



Establishing and Improving Cancer Nutrition Programs in the Community Cancer Setting

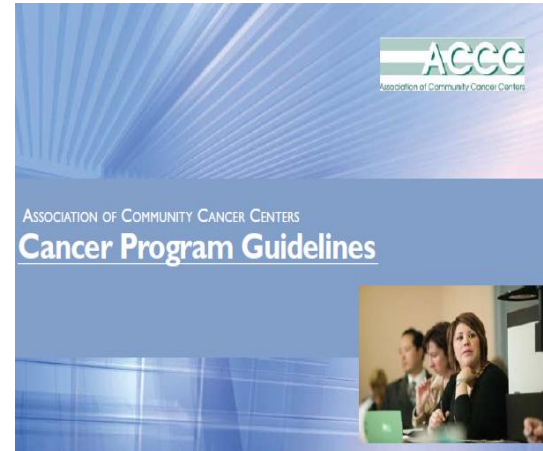
An Education Program from ACCC's Center for Provider Education

Oncology Nutrition: What's the Point?

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What Are the Standards?

➔ **Association of Community Cancer Centers (ACCC)**
Cancer Program Guidelines



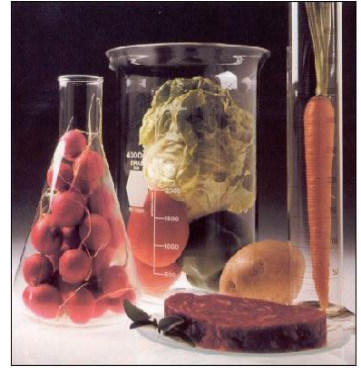
➔ **American College of Surgeons Commission on Cancer Standards: Commission on Cancer Guidelines (CoC)**

➔ **The Joint Commission (TJC)**

Why Use an Oncology Dietitian?

■ Oncology dietitians: Uniquely qualified

- ❑ Certified Specialist in Oncology Nutrition (CSO)
 - ❑ What is a CSO?
 - ❑ Finding a CSO in your area (www.oncologynutrition.org)

