

Nutritional support for cancer patients: still a neglected right?

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Malnutrition is a frequent problem in cancer patients, the prevalence and degree of which primarily depend on tumor stage and site [1]. Its negative consequences are prolonged hospitalization, a greater degree of treatment-related toxicity, reduced response to cancer treatment, lower activity level, impaired quality of life, and a worse overall prognosis [2].

In recent years, there is growing evidence that treatment toxicity and prognosis are particularly associated with lean body mass loss [3], which leads to sarcopenia in the most common cancer types [4–7].

Despite the robust evidence that nutritional status deterioration negatively affects survival and tolerance of anti-cancer treatments, and the availability of international guidelines for nutritional care in cancer patients which have been recently updated [8], we suspect that the attitude towards this issue still

varies considerably among oncologists, such that many malnourished patients still do not receive adequate nutritional support [1]. This could be related to insufficient awareness of nutritional problems among health care professionals, a lack of structured collaboration between oncologists and clinical nutrition specialists, and the almost complete lack of evidence supporting the notion that nutritional support improves clinically relevant outcome measures, beyond nutritional parameters, in malnourished or at-risk cancer patients. This last issue is particularly critical, as very few intervention trials are currently available [9, 10], so that the efficacy of nutritional support in different care settings for cancer patients, especially during the early phases of disease, still needs to be properly elucidated.

A survey conducted in the UK in 2006, showed that while oncologists accept that nutritional status and intervention are important to outcome in patients receiving active anti-cancer therapy, they fail to identify patients at nutritional risk or to refer those who may benefit from early nutritional interven-

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tion. This was reported to be mainly due to a lack of knowledge and clear guidelines, and time constraints [11]. Another study tried to identify barriers to, and ways of improving, the implementation of nutrition care in the head and neck and esophageal cancer patients [12]. The main barriers were identified as a perceived lack of evidence for the benefit of nutrition interventions, a lack of standardized protocols for nutrition care, attitudinal differences, inadequate knowledge, and poor training of health care providers.

The results of a recent survey conducted by the Italian Association of Medical Oncology (AIOM) and the Italian Society of Artificial Nutrition and Metabolism (SINPE) were consistent with the above available studies, and confirmed that poor nutrition care in cancer patients is still an alarming problem [13]. In particular, they showed that although oncologists may be convinced that nutritional status is important and often crucial in deciding if oncologic treatment is going to be practicable or tolerated, they find it difficult to identify patients at nutritional risk.

Another worrying issue, which may hamper objective nutritional care of cancer patients, is the expanding market of “alternative” hypocaloric anti-cancer diets with putative anti-cancer effects, which are promoted in hundreds of books and web sites despite the lack of any supporting scientific evidence. This is a serious and potentially harmful problem, which may negatively interfere with cancer patient care, as these dietary regimens could decrease protein–calorie intake and have no proven benefits on cancer recurrence rates [14]. Moreover, the uncontrolled use of such unproven remedies could negatively interfere with active treatments.

In view of the above considerations, it could be hypothesized that nowadays, nutritional support may still represent a neglected right for cancer patients.

Pain management has significantly improved in the last few years [15], and the general awareness on this issue has significantly increased, even if it may still be suboptimal [16]. Nutritional support should be considered in the same manner as pain management and integrated into the framework of simultaneous care [17]. This evidence-based approach has been demonstrated to yield to improved survival and quality of life of cancer patients and their families [18]. Moreover, nutritional support alone is unlikely to be clinically effective if all patient-centered needs are not concurrently addressed, particularly in the advanced stages of disease.

The current general situation may have negative consequences not only on clinical outcomes but also on the distress suffered by patients, their families, and their caregivers [19].

