



Keep up to date

Nutritional recommendations for oncology patients



Ayesh W. Adel Ibrahim Hassan A. Jaafar H. Ola Khorshid Laviano A. Lovey J. Mahrous M. Mogawer E. Molla H. Morsy A. Ouajjan K. Middle East Panel for the Optimal Nutritional Management of Patients with Cancer*, Unmet needs in cancer patients: creating recommendations to overcome geographical disparities in economic growth, Clinical Nutrition ESPEN, <https://doi.org/10.1016/j.clnesp.2023.03.009>.

Lack of nutritional recommendations' application for oncology patients in the Middle East

- In the Middle Eastern region, malnutrition in cancer patients is estimated to range from 30-40% of the Middle Eastern cancer population.¹
- Despite the release of evidence-based oncology nutritional guidelines, the impact of nutrition in cancer patients is not effectively promoted into the Middle Eastern medical society and subsequently to the public.¹



Recommendations for nutritional support during Ramadan

- The 2021 ESPEN guidelines on nutrition in cancer patients state that it is not advised to follow any diet that does not have proof of efficacy, as such diets sometimes can have a deleterious effect.
- All patients undergoing any type of treatment are **advised against fasting**.
 - Patients on follow-up can be allowed to fast with the possibility of breaking the fast if they experience any symptom of malnutrition.¹
- The dietician should be responsible for planning the timing of supplements as per the fast.¹



Recommendations for nutritional support radiotherapy

- **Percutaneous endoscopic gastrostomy (PEG)** tube is usually recommended as prophylaxis (especially for head and neck cancer patients).¹
 - The decision of tube feeding should be individualized and after a multi-disciplinary team (MDT) consultation. Staying on normal feeding should be the main target.¹
- **Parenteral nutrition (PN)** is recommended for malnourished inpatients not tolerating enteral nutrition (< 50% of the recommended intake for more than 5 days).¹
 - Peripheral PN is more recommended due to the easier peripheral vascular access.¹
 - However, **enteral nutrition (EN) should be always the first choice** over PN.¹
 - If the patient has **advanced or end-stage disease**, aggressive **nutritional intervention (e.g., EN or PN) is not recommended**.¹
- **Rebamipide and steroidal anti-inflammatory drugs** can be used to **improve swallowing function**.¹
- Dry mouth should be managed by artificial saliva. Caring for this issue should start as early as possible.¹
- For **radiation-induced diarrhea**, **glutamine**, which appears to be the major energy source for the intestinal epithelium, has been found to notably lower the severity of mucositis during radiotherapy treatment (weak evidence).¹

