The role of medical nutrition
during and after cancer treatment
Brussels, June 20th, 2015

EUROPEAN CANCER PATIENT COALITION

ECPC Survey on Nutrition in the Oncology Patient PRELIMINARY RESULTS

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Background

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The Importance of Nutrition in Cancer

Adequate nutrition in the oncology patient can:

- Prevent weight loss and help in weight gain;
- Improve adherence to therapy and minimise collateral effects;
- Improve the efficacy of anticancer therapy;
- Improve physical status, strength and quality of life;
- Prevent the development of serious conditions such as cachexia during treatment.

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ECPC Survey – The Objectives

- Assess patients experiences and clinicians' understanding regarding:
  - Nutrition
  - Loss of weight and appetite
  - Psychological and social consequences related to eating habits
  - Knowledge of severe alterations in nutrition such as cachexia
- Outline the current situation in terms of knowledge and areas for improvement regarding nutrition in oncology.
- Create meaningful information to cancer patients on nutrition based on the feedback received by the survey.
- Spread the information obtained among patients and the scientific community

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Survey on 6 different Areas

- A. Eating habits during disease and therapy
- B. Appetite and body weight
- C. Loss of muscle mass and physical activity
- D. Nutritional interventions
- E. Cachexia
- F. Impact of food on social and psychological aspects

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Methods and Dissemination

- Survey translated in 11 languages (English, Italian, Greek, Romanian Croatian, French, Spanish, Polish, Czech, Turkish and German)
- Survey uploaded on ‘’SurveyMonkey’’
- Survey disseminated electronically via the ECPC Newsletter, in February 2015
- ECPC Board Members disseminated link of Survey in their countries
- Established collaborations with ECPC National Organisations
- **A total of 658 Questionnaires Answered**
- End of Survey – 20 May 2015

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Data Analysis

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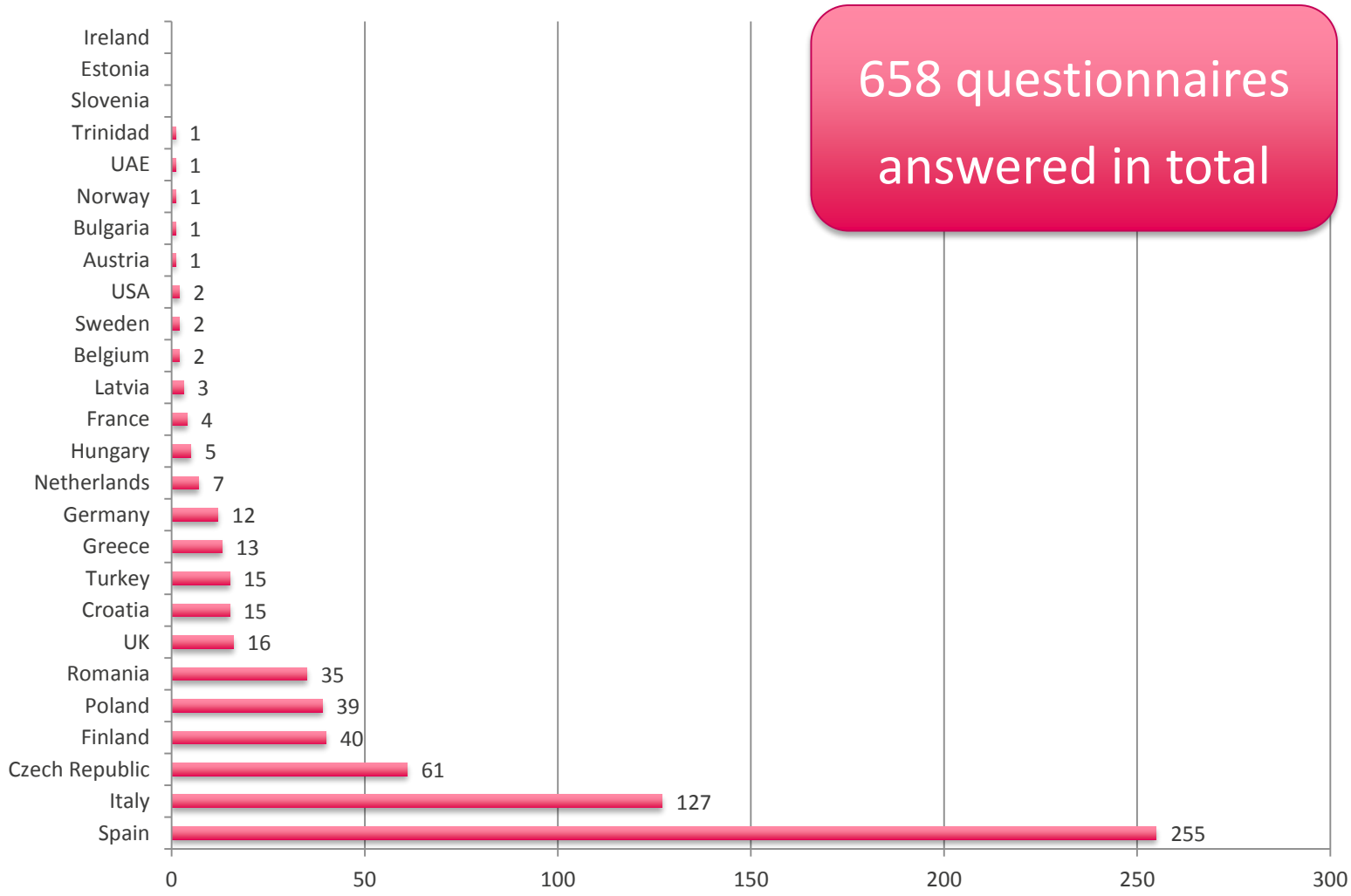
Questionnaires Answered by Country



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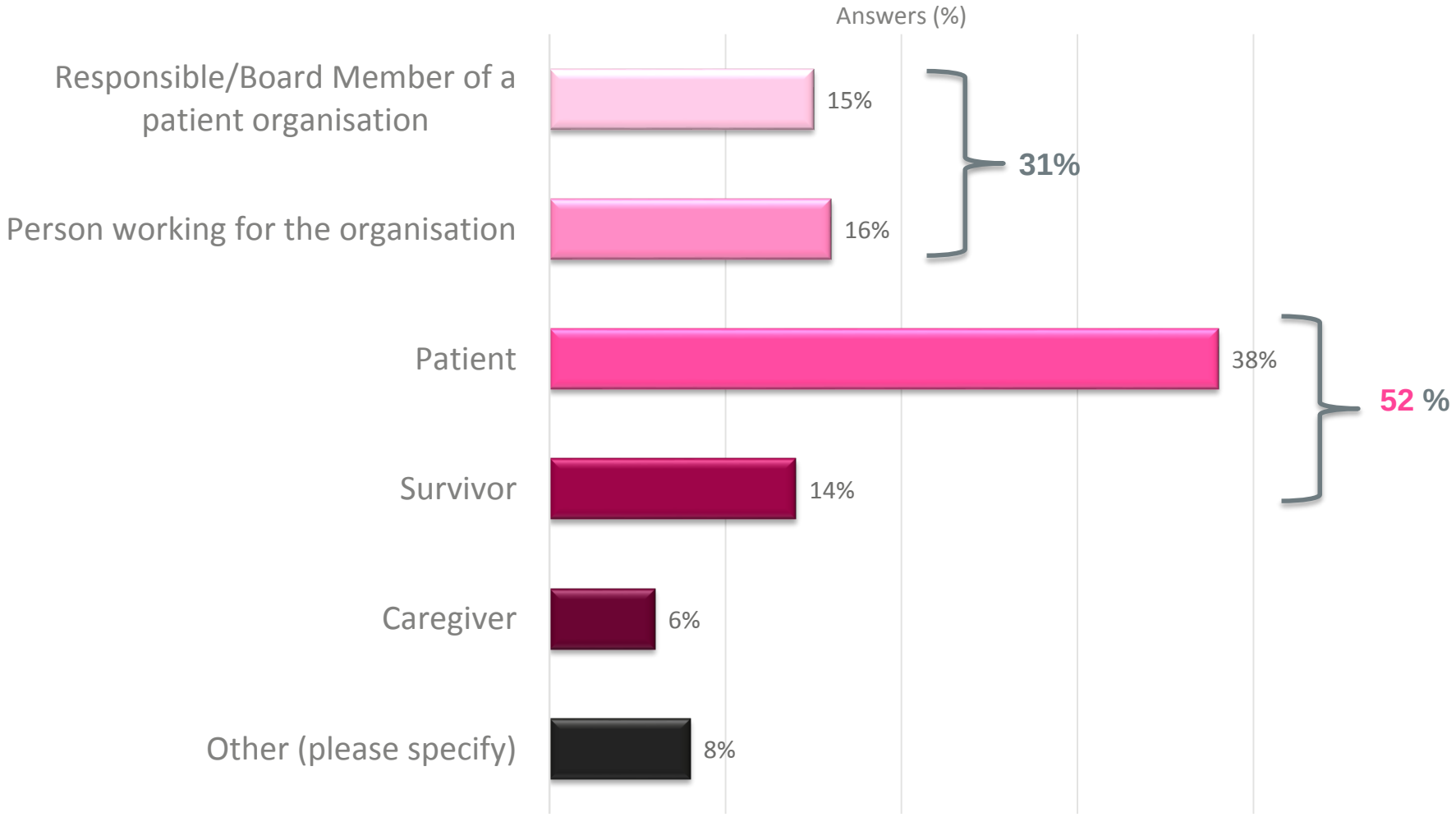
Respondent Clusters (Q5: Who are you?)