AIOM, SINPE, and the Italian Federation of Volunteer-based Cancer Organizations (FAVO) recently initiated a structured collaborative project named “Integrating Nutritional Therapy in Oncology (INTO),” with the aim of increasing awareness of nutritional issues among

Table 1 Cancer Patients’ Bill of Rights for appropriate and prompt Nutritional Support

1. Right to correct information and nutritional counseling: every cancer patient has the right to comprehensive evidence-based clinical information on her/his nutritional status, possible associated consequences and available nutritional therapeutic options; nutritional counseling to adapt her/his diet to suit ensuing medical, surgical or radiotherapeutic treatment.
2. Right to nutritional screening and assessment: every cancer patient has the right to nutritional screening to reduce the risk of malnutrition, using validated tools, both at diagnosis and at regular time points, while ensuring that the cancer type and stage are taken into account along with any treatment likely to affect nutritional status. Every cancer patient at nutritional risk, has the right to prompt referral for comprehensive nutritional assessment and support to Clinical Nutrition Services or to medical personnel with documented skills in clinical nutrition. Nutritional assessment must be an integral part of any diagnostic-therapeutic regimes developed by Oncology Units.
3. Right to dietary prescriptions: every cancer patients at nutritional risk or malnutrition has the right to receive personalized dietary prescriptions by medical personnel with documented skills in clinical nutrition.
4. Right to oral nutritional supplements: every cancer patient at nutritional risk has the right, according to clinical conditions and specific nutrient deficiencies, to receive oral nutritional supplements, including vitamins and minerals.
5. Right to appropriate and prompt artificial nutrition: artificial nutrition is a complex therapeutic procedure that requires specific medical skills, as it may be associated with severe complications if not carried out according to evidence-based standard operating protocols. Every cancer patient at nutritional risk, who is unable to maintain an adequate nutritional status despite nutritional counseling and oral nutritional support, has the right to receive appropriate and swift artificial nutrition in every health care setting, as part of continuing care.
6. Right to appropriate and safe home artificial nutrition: every cancer patient, who needs to continue artificial nutrition after hospital discharge, has the right to receive appropriate and safe home artificial nutrition, prescribed by Clinical Nutrition Services or medical personnel with documented skills in clinical nutrition.
7. Right to nutritional support monitoring: every cancer patient requiring nutritional support has the right to periodic reassessment of treatment adequacy and efficacy using established integrated health care regimes which ensure the collaboration of both Oncologists and Clinical Nutritionists.
8. Right to treatment for overweight-related health problems during or after cancer treatment: every cancer patient has the right to be referred to Clinical Nutrition Services, during or after oncologic rehabilitation programs, so that ideal body weight can be recovered or maintained, to avoid the negative impact of increased weight on prognosis and the clinical course of many cancer types.
9. Right to psychological support: malnutrition and overweight considerably affect body image and can cause problems within families. Any patient likely to experience such problems has the right to receive appropriate and swift psychological support.
10. Right to participate in clinical nutrition trials: every cancer patient has the right to be enrolled in clinical studies on nutritional support at different stages of the disease.

oncologists and, consequently, improving the nutritional care of cancer patients.

An inter-society consensus document was published, in order to provide suitable, concise, and practical recommendations for appropriate nutrition for cancer patients [20].

The working group also decided to organize a series of courses focused on nutritional care in oncology around the country, a national survey with the aim of improving nutrition habits among cancer patients during treatment, together with a press campaign and a web-based communication strategy, in order to provide patients with correct and verifiable information.

A key initiative of the INTO project has been the elaboration of a “Cancer Patients’ Bill of Rights for appropriate and prompt Nutritional Support” (Table 1).

This document aims firstly at making cancer patients aware of their rights with regards to nutritional care, as well as sensitizing public opinion and institutions to the problem of malnutrition in oncology. It has been submitted to the Italian Ministry of Health and to the European Cancer Patient Coalition for subsequent international promotion.

Finally, the INTO project calls for the development of multicentre clinical trials investigating the role of nutritional support in different oncologic settings, new cost-effective and non-invasive methods of assessing body composition in cancer patients, and for standardized diagnostic–therapeutic protocols for appropriate nutritional management in different cancer types.

Improving awareness and clinical practice are not easy processes. They take time and considerable effort is required, particularly at institutional level. We are convinced that inadequate nutritional management for cancer patients should be considered ethically unacceptable and that appropriate nutritional support in the context of simultaneous care should become a guaranteed right for all cancer patients, as it can bring many clinical and economic advantages, while improving the quality of life of patients and caregivers.

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