

# **Cancer and Nutrition**

ESMO Symposium Zürich 20./21.03.2009

## **The silent impact of nutritional issues on cancer management and patients lives**

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**Involuntary weight loss  
is associated with  
poorer survival,  
treatment response, and  
adverse events caused  
by anticancer  
treatments.**

**Maltoni M et al. Hem Onc Clin North Am 2002;16:715-29; J Clin Oncol 2005;23:6240-8  
Stahl M, et al.. J Cancer Res Clin Oncol 2004  
Tammemagi CM, et al. Cancer 2004;101:1655-63  
Argiris A et al. Cancer 2004;101:2222-9  
And many, many other studies**

**BUT: nutritional issues are underrecognized in  
oncological care**

**Spiro A et al. The views and practice of oncologists towards nutritional support in  
patients receiving chemotherapy. Br J Cancer 2006;95:431-4**



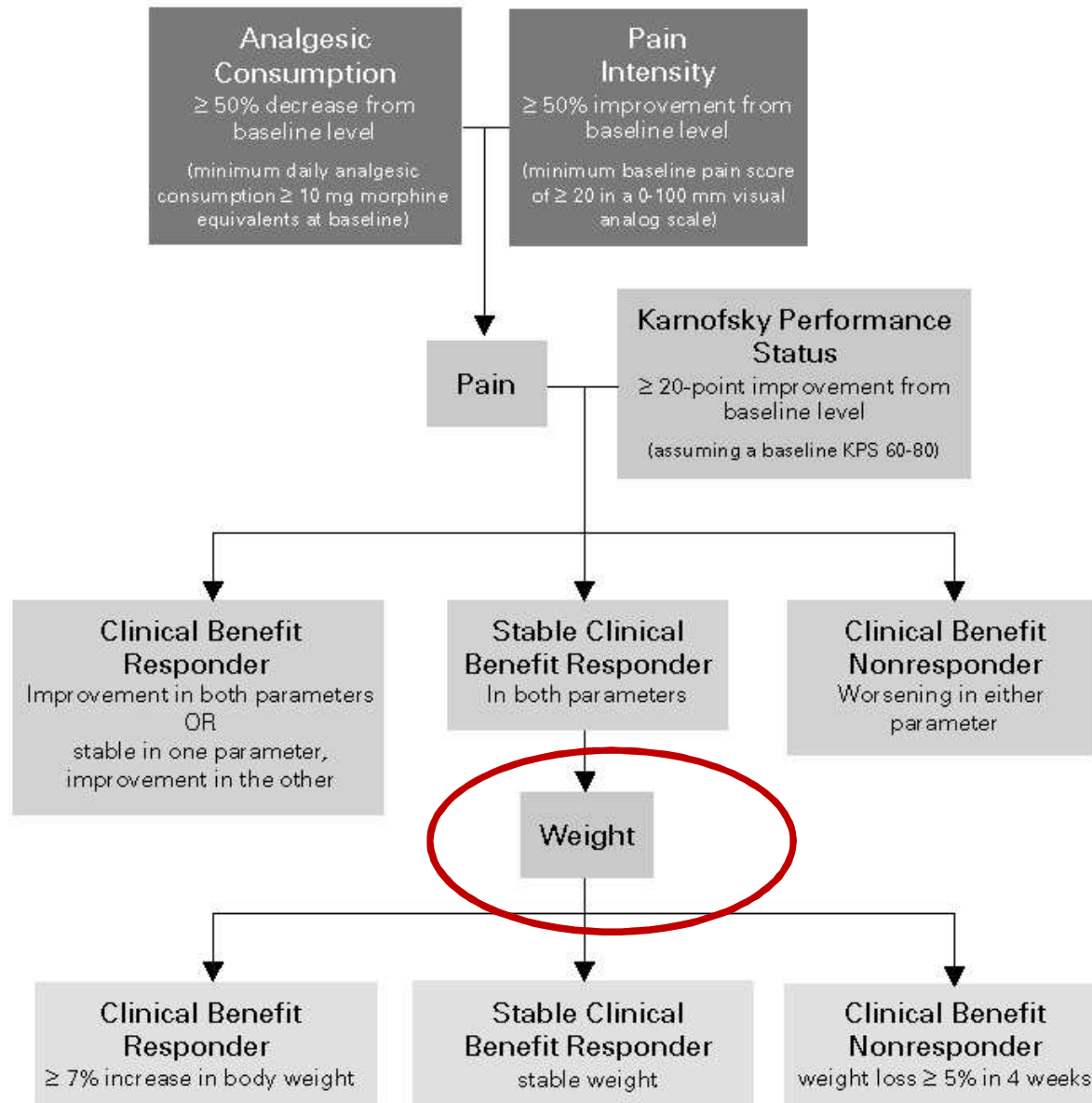
**Involuntary weight loss and malnutrition are frequent issues in oncological care**

**1000 patients (17 centres): 40% weight loss ( $\geq 10\%$ ) and 34% nutritional risk score  $\geq 3$  (scale 0-7)**

Bozzetti F; on behalf of the SCRINIO Working Group. Support Care Cancer 2009;17:279-284.

- Lost potential to improve patient outcomes?  
(see session Friday 17:00-19:00)**
- Fear of interactions of nutrition and cancer treatments? (see session Saturday 8:00-10:00)**

# Clinical Benefit Response



**Weight IS a key variable for clinical decisions in advanced cancer patients**

**Prospective Monitoring and Treatment of cancer-associated Symptoms required**

Köberle D et al. J Clin Oncol 2008;26:3702-8.

**Table 2.** Subjective Assessment Results

Steinbach S et al.	Score on Scale From 0 to 100*	
	Mean	Standard Deviation
Assessment Factor		
Subjective olfactory function†		
Before chemotherapy	85.9	19.6
3 months after chemotherapy	85.7	19.8
Subjective gustatory function†		
Before chemotherapy	82.9	19.2
3 months after chemotherapy	81.7	19.4
Subjective complaints directly after chemotherapy‡		
Decrease in olfactory function	19.2	29.5
Decrease in gustatory function	51.6	34.5
Reduced appetite	36.8	41.3
Less pleasure eating	55.6	39.9
Weight loss, kg	1.4	3.3
Range	-15 to 4	

**Taste and smell  
problems are  
frequent but under-  
recognized**

**Impact on appetite  
and weight**

**→ See Friday 14:30 –  
16:30**

**Hutton J et al.**

**Chemosensory Dysfunction (n=66)**

	No	Mild	Moderate	Severe
Kcal/kg/d	2175	1822	1734	1272

**Bernhardson BM,et al..Support Care  
Cancer 2008;16:275-283**

**Steinbach S et al. J Clin Oncol 2009;27**

**Hutton J et al. J Pain Symptom Manage  
2007; 33:156-65**



**Cancer patients experience psychosocial distress related to (not) eating, decreased function and fatigue**

## **Change in eating habits: Experience of emotions**

- **Contra-intuitive, unpredictable inability to eat, weight loss**
- **Existential distress (loss of weight and control)**
- **Change of cooking habits, cooking as expression of love**
- **Couples coping: try, searching advice, pressure, accept**

## **Physical fatigue omnipresent but several causes**

Hopkinson J et al; Reid et al.; Strasser F et al.  
Stone P et al.

**→ See Friday 10:30 and Saturday 10:30**

**→ Enjoy the symposium!**