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Area A.

Eating habits during disease and therapy

The need for information in cancer patients

A total of 879 patients diagnosed with cancer were asked to classify their most important need: the largest unmet need was demand for information on diet and nutrition.[1,2]

1. *Zebrack B. Information and service needs for young adult cancer patients. Support Care Cancer 2009;17:349-57.*
2. *van Halteren HK. Cancer and the nutritional status. In: H van Halteren, Aminah Jatoi. Nutrition and Cancer, H. European Society for Medical Oncology; 2014.*

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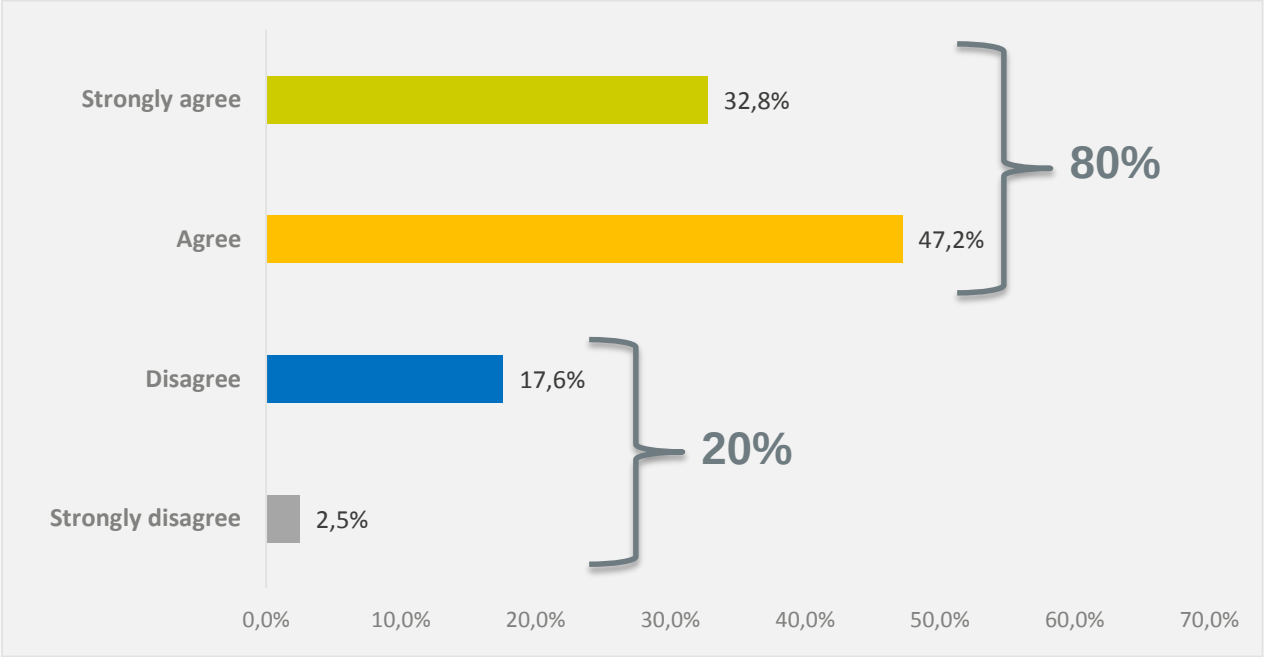
Q8 - The patient has problems related to nutrition during the illness and while undergoing oncological treatment:



Answer Choices	Responses
Strongly disagree	2,5%
Disagree	17,6%
Agree	47,2%
Strongly agree	32,8%

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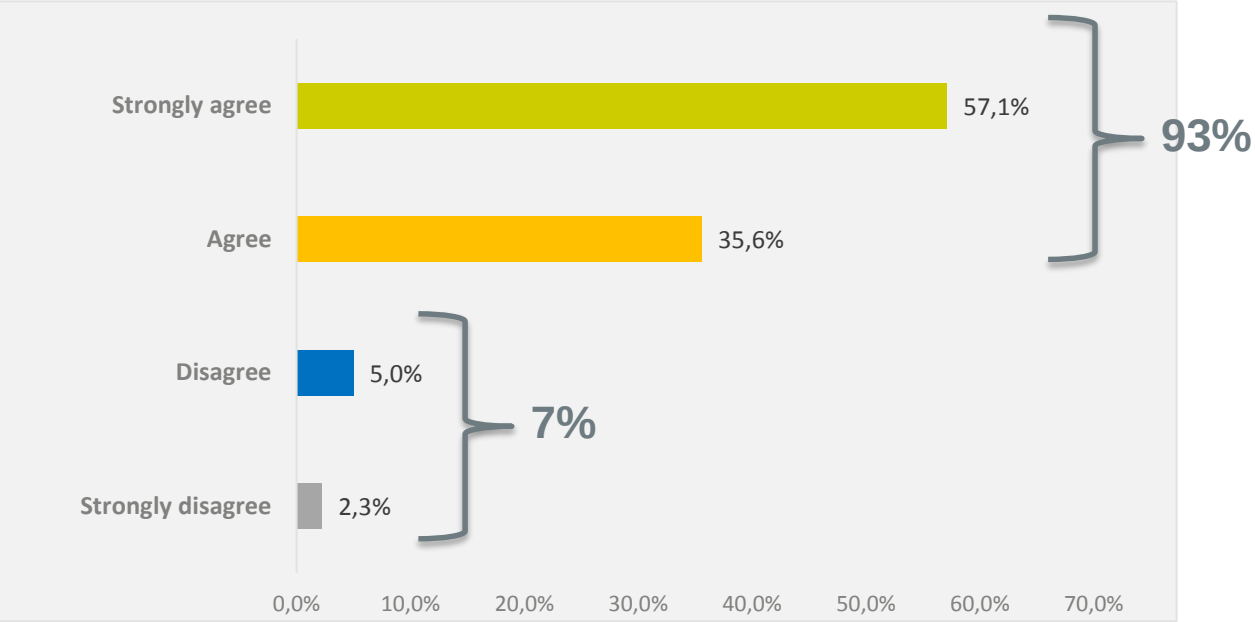
Q9 - The patient feels that it is important to continue to eat properly during cancer treatments to maintain strength and energy, improve tolerance to treatment and reduce the risk of infection:



Answer Choices	Responses
Strongly disagree	2,3%
Disagree	5%
Agree	35,6%
Strongly agree	57,1%

