



ESPEN FACT SHEETS

NUTRITION AND CANCER

It is time to act.
Nutritional care matters.

15-40%

Malnutrition prevalence at the diagnosis of cancer



Specific cancer types such as **pancreas, lung, digestive cancer**, have been associated with a **higher risk of malnutrition**

Malnutrition is associated with



- reduced physical function
- impaired quality of life
- dose-limiting toxicities and reduced treatment response
- risks for surgical complications
- reduced survival
- increased hospital length of stay and higher risks for unplanned hospitalizations/readmissions

The incidence of malnutrition increases during oncological treatments to

40-80%



Early nutrition screening/assessment and intervention are associated with improved patient outcomes.



Cachexia is a frequent problem of cancer patients

tumor-induced activation of inflammatory pathways triggers a wasting response characterized by:

- anorexia
- altered metabolism
- involuntary loss of lean and fat mass



Cancer requires **multimodal care** that integrates supportive interventions specifically:

nutrition and exercise

- to improve
 - nutrient intake
 - muscle mass
 - physical functioning
 - quality of life
 - treatment outcomes



Include a **dietary counseling** by a nutrition professional (**avoid unnecessary dietary restrictions**), followed by **medical nutritional therapy** (ONS, tube feeding and parenteral nutrition, if needed).

5 PRINCIPLES TO OPTIMIZE CLINICAL ONCOLOGY PRACTICE:



1. Position oncology nutrition at the center of a multidisciplinary care



2. Partner with colleagues and administrators to integrate a nutritional care process into the multidisciplinary cancer care approach



3. Screen all patients for malnutrition risk at diagnosis and regularly throughout treatment



4. Combine exercise and nutrition interventions before, during, and after treatment as oncology standard of care to optimize nutrition status and muscle mass



5. Incorporate a patient-centered approach into multidisciplinary care