

Nutritional support in cancer patients

Review of the scientific literature



Table of content

Cancer, malnutrition and nutritional support

1. **Malnutrition in cancer patients**

- The cancers most at risk of malnutrition

2. **Nutritional support, a neglected right ?**

- Nutritional support & advice
- Malnutrition, an overlooked problem

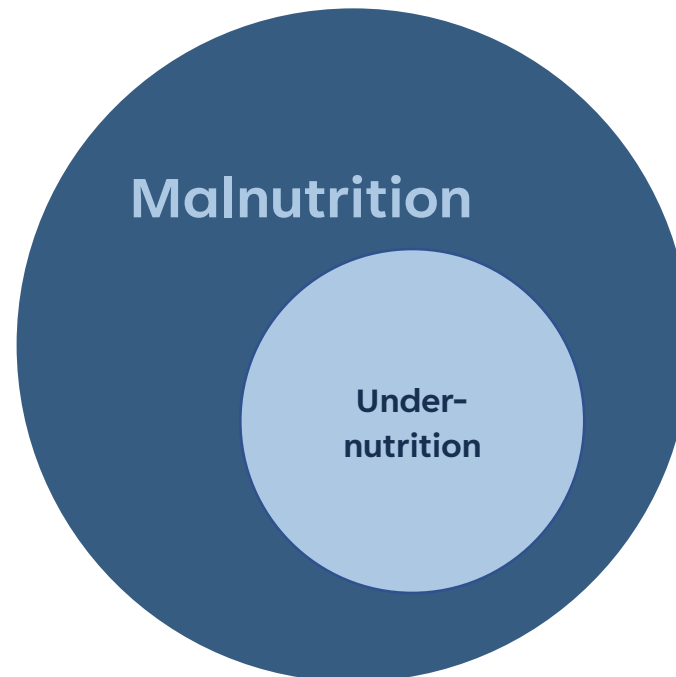
3. **The use of alternative therapies by cancer patients**

1. Malnutrition & cancer

Cancer and malnutrition

10-20% of cancer patients die of malnutrition

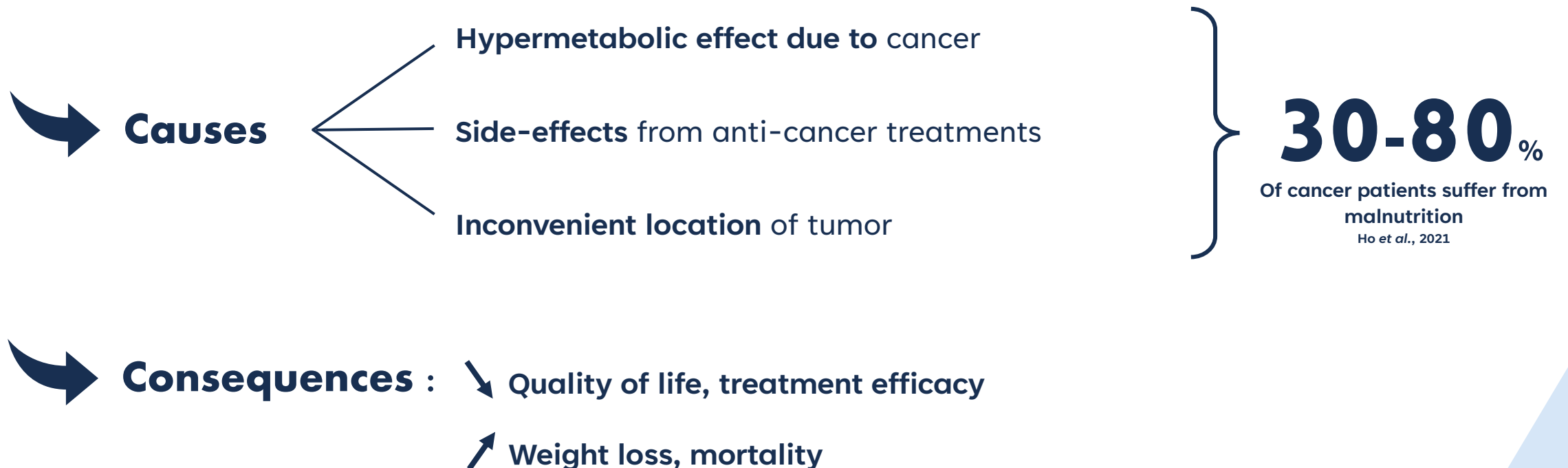
Malnutrition includes **undernutrition** (wasting, stunting, underweight), **vitamin or mineral deficiencies**, **overweight**, **obesity** and **diet-related non-communicable diseases** (WHO – 2021)