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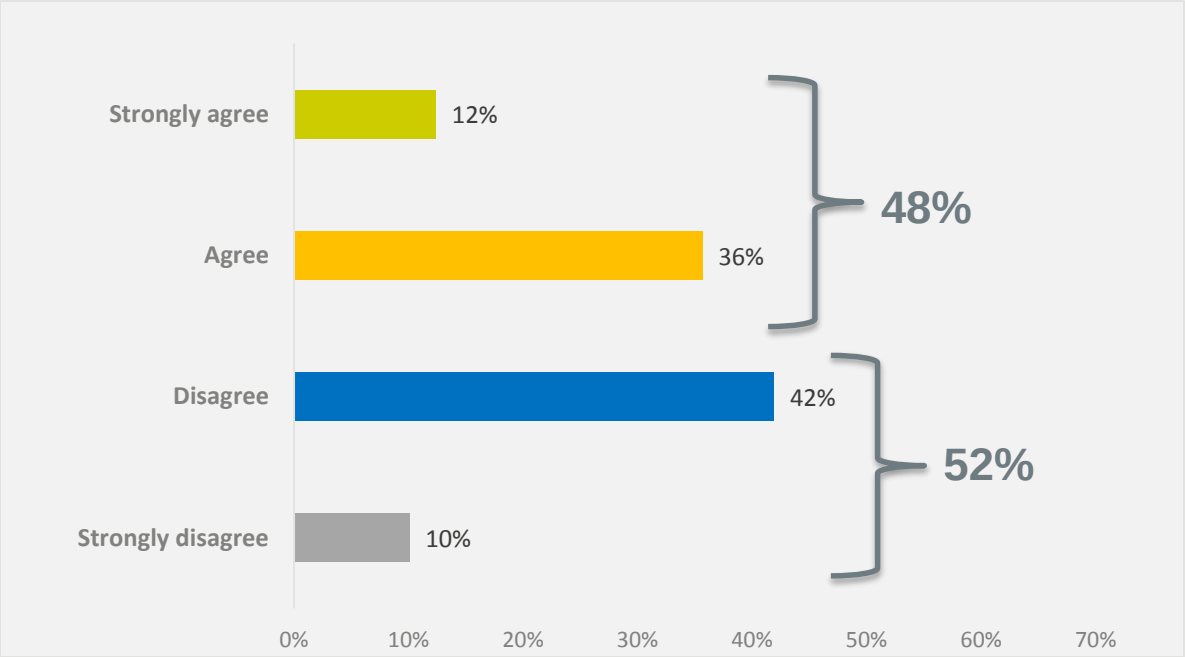
Q11 - The clinician is adequately informed about problems related to eating and provides advice for nutrition (or refers the patient to a nutritionist or dietitian):



Answer Choices	Responses
Strongly disagree	10%
Disagree	42%
Agree	36%
Strongly agree	12%

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Area B.

Appetite and body weight

Importance of body weight

A study on more than 3,000 cancer patients demonstrated that weight loss >5% (compared to weight before onset of disease) is associated with decreased survival.[1] There is expert consensus that careful monitoring of body weight (asking patients if they have lost weight and periodic control of body weight during disease) is the most effective tool to control nutritional status and to prevent and diagnose malnutrition.[2,3]

1. *Dewys WD et al. Prognostic effect of weight loss prior to chemotherapy in cancer patients. Eastern Cooperative Oncology Group. Am J Med. 1980 Oct;69(4):491-7.*
2. *van Halteren HK. Cancer and the nutritional status. In: H van Halteren, Aminah Jatoi. Nutrition and Cancer, H. European Society for Medical Oncology; 2014.*
3. *Muscaritoli M et al. The "parallel pathway": a novel nutritional and metabolic approach in cancer patients. Intern Emerg Med. 2011 Apr;6(2):105-12.*

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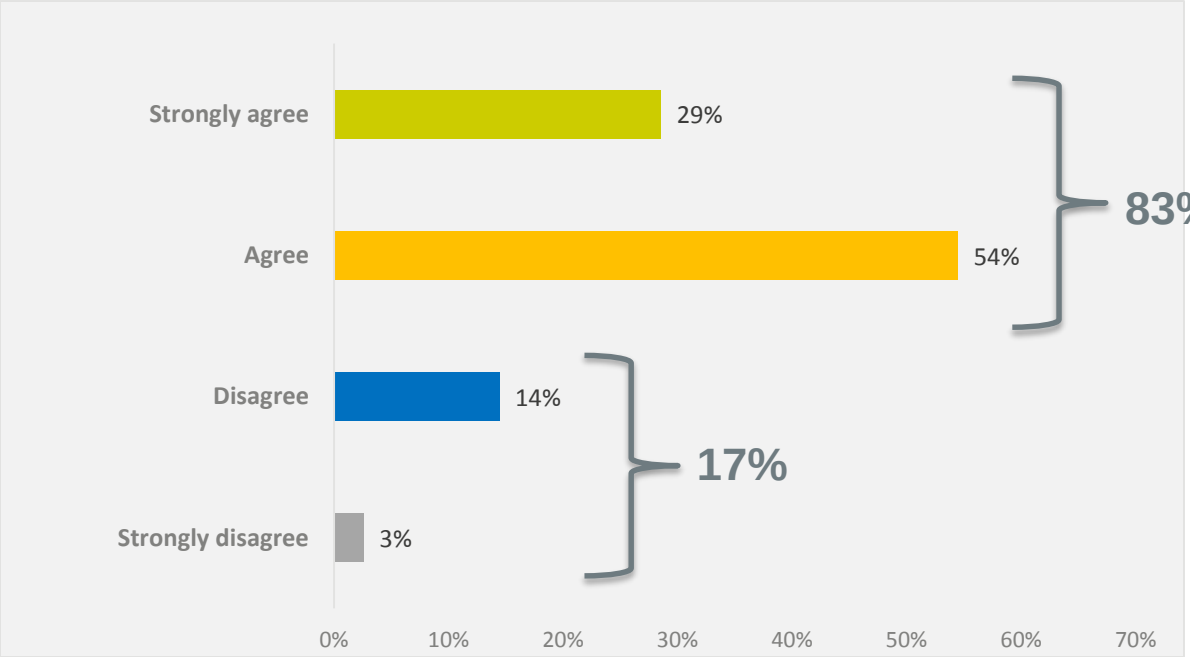
Q13 - Lack of or reduced appetite is a very frequent event in the daily life of the patient as a consequence of the disease and/or therapy:



Answer Choices	Responses
Strongly disagree	3%
Disagree	14%
Agree	54%
Strongly agree	29%

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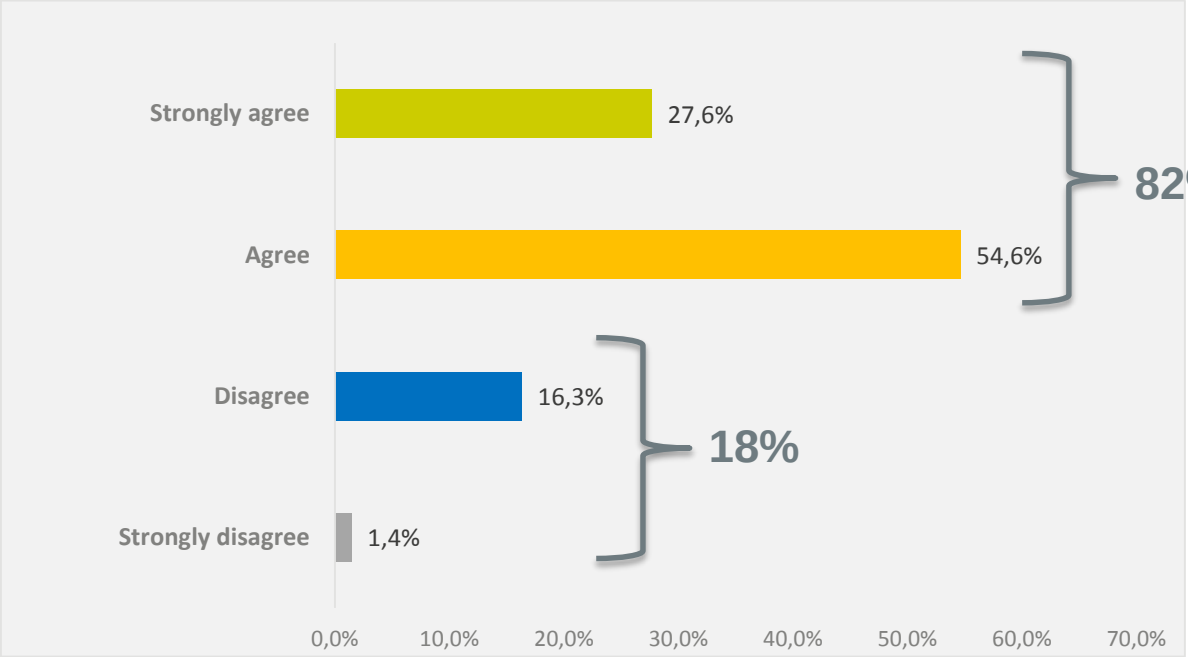
Q15 - The patient feels that it is important to maintain body weight during cancer therapy:



Answer Choices	Responses
Strongly disagree	1,4%
Disagree	16,3%
Agree	54,6%
Strongly agree	27,6%

