European Cancer
Patient Coalition

Malnutrition and Cancer

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European Cancer Patient Coalition

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What is Malnutrition?

- According to the WHO, “Malnutrition refers to **deficiencies**, **excesses** or **imbalances** in a person’s intake of **energy and/or nutrients**.

- **The term covers 2 broad groups**:
  - ✓ **Undernutrition**, which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals).
  - ✓ **Overweight**, **obesity** and **diet-related noncommunicable diseases** (such as heart disease, stroke, diabetes and cancer).

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Malnutrition Overview

- **Foods and drinks high in fat, sugar** and **salt** are **cheaper and more readily available**, leading to a rapid rise in the **overweight** and **obese** children and adults.
- The WHO estimates 1.9 billion adults worldwide are overweight, while 462 million are underweight.
- An estimated 41 million children under the age of 5 years are overweight or obese, while some 159 million are stunted and 50 million are wasted.
- Adding to this burden are the 528 million or 29% of women of reproductive age around the world affected by anaemia, for which approximately half would be amenable to iron supplementation.

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Journal of Cachexia, Sarcopenia and Muscle (2019)
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ORIGINAL ARTICLE

Nutritional and metabolic derangements in Mediterranean cancer patients and survivors: the ECPC 2016 survey

Maurizio Muscaritoli[1*†], Alessio Molfino[1†], Ferdinando Scala[2], Kalliopi Christoforidi[3], Isabelle Manneh-Vangramberen[3] & Francesco De Lorenzo[3]

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'**Nutritional and metabolic derangements in Mediterranean cancer patients and survivors: in Mediterranean cancer patients and survivors**' was published in Volume 10, Issue 1, February 2019 of the **Journal of Cachexia, Sarcopenia and Muscle**.

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- **Nutritional** and **metabolic disorders** are **highly prevalent** among **patients with advanced cancers** and can lead to **weight loss**, **reduced quality of life** (QoL), and **poorer treatment outcomes**.

- The **extent of malnutrition is impacted by several factors**, including **anorexia**, the **reduced nutritional intake** associated with the illness, **depression**, **loss of interest in food**, and **swallowing difficulties** to just name a few.

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- **Changes in the metabolism of proteins, carbohydrates**, and **fat** in patients with cancer are a **major factor** in **determining weight loss**.

- Cancer cachexia (CC) is a **multifactorial syndrome**, characterized by **reduced food intake**, **abnormal metabolism**, and an **ongoing loss of muscle mass**, leading to a **negative protein and energy balance**.

- CC **develops progressively** from **pre**-cachexia to cachexia to **refractory** cachexia.

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- To prevent CC development, **patients with cancer** **require regular assessment** of their nutritional status, **advice on practical methods to achieve adequate nutrition**, and **interventions** that enhance nutrition.

- However, with **cancer treatment as the main focus**, **nutrition is often neglected** by **physicians**, and **patients** and **their families** are often left unsupported.

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- **Adequate nutrition is necessary** to prevent **muscle mass depletion** and enhance **physical status**, **strength**, and **(Quality of Life) QoL**.

- The lack of nutritional focus during medical training can often lead to underappreciation by physicians of nutrition's impact on treatment outcomes and prognosis in patients with cancer.

- Similarly, patients are also unaware that their nutritional status can condition their therapeutic response, illness remission, and overall survival.

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- ECPC's survey was made possible by a collaboration between the **European Cancer Patient Coalition (ECPC)**, **Sapienza University of Rome** (Department of Clinical Medicine), and **Healthware International**.

- **The objective was to** (i) **assess** **patients' awareness of nutrition's importance** during cancer therapy; (ii) **determine** **whether nutritional problems** during and after oncologic therapy **are perceived as important by the physician** and, if so, how important; and (iii) **utilize** any relevant **information obtained to develop practical guidance** on how to improve daily nutrition.

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- **A special thanks to our Members: “We could not have done this without you!”**

- A total **907 patients** and **survivors**, distributed in **10 European countries** (Finland, Italy, Spain, Czech Republic, Greece, Denmark, Slovenia, Romania, Poland, Bulgaria) answered the questionnaire.

Association of Cancer Patients in Finland

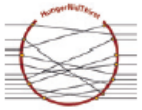
diagnóza
leukemie

Diagnoza Leukemie

Europa Uomo

Fight Bladder Cancer

Hellenic Cancer Federation- ELL.O.K.



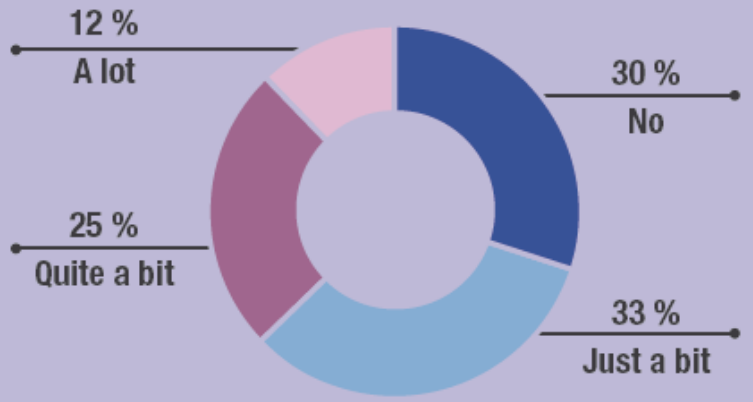
HungerNdThirst

Sláinte an Chláir, Clare Cancer Support

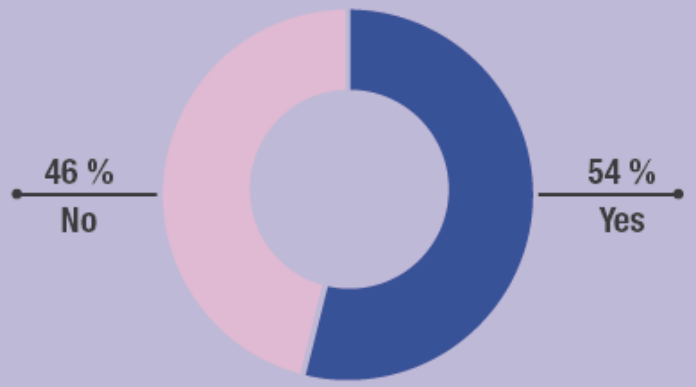
Les Amis de l'Institut Bordet

Italian Federation of Volunteer-based Cancer Organizations (FAVO)

Did you lose weight during the illness?



Did you know that losing weight can worsen the adverse effects of therapy?



Did your physician / oncologist give you or your relatives any information about cachexia?

Did your physician / oncologist refer you to a nutrition specialist?

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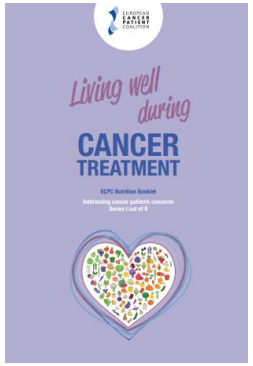

- The **scientific paper provided a solid background** for the development of the **ECPC Nutrition booklet** 'Living Well During Cancer Treatment'.

- The Living Well During Cancer Treatment Patient Booklet was **endorsed by the European Society of Surgical Oncology (ESSO)** and was **presented** again **at the ESMO Congress at the European Oncology Nursing Society (EONS) Symposium** 2018.