

Are Cancer Centers Meeting Their Patients' Nutritional Needs?

Survey results are in.

by Sandra Luthringer, R.D., L.D.

In January 2002, the Oncology Nutrition Dietetic Practice Group (ON DPG), a subgroup of the American Dietetic Association, joined the Association of Community Cancer Centers (ACCC) in a cooperative effort to survey cancer program administrators.

A 35 percent response rate was obtained from an Internet survey that was sent to 439 cancer program administrators, all ACCC members. Of the 153 respondents, 63 percent indicated they worked at outpatient facilities (mostly community cancer centers) and the remaining 37 percent were hospital based, primarily in community hospitals.

Ninety-nine percent of the respondents indicated that their institution provides nutritional services to patients and/or their families. Nearly all (94 percent) of these institutions employ a registered dietitian (RD) or dietetic technician (DTR) to provide this service.

The results from this survey indicate that nutrition services offered to cancer patients have improved since 1995, when a similar survey was distributed. At that time, only 47 percent of institutions reported that a dietitian worked with all cancer patients. However, 82 percent of the facilities provided nutritional services for those patients identified as being *at risk* for nutritional problems.

The results from the 1995 survey indicated that, while the members of ACCC institutions appreciated the importance of nutrition in the care of cancer patients, many fell short of the guidelines outlined by ACCC at that time.

The results obtained from this recent 2002 ACCC survey indicate that nearly all organizations responding to the survey meet ACCC's first two "Standards of Care for Cancer Programs." These standards were developed by ACCC and last revised in 2000 to provide guidance for establishing a cancer program that uses a multidisciplinary approach to cancer care. ACCC's nutrition support guidelines include three standards:

Standard I states that a nutritionist should be available to work with patients and their families, especially those identified at risk for having nutritional problems or special needs.

Standard II states that the nutritionist in conjunction with the patient, family, and oncology team manages nutrition and hydration.

Standard III states that the nutritionist should provide dietary guidelines on reducing cancer risk through program materials and services to the community.

The survey addressed only nutritional care provided to patients within the facilities. Community involvement was not measured. ☐

2002 Nutrition Survey Results

Total surveys sent	439
Surveys returned	153 (35% response rate)
Type of institution	37% inpatient 63% outpatient
Institution provides nutritional services	99%
Who provides this service	92% Registered dietitian 2% Dietetic technician 4% Nutritionist 1% Nurse 1% Physician
Employment status of provider	62% full time 31% part time 7% per diem
Fee for service	67% no 25% yes 8% unknown
Patients seen	80% chemotherapy outpatients 92% radiation therapy outpatients 62% outpatients in follow-up 21% bone marrow transplant patients 76% medical oncology inpatients 97% adult 3% pediatric
How patients are referred	47% multidisciplinary referrals 46% established institution screening/referral 5% physician referral
Types of nutrition services	99% one-on-one counseling 24% nutrition classes.

Sandra Luthringer, R.D., L.D., is a clinical dietitian at the Regional Cancer Center in Erie, Pa.