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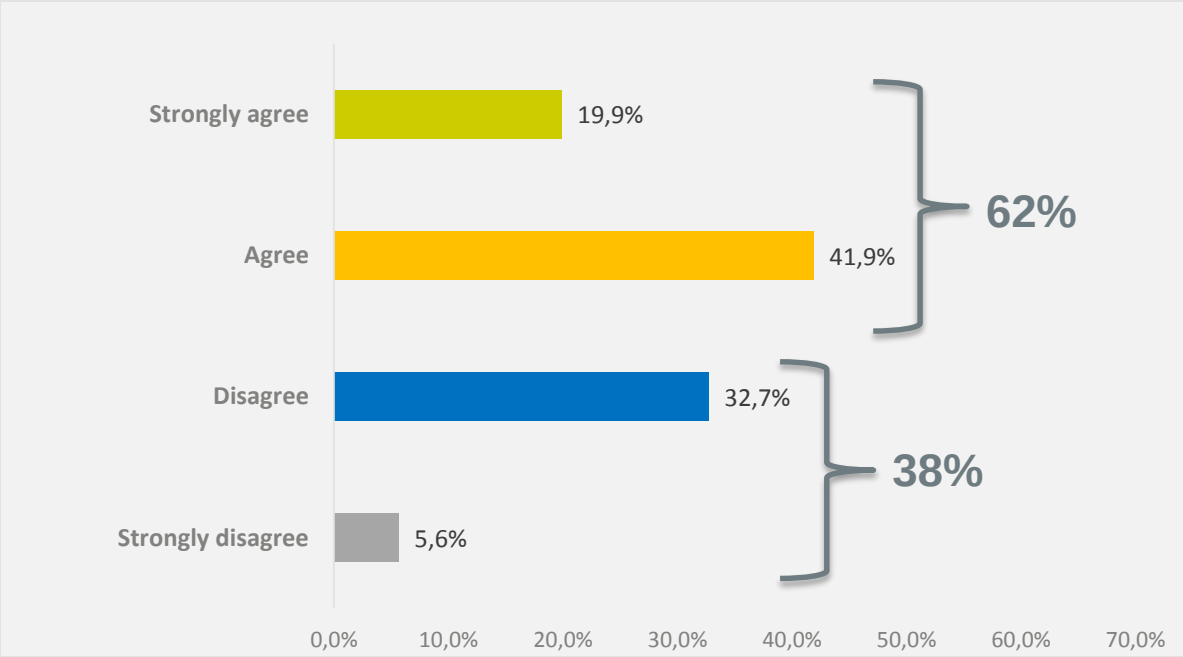
Q16 - The clinician includes body weight among the parameters that are monitored during follow-up visits:



Answer Choices	Responses
Strongly disagree	5,6%
Disagree	32,7%
Agree	41,9%
Strongly agree	19,9%

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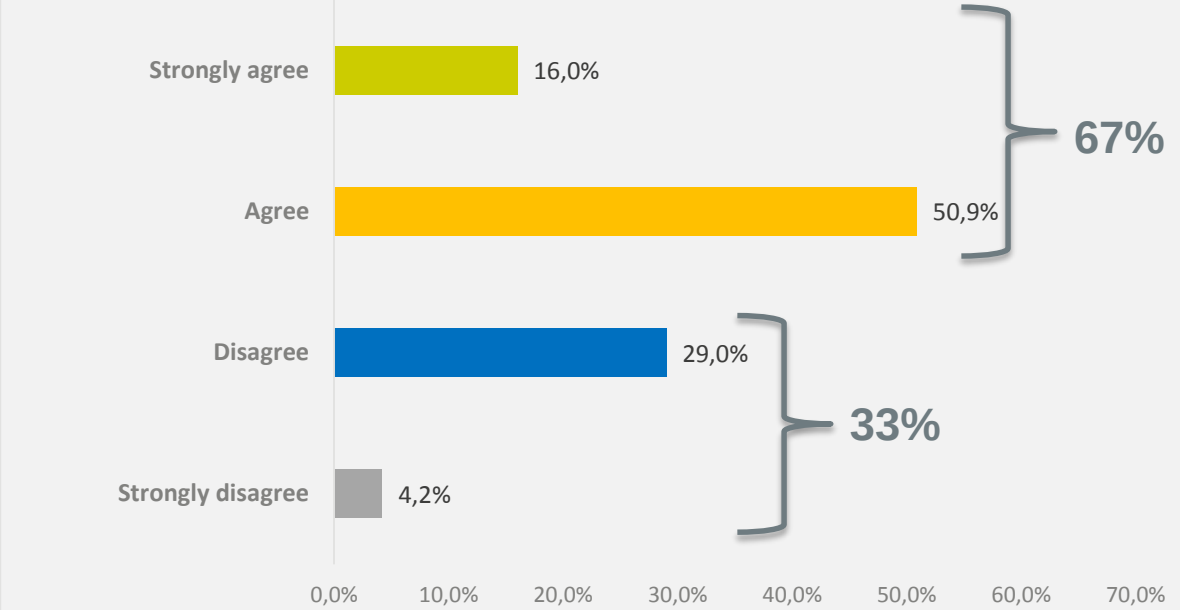
Q17 - The clinician gives importance to cancer-related weight loss:



Answer Choices	Responses
Strongly disagree	4,2%
Disagree	29,0%
Agree	50,9%
Strongly agree	16,0%

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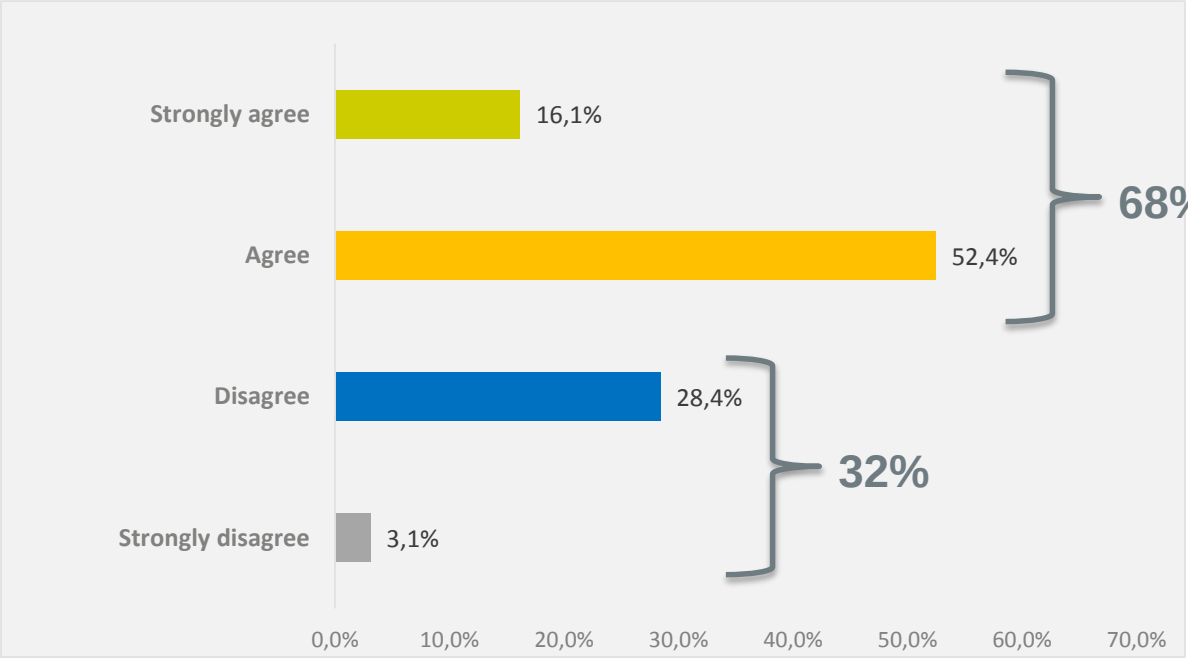
Q18 - The clinician believes that it is important to maintain body weight during cancer therapy:



Answer Choices	Responses
Strongly disagree	3,1%
Disagree	28,4%
Agree	52,4%
Strongly agree	16,1%

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Area C.

