

ESMO Symposium “Nutrition and Cancer”

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The potential of multi-professional nutritional evaluations and interventions

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Council of Europe, Committee of Ministers ResAP(2003)3

“... nutrition and nutritional status should be considered as important issues in the clinical management of patients, (...) clinical nutrition should be included in under- and post-graduate education of doctors”.



**Attitudes of Medical Oncologists Toward
Palliative Care for Patients with Advanced and
Incurable Cancer**

*Report on a Survey by the European Society of Medical Oncology Taskforce on
Palliative and Supportive Care*

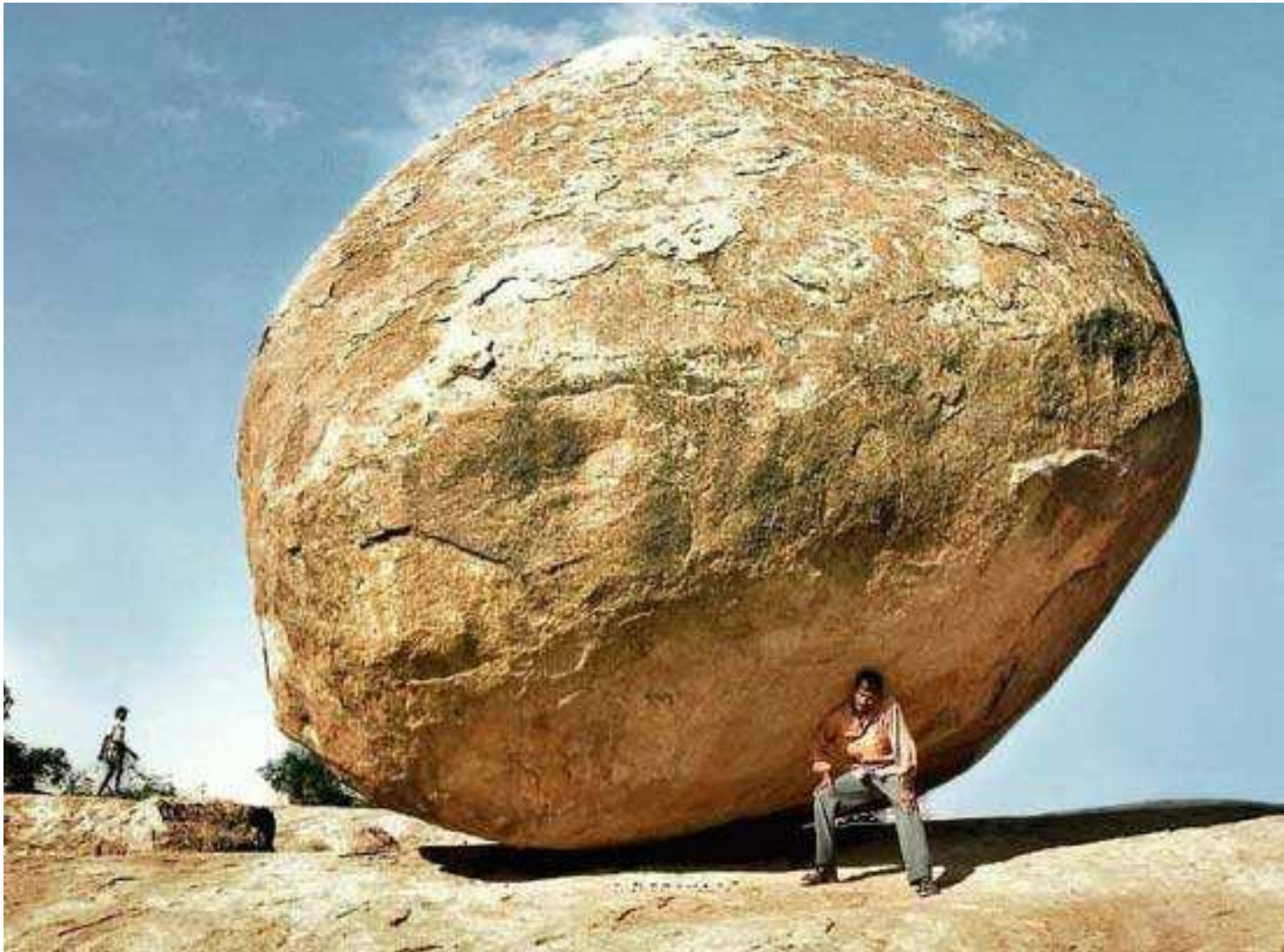
**“Most ESMO oncologists recognize the
importance of PC and supportive care for
patients with advanced cancer. Despite this,
many are prepared inadequately for these
tasks, and actual participation levels
commonly are suboptimal”**

NINE MOST COMMON SYMPTOMS PRESENT ON BASELINE CRFs (N=300)

	pts. with the symptom	%
Pain	115	38.3
Constipation	81	27.0
Lethargy	77	25.7
Shortness of breath	71	23.7
Cough	60	20.0
Nausea	48	16.0
Mood	45	15.0
Anorexia	38	12.7
Insomnia	26	8.7

