology dietitian the day they're diagnosed, throughout their care, and even after. The oncology DPG—the group of the Academy—is advocating in all the ways we can think of for change in guidelines, recognizing the importance of nutrition during treatment and after, so that if you don't have a dietitian, you can at least pull them in via telemedicine. The point is, the patient gets to see a dietitian whichever way possible. But for that, we need change in guidelines. It has to be thought of as mandatory.

Maura: Jyoti, Annette, thank you so much. Excellent insights. We appreciate all you're doing to help build awareness for the important role nutrition has to play in managing patients with this virus.

Maura: Now, for our listeners, if you're hoping for more podcast episodes on nutrition and immunity, rest assured we're developing a series of additional episodes to help support you—in fact, we have a host of Covid-19 related episodes already on our website, and we'll create more each week until this virus begins to subside. You can find these recordings on anhi.org by clicking "RESOURCES" then "PODCASTS & VIDEOS." Don't miss an episode: Become an anhi.org member today by clicking "REGISTER" at the top of our homepage to receive regular nutrition science news updates from our team. Or, follow the Abbott Nutrition Health Institute on LinkedIn.

Maura: Finally, our website, anhi.org, has a series of printable resources related to this topic—for instance, infographics on [nutrition and immunity](#), [dehydration](#), and [why maintaining muscle matters](#). You can find these resources on anhi.org by clicking "RESOURCES" and "PRINTABLE MATERIALS."

Maura: Thanks everyone. Stay healthy and safe.