Dietary Counselling: a Simple but Effective way to improve Cancer Outcomes

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The diet is the only factor that the patient feels he/she can control

Food intake is recognised by the patient as essential to maintain activity, energy & function
Empathy is a determinant for patients. Only timely, adequate & sustained/reinforced intervention is effective. Patient is the priority. Criteria for Quality/Accreditation.
Wilson et al. JAMA 1995

- Biological variables
- Symptoms
- Functional status
- Health perceptions
- Environmental/external characteristics
- Individual characteristics
- Global QoL + Outcome
- Non-medical variables
- Always the preferred route
- Patient’s daily routine
- Autonomy
- Pleasure
- Family
- Psychological modulation
- Improve QoL + acute / late morbidity
**Undernutrition** in cancer

- Reduces Quality of Life (QoL)
- Impairs functional capacity and physical activity
- Impairs immune function
- Increases treatment related morbidity & reduces tolerance to treatment(s)
- May reduce treatment(s) response/efficacy
- May reduce survival


Undernutrition in cancer influences patients’ clinical course leading to indicator of poor prognosis! morbidity and mortality!
Nutrition

Patient-centred outcomes
DECISION-MAKING

? Patient’ GI functioning?  → yes Counselling+supplements

Evaluate
Intake
Prescribe

<table>
<thead>
<tr>
<th>How much?</th>
<th>Which nutrients?</th>
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no

Insufficient vs ≥ 95% needs
< 50% needs

monitor

PARENTERAL ← Artificial Nutrition → ENTERAL

duration +
nutritional status +
disease severity

DECISION-MAKING
Evidence based nutritional counselling

- Assessment nutritional status & NUTRITIONAL INTAKE – Structured Questionnaire
- Dietary preferences / habits / intolerances
- Diary meal distribution
- Psychological status, autonomy (cooperative? needs support?)
- Symptom’ assessment (GI, dysphagia, anorexia, pain, ...)

INDIVIDUALISED DIET

- Inform the patient / family
  importance of the diet / food types / amounts
- Intake ≈ requirements
  energy/macro/micronutrients
**Individualised counselling**

- Therapeutic diets modified to fulfill specific requirements:
  - digestion / absorption
  - disease stage and progression
  - psychological factors
  - symptom modulation

- Maintain (as possible) the usual dietary pattern

- Prescription
  - type
  - amounts
  - frequency

Patient
Disease
Therapeutic goals
Does nutrition influence quality of life in cancer patients undergoing radiotherapy?

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IMPACT OF NUTRITION ON OUTCOME: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL IN PATIENTS WITH HEAD AND NECK CANCER UNDERGOING RADIOTHERAPY

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Dietary Counseling Improves Patient Outcomes: A Prospective, Randomized, Controlled Trial in Colorectal Cancer Patients Undergoing Radiotherapy

Paula Ravasco, Isabel Monteiro-Grillo, Pedro Marques Vidal, and Maria Ermelinda Camilo
Individualised nutritional counselling and education were, *per se*, major determinants to improve *outcomes*.

- nutritional
- clinical
- functional
- QoL
Late RT toxicity
Diarrhoea, abdominal distention, flatulence

G1 < G2 ≤ G3, p = 0.002

Survival

$G_1 > G_2 > G_3, \ p<0.05$

Quality of Life

G1
highest QoL scores similar to those at 3-mts follow-up
QoL ↔ adequate nutritional intake + status  p<0.05

G2+G3
all QoL scores worsened  vs 3 mts follow-up  p<0.05
Worse QoL ↔ deterioration nutritional intake+status  p<0.01

G1>G2~G3 p<0.002
First results of a long term *follow-up*, designed to evaluate the possible efficacy of adjuvant therapeutic diets.

Early & timely individualised nutritional counselling and education had a sustained effect on *outcomes*.

- nutritional
- clinical
- functional
- QoL

and probably *prognosis*.
Nutrition Support Using the American Dietetic Association Medical Nutrition Therapy Protocol for Radiation Oncology Patients Improves Dietary Intake Compared with Standard Practice

ELISABETH A. ISENRING, PhD, AdvAPD(Aus); JUDITH D. BAUER, PhD, MHSc, AdvAPD(Aus); SANDRA CAPRA, PhD, MSocSc, FDAA(Aus)

In patients with GI tract cancer submitted to RT, individualised nutritional counselling vs standard practice, improved outcomes
Evidence grade A

Intensive dietary counselling
with regular foods + oral nutritional supplements
↑ diet intake,
prevents therapy-associated weight loss,
prevents treatment interruption
in GI or head-neck cancer patients undergoing RT + CT

“New era in cancer management”
Nutrition and outcomes

Somerfield et al. JCO 2003
Therapeutical approach

Multiprofessional

NUTRITION
Adjuvant to the anti-neoplastic treatment goal

Maintain adequate nutritional status, body composition, performance status, immune function & Quality of Life

Early nutritional intervention paramount to prevent nutritional & physiological deficits

Proactive nutritional intervention can modulate weight loss & morbidity

Stabilize or improve global clinical status & potential for favorable response to therapy, recovery & prognosis

NUTRITION
It is our obligation to provide and integrate Nutrition in the overall treatment, mandatory to sustain life throughout the patient’s disease journey...

John Hunter, 1794

and to significantly improve Outcomes!