Cancer and malnutrition

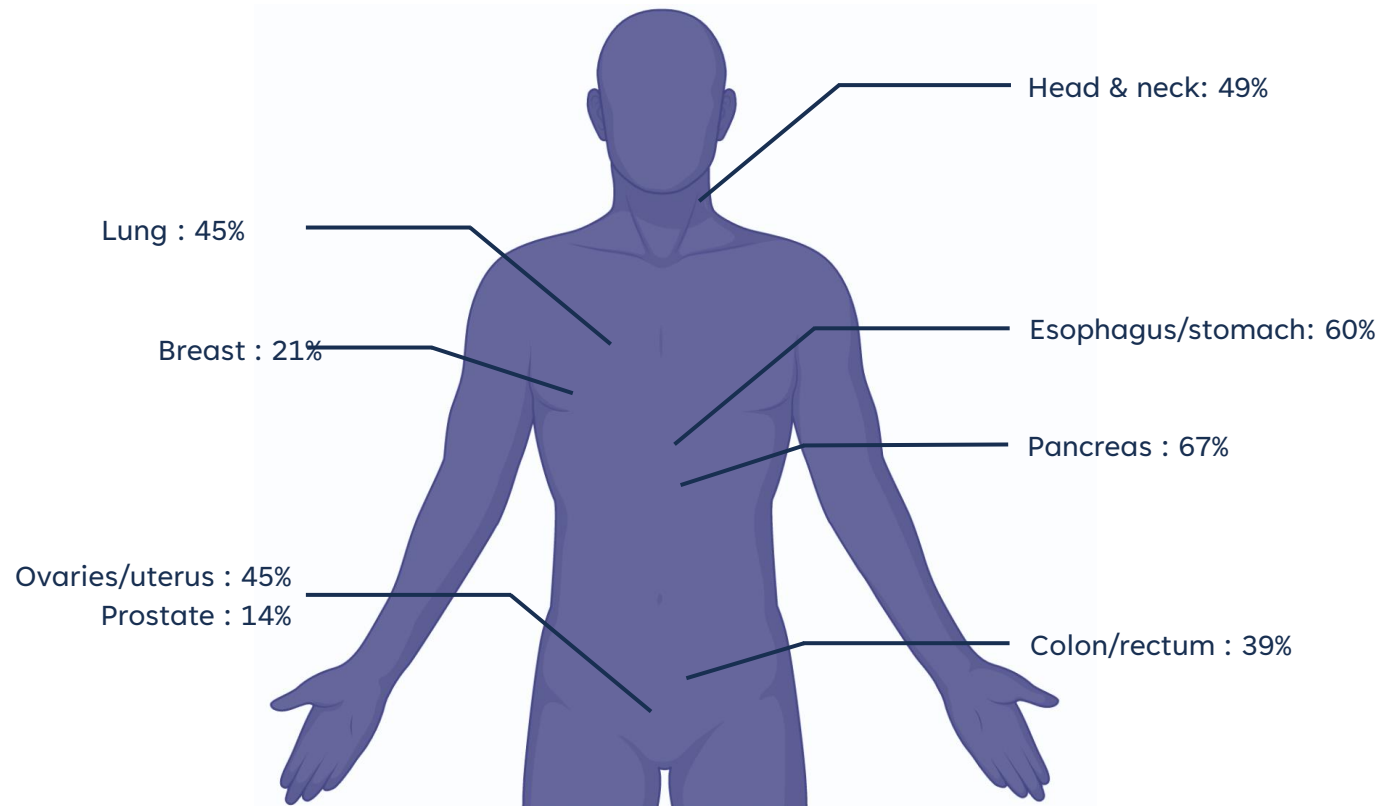
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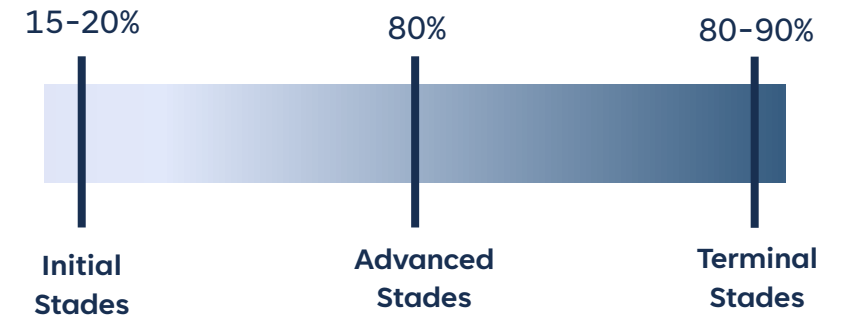