EORTC-QLQ-C30 QUESTIONS IDENTIFIED BASELINE SYMPTOMS (n=284)

	pts. with the “symptom”	%
Were you tired?	245	88.8
Did you worry?	236	85.2
Have you had pain?	227	80.5
Did you feel depressed?	197	71.4
Have you had trouble sleeping?	192	67.8
Were you short of breath?	176	62.0
Have you lacked appetite?	154	55.4
Did you have cough?	140	50.5
Have you been constipated?	128	46.0
Have you felt nauseated?	122	43.9



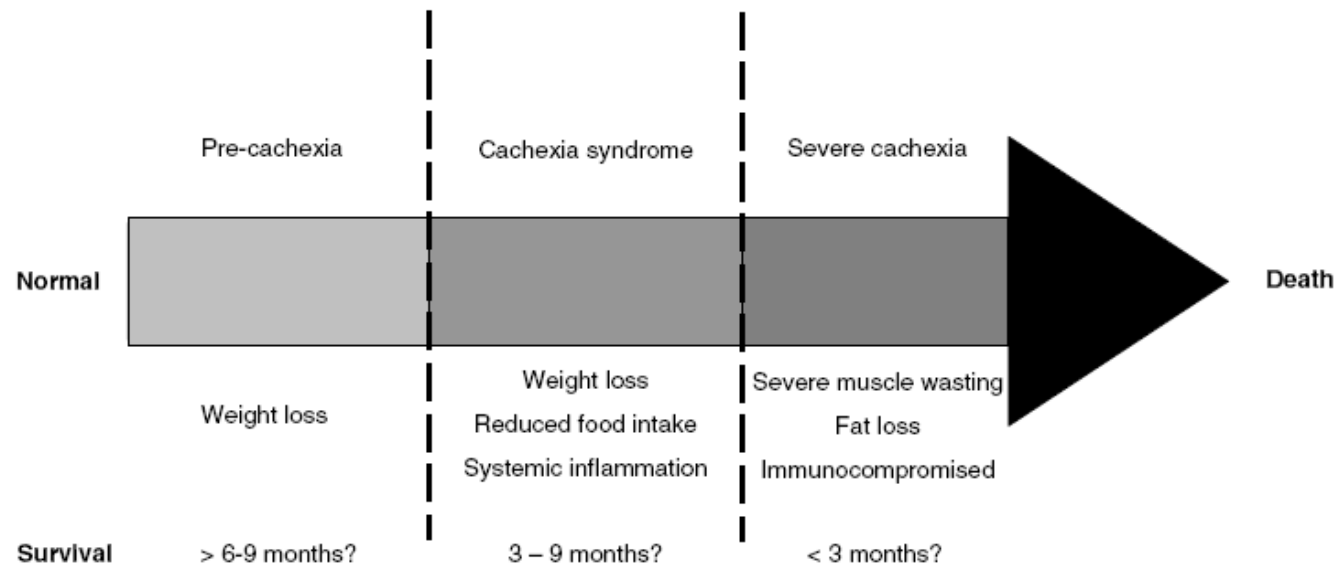


Fig. 1 – Classification of cachexia: cachexia represents a spectrum. Not all patients will progress down the spectrum. There are no robust biomarkers to identify those in the pre-cachectic phase who are likely to complete the journey or the rate at which they will do so.