Loss of muscle mass and physical activity

Impact of physical conditions

It has been demonstrated that inadequate nutrition (e.g. due to loss or reduction of appetite, difficulty in swallowing, nausea, vomiting, etc.) is associated with poor performance status and a greater risk of complications after curative and palliative therapy.[1,2]

1. *H van Halteren, Aminah Jatoi. Nutrition and Cancer, H. European Society for Medical Oncology; 2014.*
2. *Molfino A et al. Contribution of anorexia to tissue wasting in cachexia. Curr Opin Support Palliat Care. 2010 Dec;4(4):249-53.*

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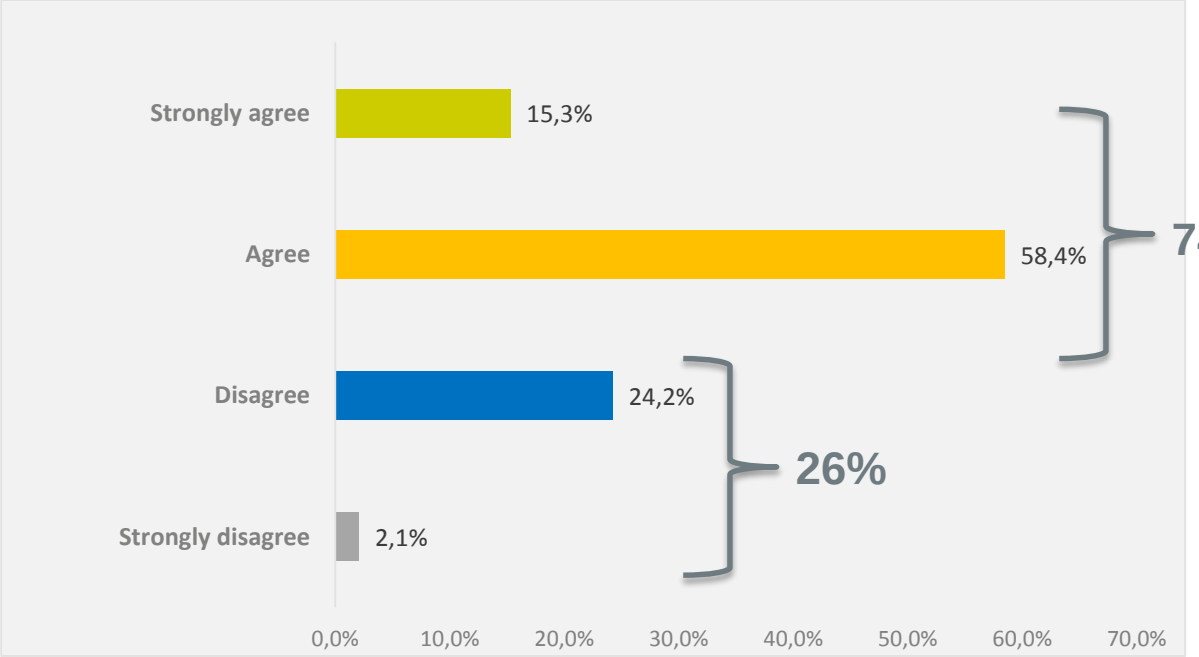
Q19 - The patient believes that loss of muscle mass increases the adverse effects of therapy:



Answer Choices	Responses
Strongly disagree	2,1%
Disagree	24,2%
Agree	58,4%
Strongly agree	15,3%

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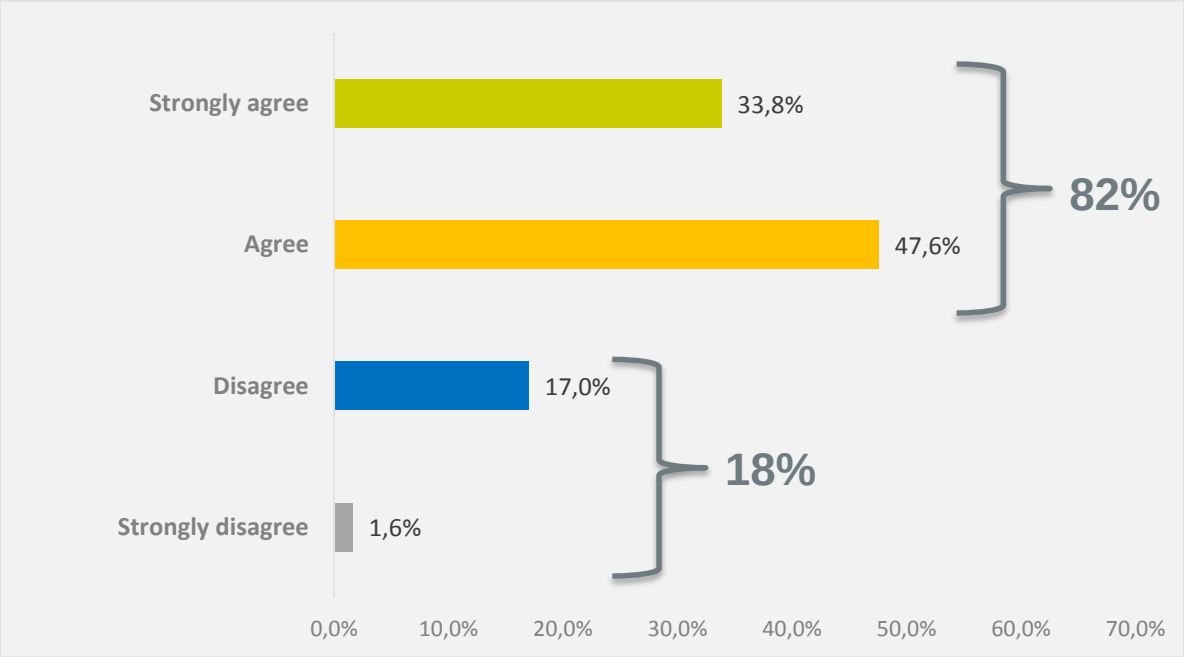
Q20 - The patient feels that it is important to maintain a certain level of physical activity (e.g. walking, avoid excessive bed or chair rest) to allow his body to properly use nutrients and maintain muscle mass and body weight:



Answer Choices	Responses
Strongly disagree	1,6%
Disagree	17,0%
Agree	47,6%
Strongly agree	33,8%

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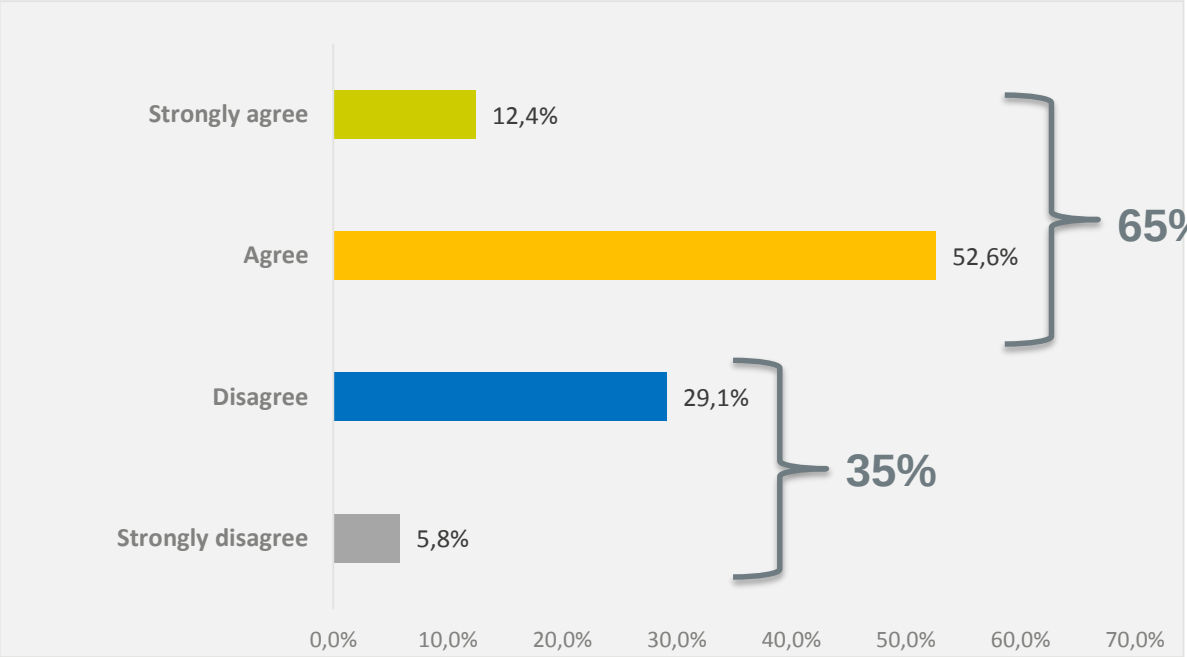
Q21 - The clinician recommends that the patient remains active, even if he/she feels tired:



Answer Choices	Responses
Strongly disagree	5,8%
Disagree	29,1%
Agree	52,6%
Strongly agree	12,4%

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Area D.