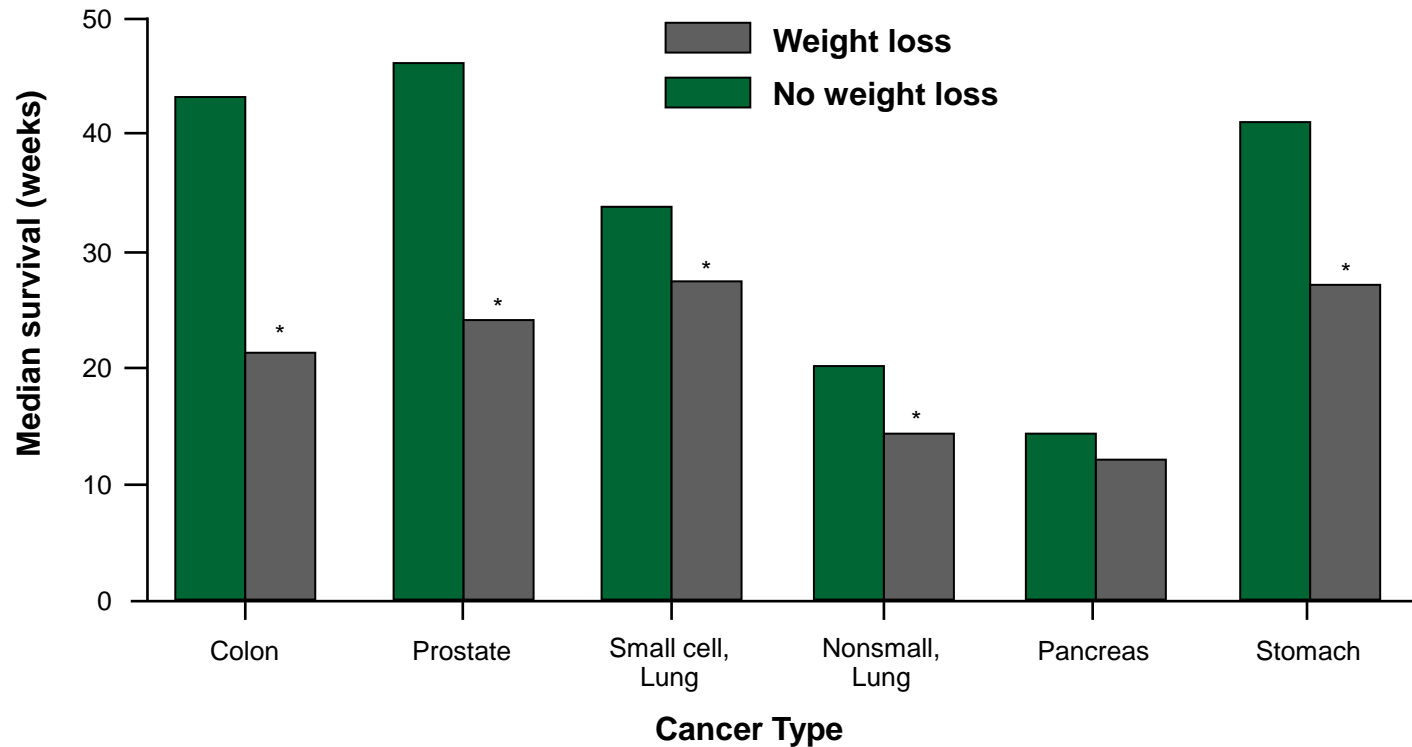


■ Powerful Impact

- ❑ HNC patients (n=79)
- ❑ Nutrition intervention, free supplements
- ❑ Supplementation was associated with a 40% relative reduction in weight loss (6.1% vs. 10.1%)
- ❑ Supplementation was associated with a decreased need for PEG tube placement (31% vs. 6%)
- ❑ Cost savings: \$5.25/case; one case/week/8-12 weeks = \$50-75
- ❑ Average cost of PEG placement-\$2,200; enteral formula \$8.52/day (\$3,000)

Lee H, et al. Effect of oral nutritional supplementation on weight loss and percutaneous endoscopic gastrostomy tube rates in patients treated with radiotherapy for oropharyngeal carcinoma. *Support Care Cancer*. 2008;16:285-289. McCallum, et al. Can a soft diet prevent bowel obstructions in advanced pancreatic cancer? *Support Care Cancer*. 2001;20(2):174-175.

Classic Study-DeWys



* $p < 0.05$ for no weight loss vs weight loss

Nutrition: Not Just for Symptom Management!

■ **Key outcomes** for cancer patients

- ❑ Heal from/ tolerate treatment
- ❑ Avoid complications
- ❑ Optimize response to treatment
- ❑ Maintain functional capacity and quality of life



Proactive versus Reactive

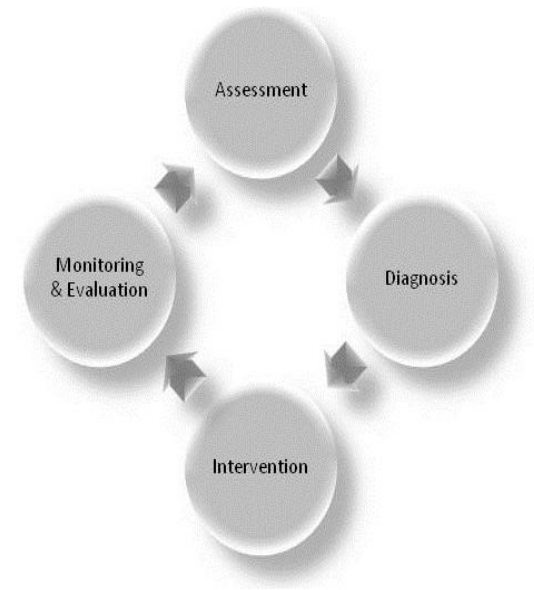
■ Chemotherapy patients (n=174)¹

- 23% had malnutrition at admission
- Significant muscle mass loss (7.61%, $p < 0.001$)
- **Head and neck cancer patients: Lean body mass loss occurred despite stable energy and protein intake**
- Weight loss began 1 week after chemoradiation
- Average total loss of 6.8 kg (14.9 lbs) ($P < .0001$)
- Lean body mass accounted for 71% of body mass loss



Screening for Appropriate Patients

- Screening tools
 - 7th Vital Sign⁹
 - Patient Generated-Subjective Global Assessment⁵ (PG-SGA) [Click here](#)
 - Mini Nutrition Assessment⁶ (MNA) [Click here](#)
 - Malnutrition Screening Tool⁷ (MST) [Click here](#)
 - Pre-cachexia⁸



5. Ottery FD. Definition of standardized nutritional assessment and interventional pathways in oncology. *Nutrition* 1996;12(Suppl 1):S15-S19. 6. Nestle Nutrition. User's guide to completing the Mini Nutritional Assessment (MNA). Available at http://www.mna-elderly.com/clinical_practice.htm. 7. Ferguson M, Capra S, Bauer J, Banks M. Development of a valid and reliable malnutrition screening tool for adult acute hospital patients. *Nutrition* . 1999;15(6):458–464. 8. Abbott Nutrition. Muscaritoli M, et al. *Clin Nutr* . 2010;29:154-159.

How to Start Building a Program

- Who are your key players? Buy in is key!
- Educate why nutrition is important!
 - Top down
 - Bottom up
 - “Culture of Nutrition”
- Solid process
 - Standards of Practice [Click here](#)
 - Provider collaboration



Make Nutrition Part of the Process

From the Beginning!