A risk that depends on cancer

Incidence of malnutrition by cancer type and stage



Hébuterne et al. 2014



42%

of malnourished cancer patients do not receive nutritional support

(Hébuterne et al. 2014)

2. Nutritional support

Nutritional support & advice

How to take care of the malnourished patient?



Importance of an early-stage management



- Reduction of **post-operative infections** and length of hospitalization
- Better control of **cancer symptoms**
- Greater **tolerance and response to treatments**
- Better **quality of life**



- Need to **integrate nutritional support into the care pathway**
- **Need for more studies** on the impact on health, recovery and quality of life

Nutritional advice

The first step of nutritional support

Individualized, personalized and repeated support by a specialist

↪ Stands out from routine recommendations

Aims for a **lasting change** in the patient's eating habits



ESPEN Recommendations

Limited levels of evidence, **strong** recommendations

B3 - 1
Efficacité de l'intervention nutritionnelle

Chez les patients capables de manger, mais dénutris ou à risque de dénutrition, intensifier l'intervention nutritionnelle afin d'augmenter les apports par voie orale. Elle consiste en : conseils nutritionnels, traitement des symptômes et dérèglements gênant l'absorption de nourriture (symptômes ayant un impact sur la nutrition) et l'administration de suppléments nutritionnels oraux (SNO).

Force de la recommandation	Strong
Niveau de preuve	Moderate
Degré de consensus	Consensus

C2 - 1
Apport nutritionnel

Durant la radiothérapie (RT) - en particulier de la tête et le cou, du thorax et du tractus gastro-intestinal - veiller à un apport nutritionnel adéquat, réalisé en priorité par le biais de conseils nutritionnels individualisés et/ou par l'usage de suppléments nutritionnels oraux (SNO), afin d'éviter toute dégradation nutritionnelle, d'entretenir l'alimentation et d'éviter les interruptions de RT.

Force de la recommandation	Strong
Niveau de preuve	Moderate
Degré de consensus	Strong consensus

C3 - 1
Nutrition adéquate

Durant l'administration de médicaments anticancéreux, s'assurer d'un apport nutritionnel adéquat et à entretenir l'activité physique.