Nutritional interventions

Demonstrated benefits

Numerous clinical studies have demonstrated that individualised nutritional counselling of cancer patients improves:[1]

- Nutritional status
- Eating habits
- Functional status
- Quality of life

In addition, individualised nutritional counselling decreases:[1]

- The incidence and severity of some symptoms (e.g. mucositis, etc.)
- The toxicity of some treatments such as radiotherapy.

1. P. Ravasco. Counseling and Intervention. In: H van Halteren, Aminah Jatoi. Nutrition and Cancer, H. European Society for Medical Oncology; 2014.

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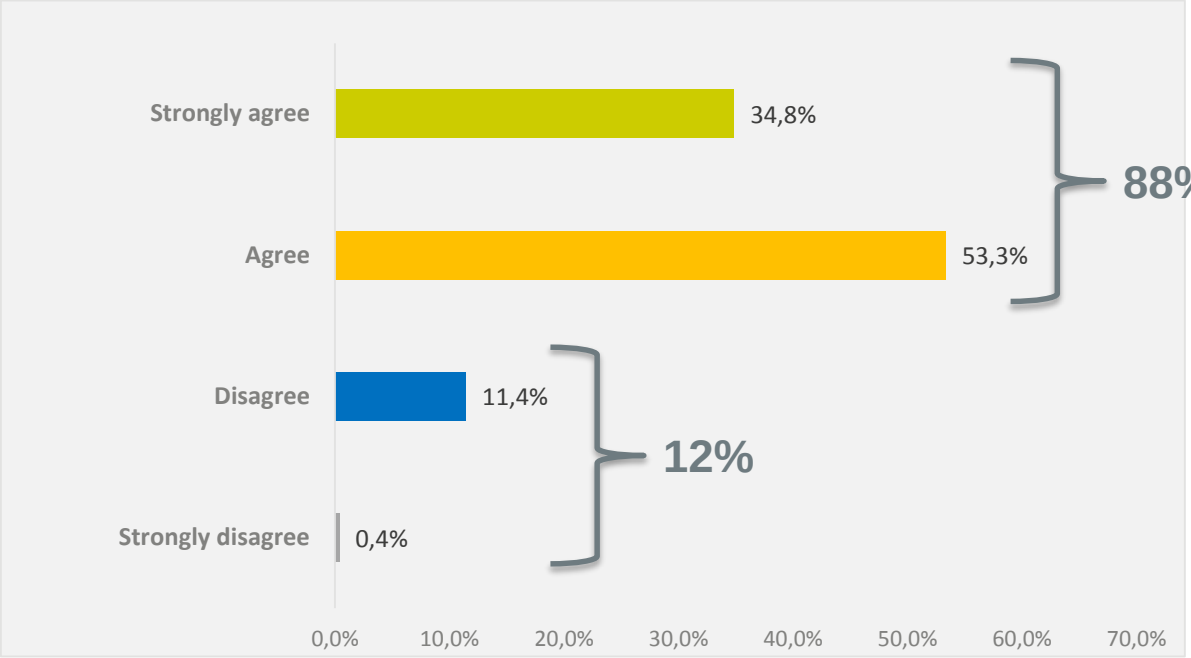
Q23 - The patient believes that the clinician should suggest effective solutions that allow for adequate nutrition, even in the absence of hunger or inability to feed oneself:



Answer Choices	Responses
Strongly disagree	0,4%
Disagree	11,4%
Agree	53,3%
Strongly agree	34,8%

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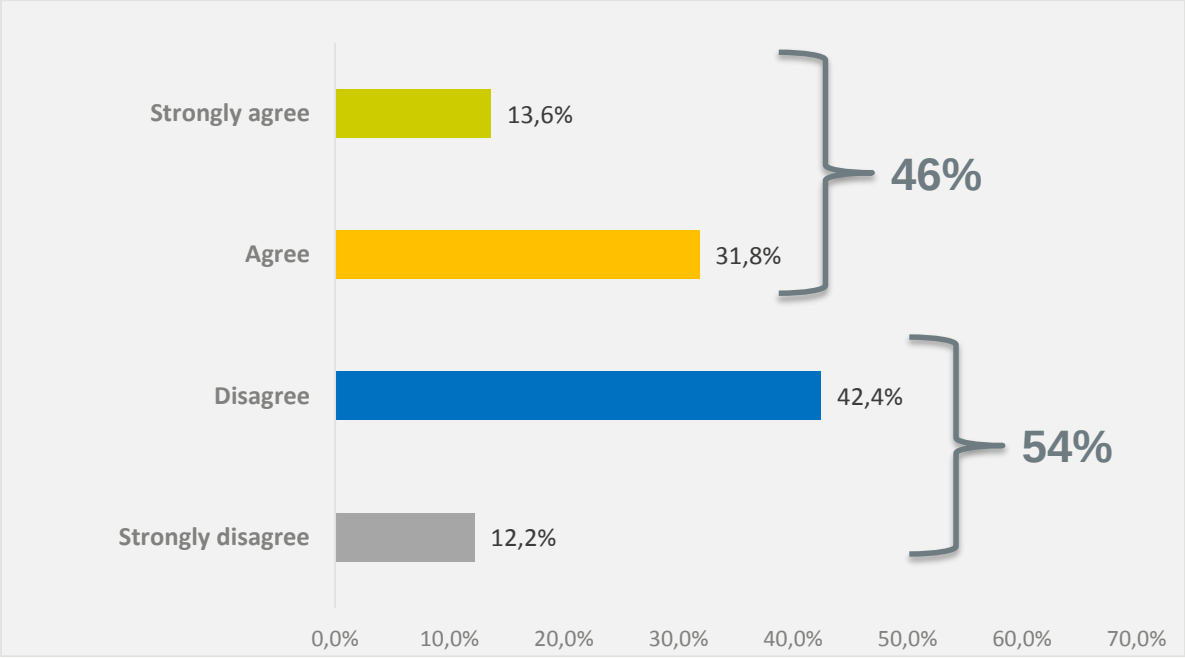
Q24 - The patient believes that taking vitamins or antioxidants, even from natural sources, without telling their clinician can reduce the benefits of therapy, and may thus be harmful:



Answer Choices	Responses
Strongly disagree	12,2%
Disagree	42,4%
Agree	31,8%
Strongly agree	13,6%

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Area E.

Cachexia

The need for correct information about cachexia

In cancer patients, different factors, including the loss of appetite, alterations in metabolism and increase in nutritional needs, can be associated with cachexia. This condition, still considered by many as a terminal condition, is characterised by progressive weight loss and has negative consequences for prognosis. Cachexia can be partially prevented or minimised through adequate nutritional intervention and pharmacological therapy.[1,2]

1. *Adapted from Fearon K et al, Nat. Rev. Clin. Oncol. 10, 90–99 (2013)*
2. *Muscaritoli M et al. Cachexia: A preventable comorbidity of cancer. A T.A.R.G.E.T. approach. Crit Rev Oncol Hematol. 2014*

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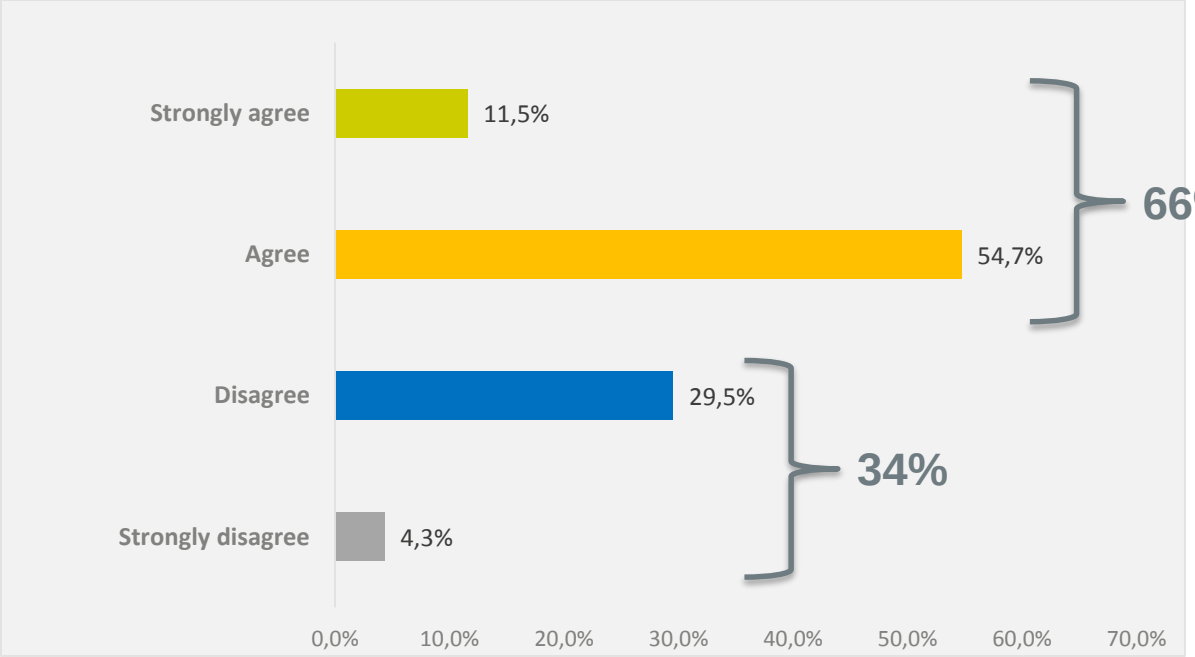
Q26 - The patient believes that the persistent loss of appetite or weight loss is an inevitable consequence of the cancer:



