

## NUTRITIONAL MANAGEMENT OF CANCER PATIENTS: PATIENTS AND RADIATION ONCOLOGISTS PERSPECTIVES

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### RATIONALE

Malnutrition is a prevalent problem in cancer patients and is associated with a worse prognosis<sup>1-2</sup>. The ESPEN and SEOM recommend assessing malnutrition in cancer patients and providing them with nutritional support<sup>3-4</sup>. Despite this, the nutritional management of these patients is often suboptimal.

### OBJECTIVE

This study aims to describe the nutritional management of cancer patients from patient and health care professionals (HCP) [including radiation oncologist (RO)] perspective.

### METHODS

A cross-sectional descriptive observational study was conducted in the Spanish public health setting through two surveys addressed to HCP and cancer patients. Both questionnaires were designed based on relevant aspects of nutritional management elicited from a literature review and a focus group with patients with cancer.

### RESULTS

230 cancer patients (36% breast, 35% haematological, and 7% digestive) and 461 HCP (4%, n=19 RO) answered the survey.

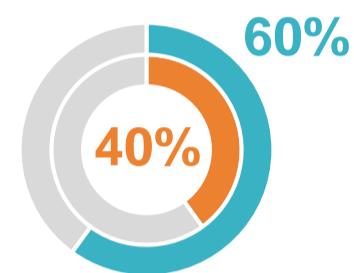


**60%** Patients with **eating problems** during treatment or **sequelae** affecting nourishment

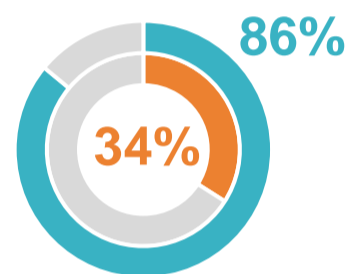
**25%** Patients received tailored **dietary recommendations** or **nutritional supplements**

Nearly 60% of patients indicated that nutritional status was not assessed during their disease. In contrast, 40% of HCP (RO:89%) reported to do it, mainly before treatment (HCP:53%; RO:94%) but not during the follow-up (HCP:26%; RO:6%).

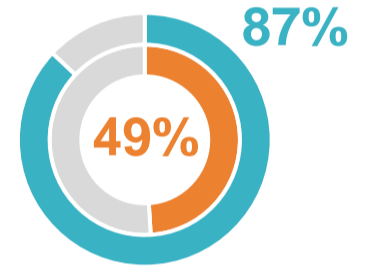
### ASSESSMENT OF NUTRITIONAL STATUS



### NUTRITIONAL INFORMATION



### ASSESSMENT OF ADHERENCE



86% of HCP (RO:94%) stated that nutritional information is provided to patients. Still, only 34% of patients reported having received it. 87% HCP (RO:100%) indicated that patients on nutritional support are followed to assess adherence. However, only 49% of patients receiving them confirmed this.

### CONCLUSIONS

Nutritional management of Spanish cancer patients continues to be suboptimal. It remains needed to incorporate routine nutritional assessment into clinical practice. Furthermore, different perceptions exist between RO and patients regarding nutritional management.

### REFERENCES

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