■ “Automatic referrals”

- Standing Orders
- Care protocols

■ *Market* the service

- Brochures/Flyers
- New patient packet
- Website?
- Nurses shadow RD
- Classes
 - Chemotherapy
 - Welcome or new patient orientation



Value-Added Service

■ Patient Satisfaction

- ❑ Empowers patient to actively participate in own healing
- ❑ Positive focus
- ❑ Team member
- ❑ Top of patient wish list



- Value-added time: Allows physicians and nurses to focus on their expertise

Value Added Service

- ▶ Cooking classes
- ▶ Shopping tours
 - ▶ Partner with local healthy foods stores
 - ▶ CSAs and farmers
- ▶ Cancer-Specific Retreats



Harmony Hill Cancer Retreat Center: 3-day extended retreats

Rapidly Growing Survivor Population Needs Support



- ❑ Nutrition at the top of list of patient concerns
- ❑ **Don't reinvent the wheel!**
 - ❑ Partner with the community
 - YMCAs
 - ❑ Use multi-media and materials available
 - Abundant resources available

Survivorship Programs

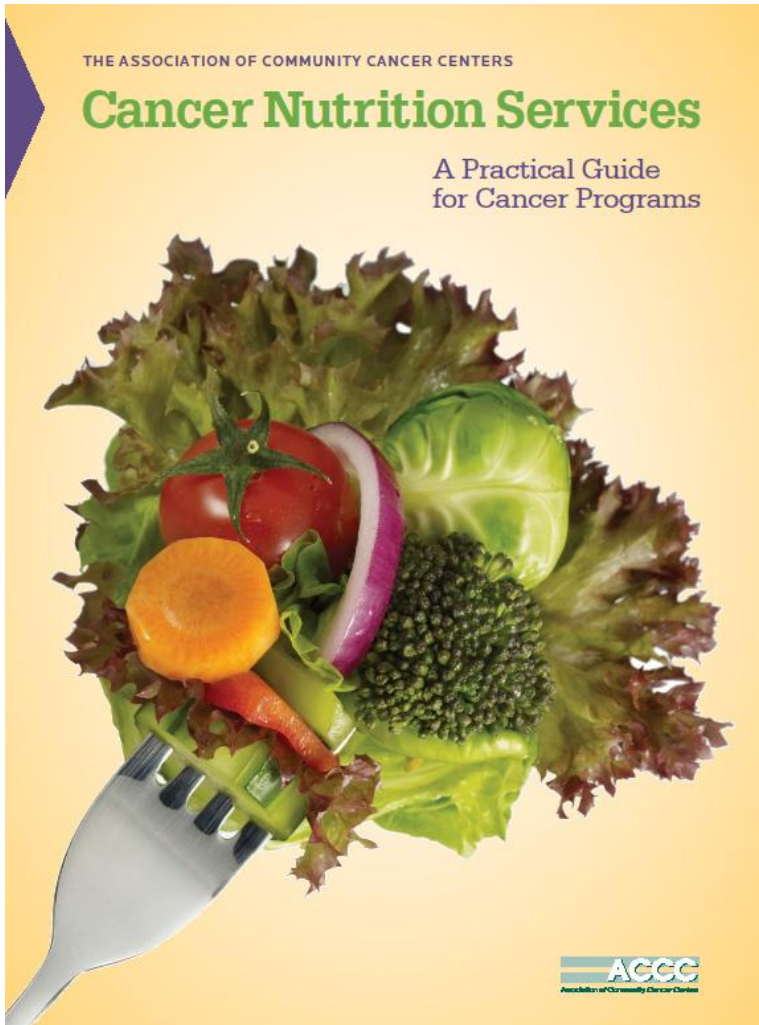
- Survivorship programs
 - Individualize plan
 - 1:1 with RD
 - Co-morbidities, labs
 - Other info such as metabolic testing
 - Lifestyle intervention classes
 - Multidisciplinary approach



Provide support

- Community
- Resources

Additional Resources



Full of great resources!

Education material sources!

Professional information!

Patient resources!

Take-Aways

- You are not alone
 - Great support from ACCC members, literature
- Standards
 - Guide you
 - Support you
- Work toward an integrated model
 - Starts early, goes through survivorship
- Get buy-in
- Market
- Don't reinvent the wheel

Thank You for Your Attention!





Establishing and Improving Cancer Nutrition Programs in the Community Cancer Setting

An Education Program from ACCC's Center for Provider Education

Developing a Culture of Nutrition at a Community Cancer Center

April 18, 2012, 3:00 PM—4:00 PM EST

Register Now!

Optimizing Enteral Nutrition for Oncology Patients

May 9, 2012, 2:00 PM—3:00 PM EST

Register Now!

Podcasts—Coming Soon!

Strategies for the Nutrition & Supportive Care Needs of Patients with Head and Neck

Cancer Nutrition Symptom Management

Nutrition Guide-Now Available!

Cancer Nutrition Services: A Practical Guide for Cancer Programs

Now available!

For more information visit us at www.accc-cancer.org/nutrition