Answer Choices	Responses
Strongly disagree	4,3%
Disagree	29,5%
Agree	54,7%
Strongly agree	11,5%

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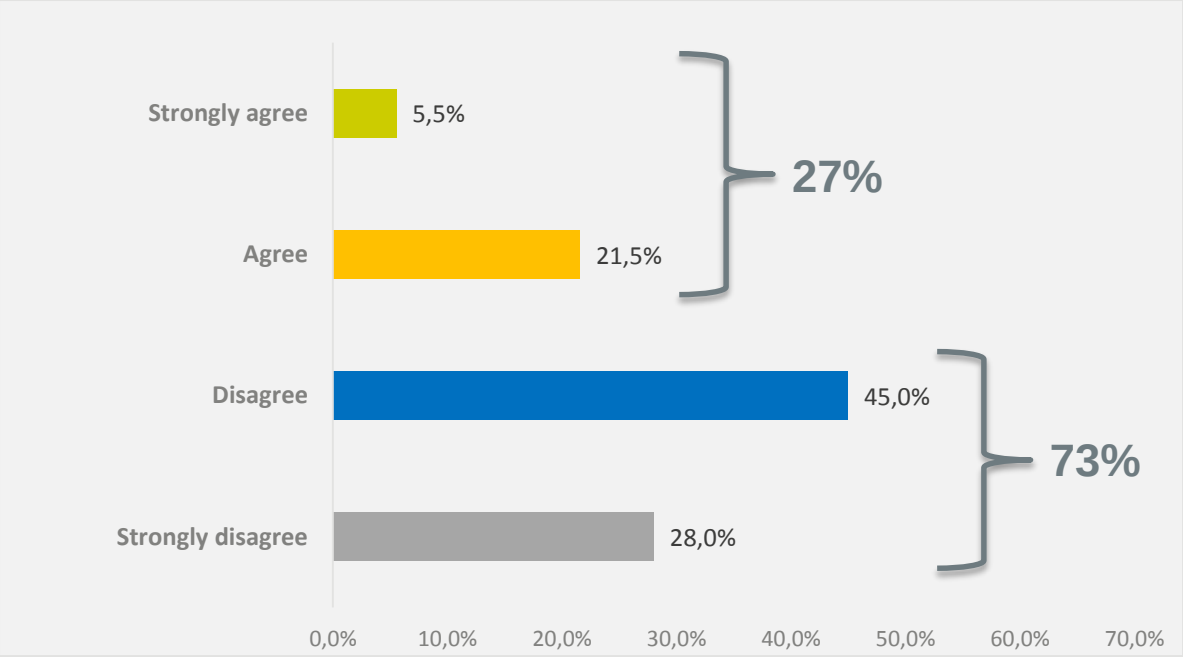
Q28 - The patient knows the term 'cachexia' and understands its meaning:



Answer Choices	Responses
Strongly disagree	28,0%
Disagree	45,0%
Agree	21,5%
Strongly agree	5,5%

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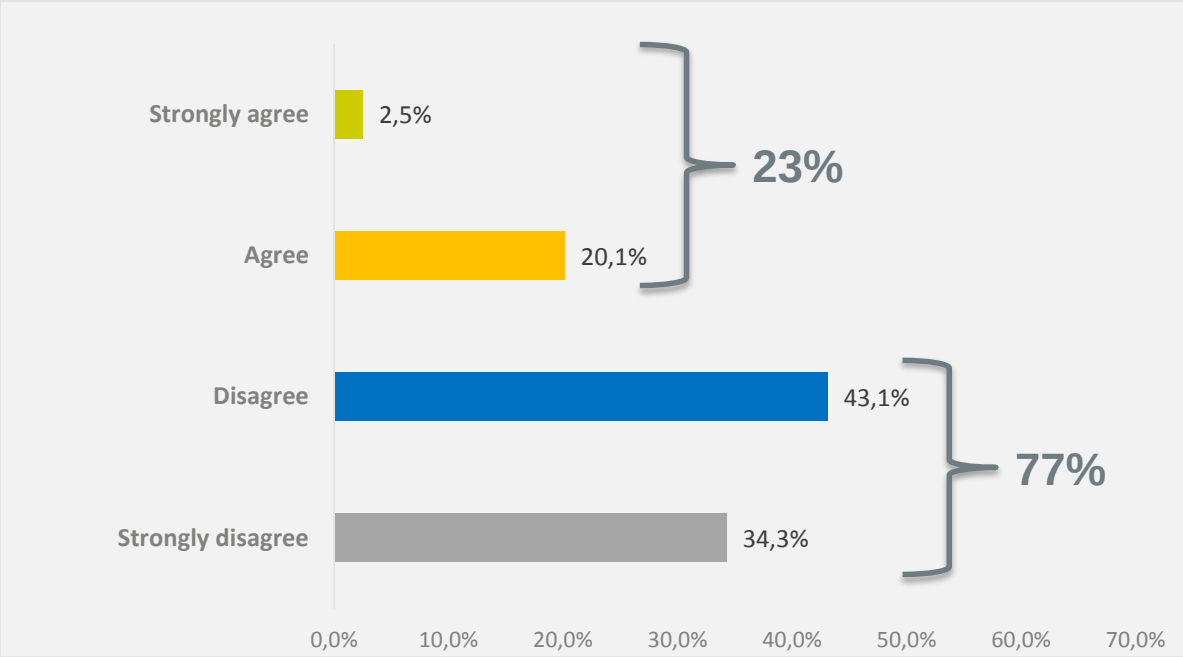
Q29 - The clinician has provided information and explanations to the patient or family regarding cachexia:



Answer Choices	Responses
Strongly disagree	34,3%
Disagree	43,1%
Agree	20,1%
Strongly agree	2,5%

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Area F.

Impact of food on social and psychological aspects

Eating habits and psychological aspects

Deep-rooted habits in family members, caregivers and physicians in insisting that the patient eat adequately can be a source of significant psychological stress. Specific studies have characterised many psycho-social factors related to nutrition in cancer patients: pressure exerted by family members to eat, and more in general, the existence of ‘conflicts about food’; fear of progressive decline; social isolation, which is often self-imposed; the perception of being neglected by healthcare staff; sadness, often expressed as "sense of loss" of a key component of their lives.[1]

1. JB Hopkinson. Psychosocial aspects of nutrition. In: H van Halteren, Aminah Jatoi. Nutrition and Cancer, H. European Society for Medical Oncology; 2014.