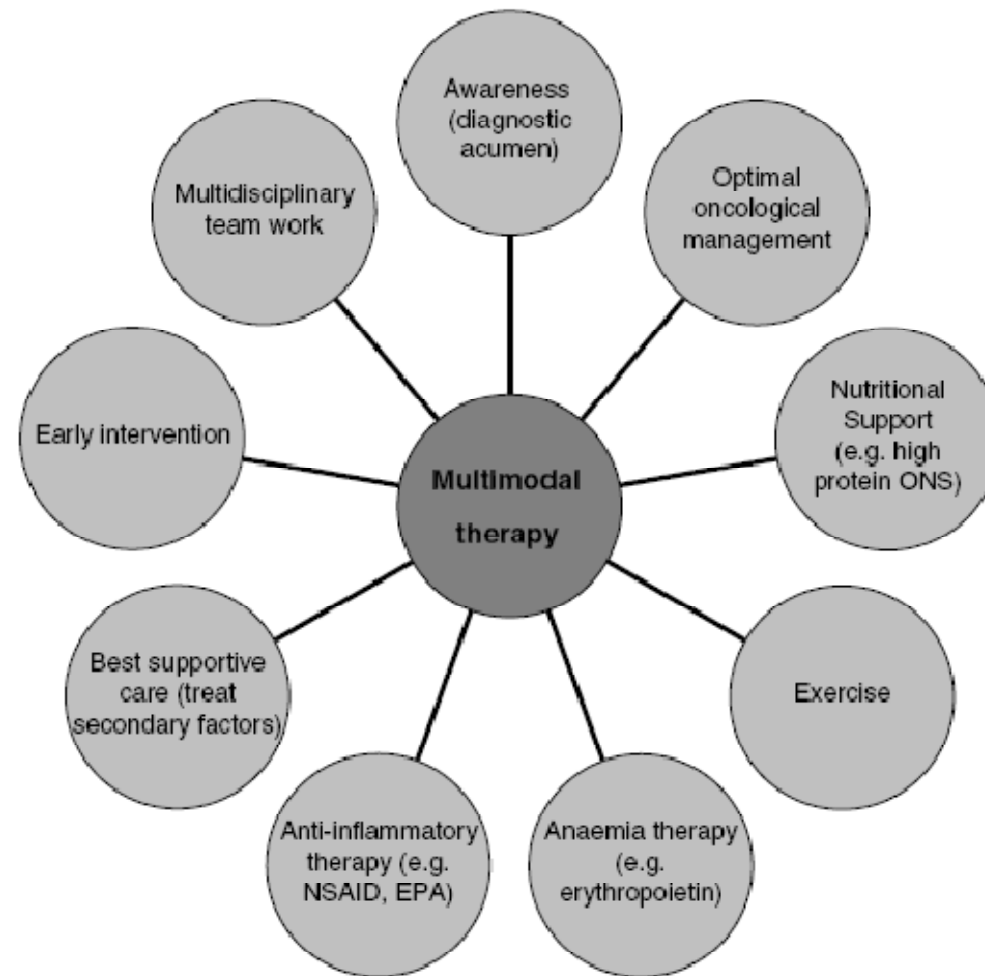


Fig. 5 – Multimodal rehabilitation for cancer cachexia. Stabilisation of weight and physical performance are reasonable goals which may be exceeded in some and unmet in others.

Phase II Study: Integrated Palliative Care in Newly Diagnosed Advanced Non–Small-Cell Lung Cancer Patients

Jennifer S. Temel, Vicki A. Jackson, J. Andrew Billings, Constance Dahlin, Susan D. Block, Mary K. Buss, Patricia Ostler, Panos Fidias, Alona Muzikansky, Joseph A. Greer, William F. Pirl, and Thomas J. Lynch

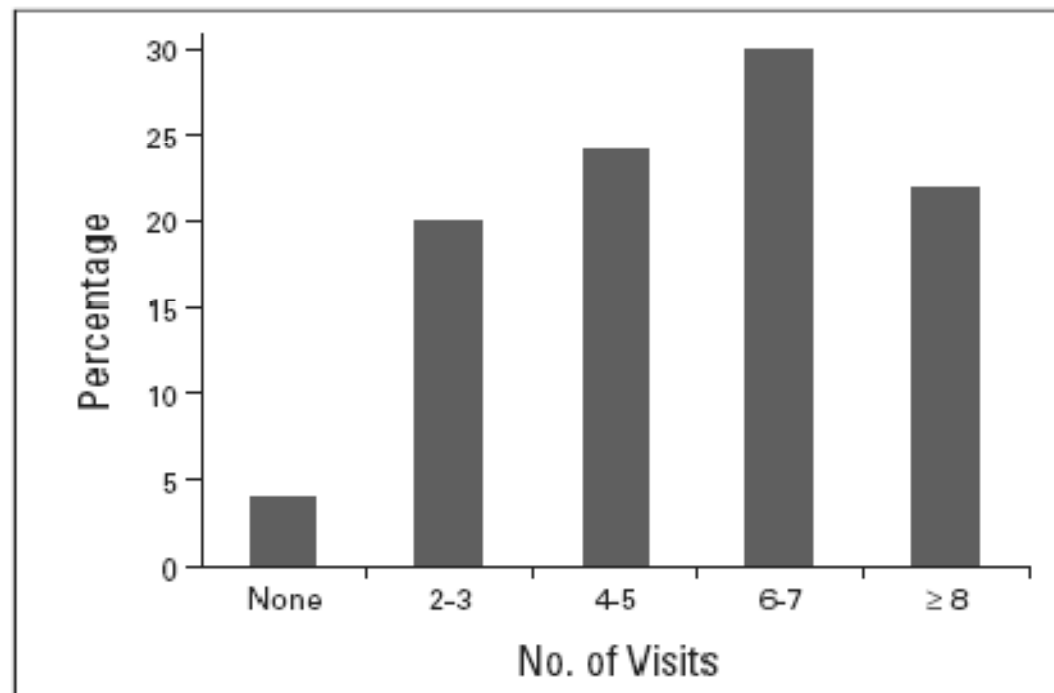


Fig 1. Palliative care visits during the 6-month study period.

Conclusions (.... and homework!)

- The ability to assess early signs of malnutrition in cancer patients may require specific education and training.
- The effective treatment of cancer cachexia is multimodal and requires specific expertise.
- A closer collaboration between different health-related professionals (and scientific societies) is critical to provide the best therapeutic opportunities to our patients