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Nutrition in Cancer Patients

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Abstract

Background: Despite being recognised that nutritional intervention is essential, nutritional support is not widely accessible to all patients. Given the incidence of nutritional risk and nutrition wasting, and because cachexia management remains a challenge in clinical practice, a multidisciplinary approach with targeted nutrition is vital to improve the quality of care in oncology. Methods: A literature search in PubMed and Cochrane Library was performed from inception until 26 March. The search consisted of terms on: cancer, nutrition, nutritional therapy, malnutrition, cachexia, sarcopenia, survival, nutrients and guidelines. Key words were linked using OR as a Boolean function and the results of the four components were combined by utilizing the AND Boolean function. Guidelines, clinical trials and observational studies written in English, were selected. Seminal papers were referenced in this article as appropriate. Relevant articles are discussed in this article. Results: Recent literature supports integration of nutrition screening/assessment in cancer care. Body composition assessment is suggested to be determinant for interventions, treatments and outcomes. Nutritional intervention is mandatory as adjuvant to any treatment, as it improves nutrition parameters, body composition, symptoms, quality of life and ultimately survival. Nutrition counselling is the first choice, with/without oral nutritional supplements (ONS). Criteria for escalating nutrition measures include: (1) 50% of intake vs. requirements for more than 12 weeks; (2) if it is anticipated that undernourished patients will not eat and/or absorb nutrients for a long period; (3) if the tumour itself impairs oral intake. N-3 fatty acids are promising nutrients, yet clinically they lack trials with homogeneous populations to clarify the identified clinical benefits. Insufficient protein intake is a key feature in cancer; recent guidelines suggest a higher range of protein because of the likely beneficial effects for treatment tolerance and efficacy. Amino acids for counteracting muscle wasting need further research. Vitamins/minerals are recommended in doses close to the recommended dietary allowances and avoid higher doses. Vitamin D deficiency might be relevant in cancer and has been suggested to be needed to optimise protein supplements effectiveness. Conclusions: A proactive assessment of the clinical alterations that occur in cancer is essential for selecting the adequate nutritional intervention with the best possible impact on nutritional status, body composition, treatment efficacy and ultimately reducing complications and improving survival and quality of life.

Keywords: cancer nutrition, nutritional support, malnutrition, cachexia, sarcopenia, nutritional screening, bo

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