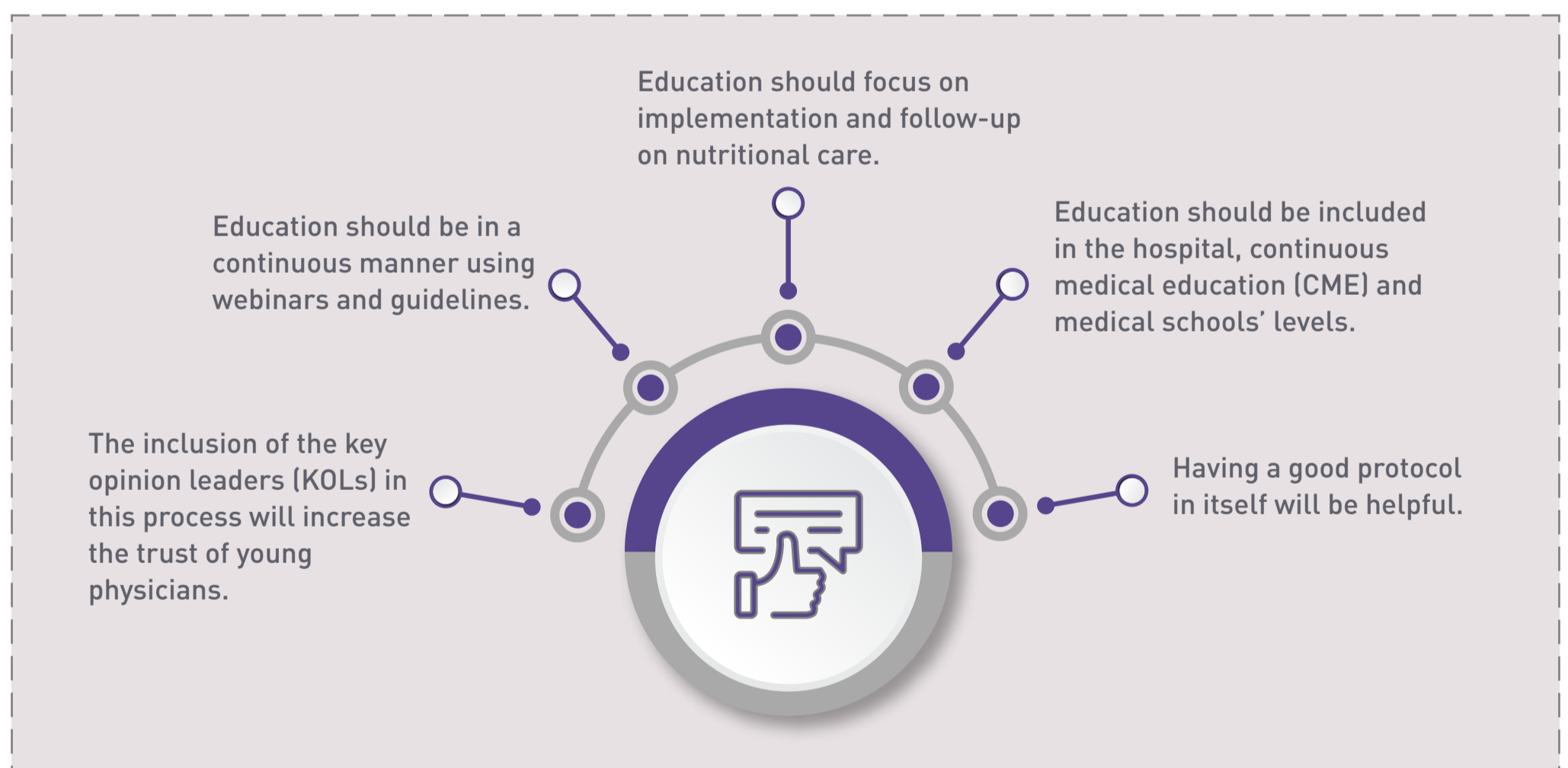
Recommendations for nutritional support of cancer patients undergoing chemotherapy

- **Nutrition with immune enhancing nutrients** should be started or continued and that it should be tailored to the patient's case.¹
- The **nutritional status** of the patient should depend on the **type of chemotherapy**.¹
 - Dose modification or switching should always be considered.¹
- Emphasis should be done on **managing the extent of weight loss** and maintaining an optimal nutrition status with the **use of oral nutrition supplements** if needed.¹
- In the case of **neutropenia**, food safety should be considered and **EN is preferred to PN**.¹
- The use of **omega-3 fatty acids** during chemoradiotherapy is suggested.¹
- Total parenteral nutrition (TPN) is not mandatory for these patients as EN is also preferred over PN for them.¹