Force de la recommandation	Strong
Niveau de preuve	Very Low
Degré de consensus	Strong consensus

Malnutrition, a neglected problem

« Malnutrition is still largely unrecognized, underestimated and undertreated»
(ESPEN, 2021)



Survey in Italy:

Malnutrition overlooked by oncologists:

- 1) Lack of **sensibilization** on the problematic
- 2) Lack of **cooperation** with nutrition specialists
- 3) Lack of **clinical evidence** of the benefits of nutritional support

Survey in the UK:

Inability of oncologists to recognize a patient at nutritional risk because:

- 1) Lack of **knowledge, training and specific training**
- 1) Lack of access to **clear official recommendations**

Malnutrition, a neglected problem

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Of malnourished cancer
patients do not receive
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(Hébuterne *et al.* 2014)

3. The use of alternative and complementary therapies

The use of alternative and complementary therapies

A need for the patient to take control of his therapy

Horneber et al., 2012

- **Meta-analysis** (American, Australian & European data)
 - 1) **Steady increase** in the success of **alternative therapies in cancer patients since 1970**
 - 2) **40% of cancer patients** use Complementary of Alternative Medicine (CAM) (2012)

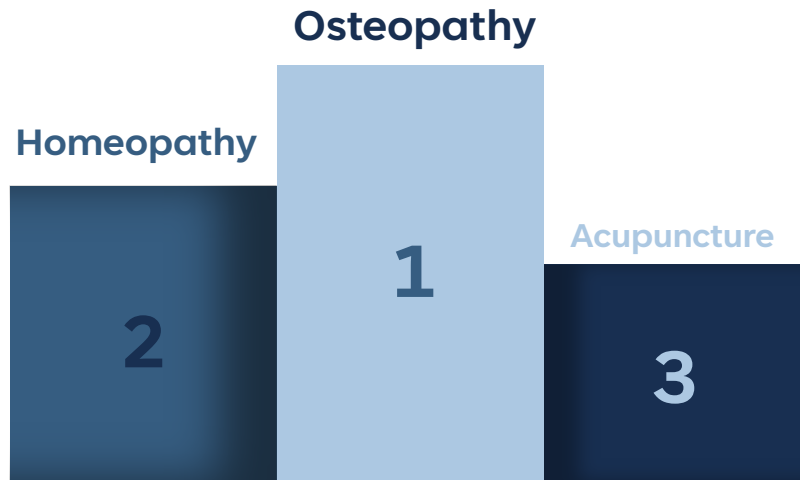
Gras et al., 2019

- **France study** (200 patients)
- **Conclusion :** **83% of cancer patients** use at least once CAM



Problems related to the use of CAM

A real danger for the patient



Problems :

- Replacement of standard therapies
- Interactions with active ingredients

Nutrition :

- Hypocaloric diets
- Medicinal herbs

Chimiotherapies
Radiotherapies
Anesthetics
...



Why such a success for CAM?

Some elements of response

- **Distinction between CAM and therapy recognized as difficult for the patient**
 - Lots of easily accessible false information (internet...)
- **Privileged relationship with the therapist**
 - Response to a need of being listened to, from the patient
 - Response to a need for the patient to regain control over his therapy
- **Patient's belief in the ability of CAMs to improve their condition**
 - CAM is used with the aim of improving QoL, immunity and reducing the side effects of standard treatments.



CAM use is a marker of **social distress** and is associated with **poor quality of life** (Burstein *et al.*, 1999 ; Ganz *et al.*, 2002)

As a conclusion

Some « bullet-points »

- **Malnutrition is a major complication in cancer patients**
- 30-80% of cancer patients suffer from malnutrition
- **Nutritional support helps fight malnutrition**
 - Nutritional support, ONS, enteral/parenteral nutrition
 - Nutrition advice: improvement in quality of life, stabilization of nutritional status, increase in energy intake and patient weight
 - Lack of studies
- **Malnutrition and nutritional support are not properly recognized**
 - Sensitivity of cancer patients to non-scientifically proven alternatives

For a better quality of life and treatment efficiency with personalized nutritional monitoring

