

# 1 Day in the Life of Two Outpatient Oncology Dietitians

by Katrina VanBuren-Claghorn, M.S., R.D., and Ellen Sweeney, R.D.

*As registered dietitians on staff at the University of Pennsylvania's Comprehensive Cancer Center in Philadelphia, we plan and coordinate the individual nutritional programs of the patients receiving treatment at the center's radiation oncology and hematologic oncology clinics. Despite the challenges of meeting the demanding needs of our patients, working in an outpatient setting*  
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**From the top, Ellen Sweeney, instructs a patient in the radiation oncology clinic on the use of his feeding tube. Katrina VanBuren-Claghorn (in center photo, at right) advises a patient on reputable nutrition web sites. Ellen Sweeney (at left in bottom photo) and Katrina VanBuren-Claghorn review a case in the radiation oncology clinic.**



allows us to get to know our patients and observe the impact of our interventions.

## In the Morning

Our day usually starts in the Radiation Oncology Clinic seeing patients who are receiving daily radiation treatment. Today Mr. S is receiving concurrent radiation and chemotherapy for throat cancer. He is in his second week of treatment and is experiencing severe odynophagia, which is preventing him from eating. His radiation oncologist noted at Mr. S's weekly visit that he had lost weight again and decided that Mr. S should start using a feeding tube. Katrina worked up his tube feeding regimen and showed Mr. S. and his wife how to use the tube. She also worked with the clinic's social worker to arrange home delivery of the supplements and equipment Mr. S will need.

In addition to seeing patients referred by doctors and nurses who detect nutritional problems, we assess new patients whose cancer diagnosis puts them at greater nutritional risk. These patients are usually followed weekly throughout their treatment. Mrs. G has been referred today because she is

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starting treatment for lung cancer and has been experiencing anorexia. Ellen determines Mrs. G's nutritional requirements based on formulas for estimating her calorie, protein, and fluid needs and counsels her on ways to achieve her nutritional goals, such as adjusting meal frequency and size as well as using supplemental drinks. Anticipating esophagitis from the radiation, Ellen counsels Mrs. G on modifying the consistency of her foods to make them softer. She also recommends that Mrs. G start on an appetite stimulant to help reverse her anorexia.

We are paged throughout the day by physicians, nurses, and social workers to assess patients in the oncology clinics as nutritional problems are identified. (Patients can also call us directly.) Katrina is paged this morning to see a woman with breast cancer who is starting chemotherapy. When the advanced practice nurse did the assessment, the patient reported starting a vitamin, mineral, and herbal supplement plan recommended by a friend. We are knowledgeable about supplements and are frequently asked to educate patients on their effects and interactions. Katrina reviews the supplements and counsels the patient about their possible interactions with her treatment. She also refers the patient to medical journals and reliable web sites to learn more about complementary therapies.

Meanwhile, Ellen has been asked to see Mrs. A, an elderly woman who is receiving chemotherapy for ovarian cancer. Mrs. A says that she can only tolerate liquids and has no desire for solid foods. Ellen determines that anorexia combined with diarrhea is the cause of the food aversion. She develops a meal plan that relies on liquids

and supplements and will provide Mrs. A with adequate nutrition. She also suggests that Mrs. A try soft foods. Ellen contacts Mrs. A's physician to discuss the case and suggests an appetite stimulant as well as a soluble fiber powder that may help control the diarrhea. Since anxiety or depression may also be contributing to the anorexia, Ellen refers Mrs. A to one of the center's social workers.

## In the Afternoon

Many of the cancer patients that we see live far from the comprehensive cancer center so we spend many afternoons making phone consults. Katrina has been asked by an advanced practice nurse to contact a patient who has been using a feeding tube, but is attempting to increase her oral food intake. The woman had an esophagectomy and is now post-treatment. She has been doing well and is nutritionally stable but dislikes relying on the feeding tube.

A phone consult often lasts as long as a clinic visit—anywhere from 20 minutes to an hour—since the patient requires an assessment of his or her nutritional status as well as instruction on food tolerances, nutritional requirements, modifying foods, and developing meal plans. We can mail or fax educational materials and instructions and schedule appointments to see patients at their next visit to the clinic. Transitioning off of tube feedings can be difficult for some patients because of treatment-related damage to their throat muscles. We work collaboratively with speech therapists to help patients improve swallowing and return to regular foods.

This afternoon Ellen attended the multidisciplinary Head and Neck Cancer Rounds to learn about treatment plans for upcoming patients. We participate in a variety of care rounds for outpatients, and also regularly attend and present at the cancer center's many support groups and patient education programs.

In the late afternoon, we typically work on completing documentation and answering phone-mail messages. Katrina returns calls that include scheduling an appointment for a woman with breast cancer who has gained weight, a request by a patient's daughter to reorder tube feeding supplements, and a call from a pharmaceutical representative about the delivery of samples of a protein powder. Ellen completes her editorial tasks on *Nutrition Nuggets*, the cancer center's nutrition newsletter for patients and staff. Both of us write on nutrition issues for *Oncolink*, the web site for the University of Pennsylvania Cancer Center, and are also responsible for developing the nutrition education materials used at the center.

Patients are followed until their treatment is over or until we are no longer needed. A woman with breast cancer, for example, who wants information about supplements and experiences few side effects might receive only one or two visits, while a patient with head and neck cancer would be followed all the way through treatment. 📌

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