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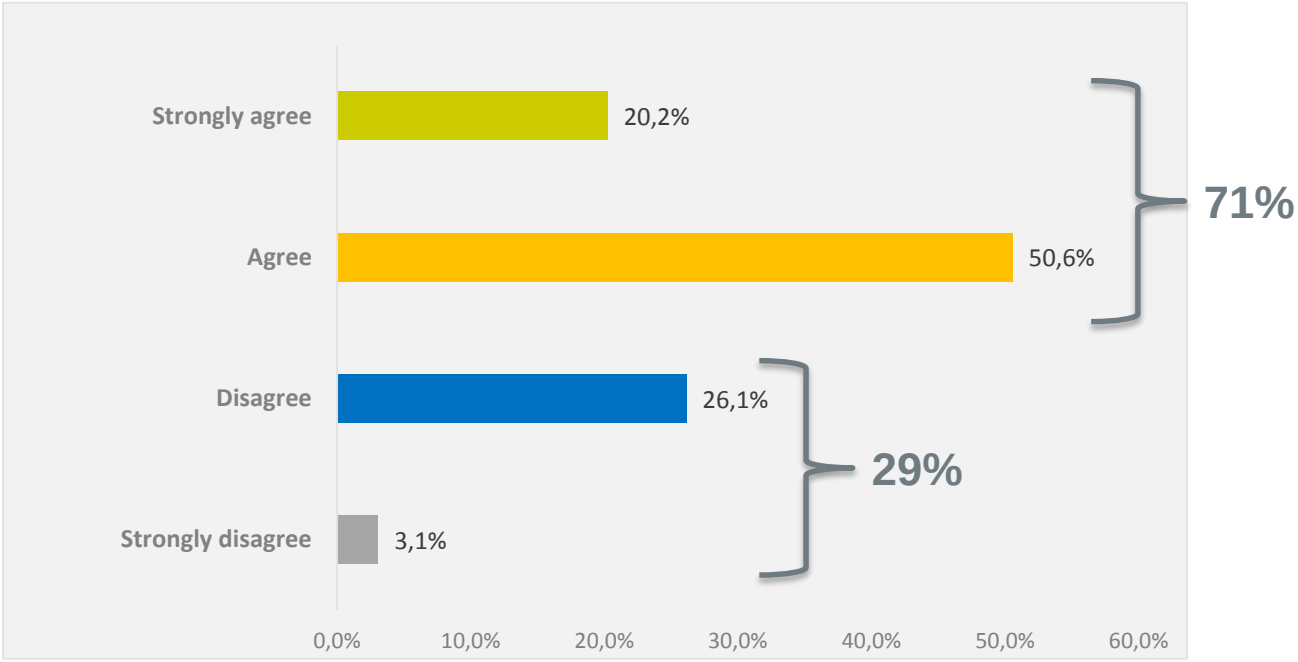
Q30 - The topic of 'food' is worrisome for the patient and family:



Answer Choices	Responses
Strongly disagree	3,1%
Disagree	26,1%
Agree	50,6%
Strongly agree	20,2%

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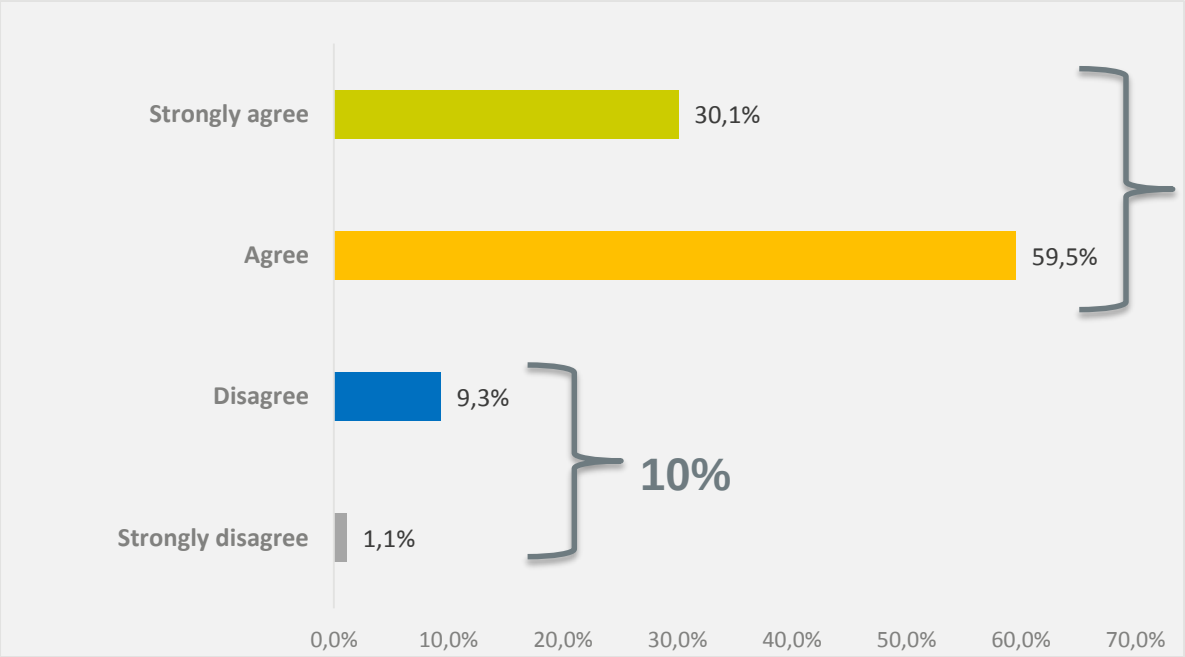
Q32 - Loss of or reduced appetite influence the patient's mood:



Answer Choices	Responses
Strongly disagree	1,1%
Disagree	9,3%
Agree	59,5%
Strongly agree	30,1%

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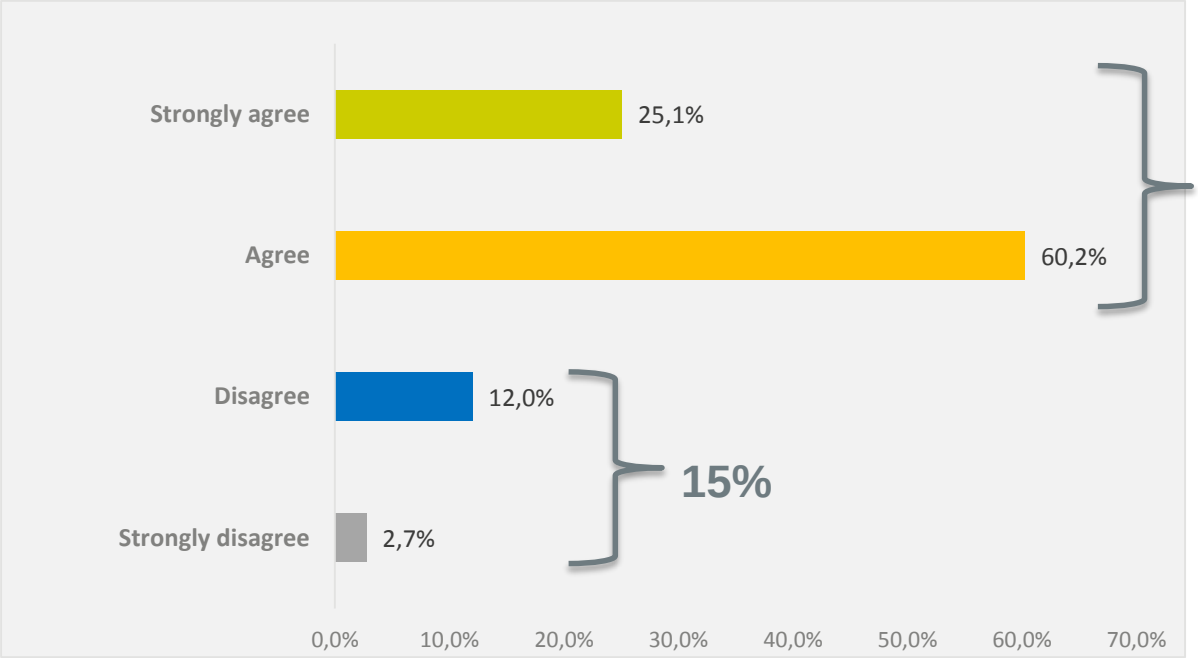
Q33 - Problems related to eating habits influence daily life of the patient and social interactions with others:



Answer Choices	Responses
Strongly disagree	2,7%
Disagree	12,0%
Agree	60,2%
Strongly agree	25,1%

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Conclusions

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Conclusions

- The preliminary data obtained from the present survey suggest that discrepancies still exist between the patients' expectations/demands, and the answers they may get from physicians about the metabolic and nutritional issues in cancer
- This underscores the need to implement education among healthcare professionals in order to improve nutritional care
- Moreover, this tool has proven to be a cost-effective method to obtain detailed information about the perception of nutrition, weight loss and appetite among cancer patients, patients' associations physicians and caregivers
- Overall, this preliminary data analysis encourage us to plan a "second round" of the survey obtain information from other Countries and to consolidate the current results
- The collected data will allow to improve patients' awareness of their unmet needs through the implementation of new informative and educational tools

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Future and next actions

- Translate Survey in other languages
- Disseminate Survey to less represented countries
- Collect even more replies by the end of the year
- Create information material in order to launch an awareness campaign on Nutrition

ECPC NEEDS YOUR HELP IN ORDER TO MAXIMIZE ITS IMPACT!!!

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