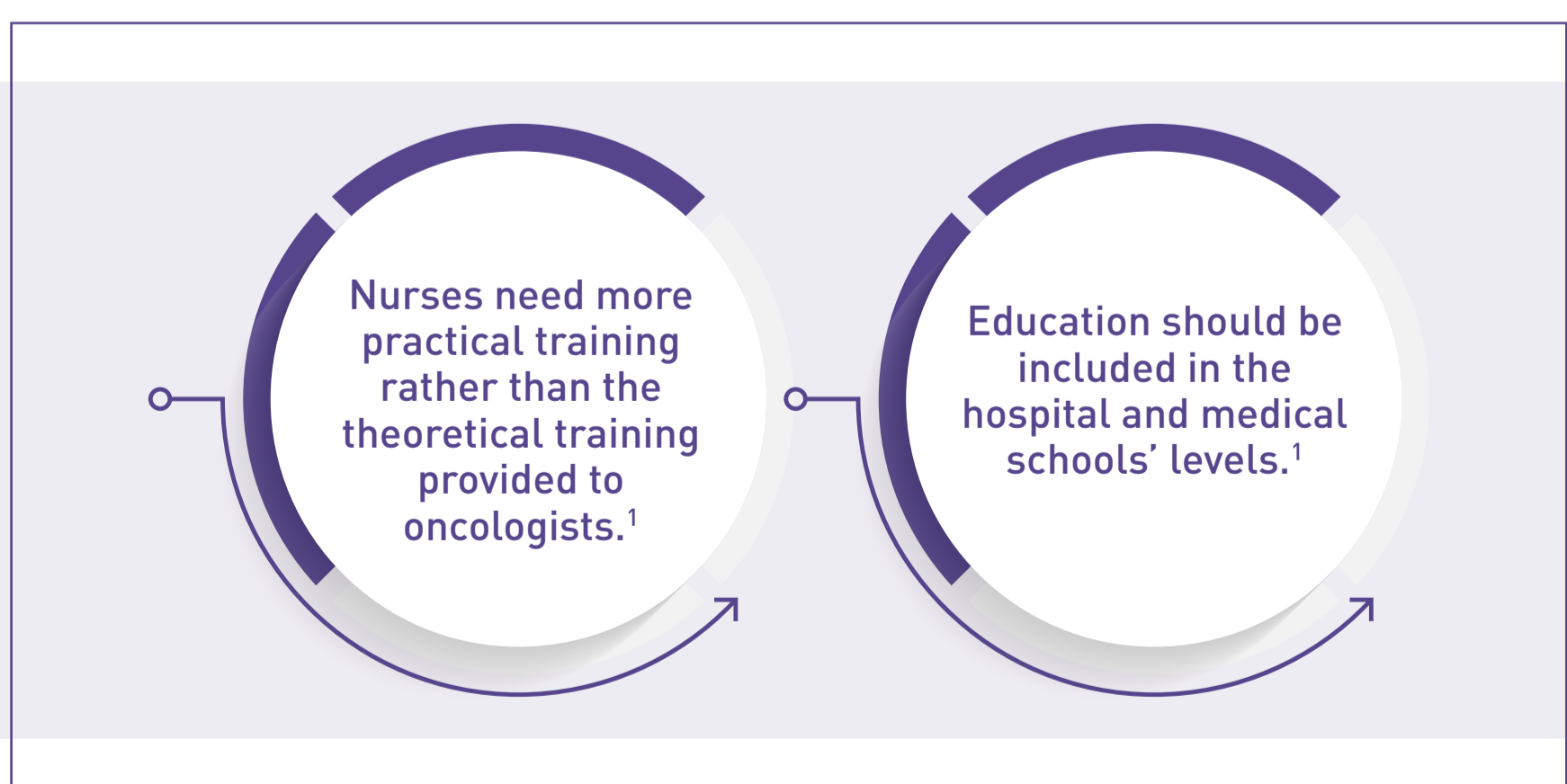


Recommendations for the implementation of nutritional care

- In order to improve the current situation in the Middle East, it is recommended to provide the oncologists with the proper nutritional education.¹



- It is also recommended to provide the nurses with the proper nutritional education.¹



The current situation in the Middle East requires addressing the challenges and issues for immediate adaptation of the policies and regulations mandating both the public and private sector facilities to implement evidence-based guidelines in cancer nutrition.¹

References

1. Ayesh W. Adel Ibrahim Hassan A. Jaafar H. Ola Khorshid Laviano A. Lovey J. Mahrous M. Mogawer E. Molla H. Morsy A. Ouajjan K. Middle East Panel for the Optimal Nutritional Management of Patients with Cancer*, Unmet needs in cancer patients: creating recommendations to overcome geographical disparities in economic growth, Clinical Nutrition ESPEN, <https://doi.org/10.1016/j.clnesp.2023.03.009>.