

A Practical Guide for Lung Cancer Nutritional Care



Endorsed by the
National Lung Cancer Forum
for Nurses



Supported by the
Oncology Group of the British
Dietetic Association



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Introduction

The Lung Cancer Nutritional Care Pathway (see page 6) is a practical guide for optimising the nutritional status of patients with lung cancer in order to maximise treatment outcomes. In the absence of a dedicated dietitian, the Pathway provides guidance to enable the multidisciplinary team (e.g. oncologist, radiographer, lung cancer clinical nurse specialist, oncology outpatient nurse, healthcare assistant and community healthcare professionals) to screen and monitor the nutritional status of patients throughout their journey.

Even if there are no apparent symptoms such as weight loss, poor appetite or muscle

wasting, the Lung Cancer Nutritional Care Pathway recommends screening all patients at diagnosis to identify malnutrition risk and monitor those patients likely to become malnourished. Monitoring and regular reviews at each visit are recommended. Guidance is provided for patients at low risk, moderate risk and high risk of malnutrition, with recommendations for nutritional intake and appropriate nutritional support at all stages of the patient journey.

The Lung Cancer Nutritional Care Pathway was developed by a panel of healthcare professionals experienced in working with oncology patients, based on expert opinion and in accordance with the current evidence-base.

Lung cancer overview

Lung cancer is the second most common cancer in the UK accounting for 13% of all new cases¹. In 2012 there were 35,371 deaths from lung cancer in the UK². More than half of all people with lung cancer die within six months of the diagnosis³. Lung cancer currently accounts for 6% of all deaths in the UK and is the most common form of cancer death for both men and women¹. In 2011 there were 43,463 new cases of lung cancer in the UK; 55% in men and 45% in women^{2,4}.

The emergence of highly specialised treatments and new developments in different

therapies to treat lung cancer contribute towards more patients having the opportunity to be treated with potentially curative therapies⁵. However, the impact of treatment together with unintentional weight loss, pain, sickness, changes in appetite and breathlessness all add to the decline in nutritional status of these patients.

There is a lack of studies relating specifically to nutrition and lung cancer but there is an acceptance that nutritional screening should be performed systematically, early and repeatedly.

Discussion panel

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Malnutrition and cancer

Disease-related malnutrition occurs frequently in patients with cancer and is a major cause of morbidity and mortality⁶.

The incidence of malnutrition in cancer patients ranges between 40% and 80%, the prevalence ranges from 50% to 80% depending on the tumour type, tumour location, stage of disease, treatment received and the type of nutritional assessment method used⁷⁻⁹.

A study of almost 1500 patients with cancer who attended the out-patient department found that 32% were at nutritional risk and this was higher than expected for the patient group¹⁰. In addition the nutritional risk was associated with common clinical variables which are usually recorded in the patient records and could easily alert the oncologist to the need for further nutritional assessment and/or nutritional support¹⁰.

Decreased dietary intake, cancer cachexia (characterised mainly by loss of appetite, weight loss and muscle wasting), and nutritional status may all contribute to cancer-related malnutrition⁸. The nutritional status may result from the local effects of the tumour itself, the host response to the tumour, and/or the treatment modalities involving combinations of chemotherapy, radiotherapy and surgical regimens which produce various acute and chronic symptoms that all limit eating.

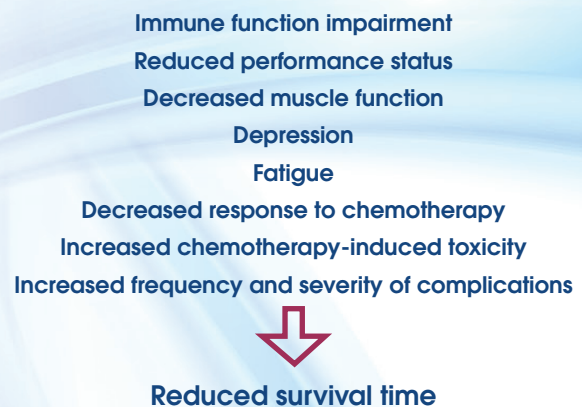
Malnutrition can be identified by using a validated screening tool such as the 'Malnutrition Universal Screening Tool' ('MUST') and/or local screening tools (see page 7).

For further information on malnutrition visit www.malnutritionpathway.co.uk

The consequences of malnutrition in cancer patients include the impairment of immune function, performance status, muscle function and associated debilitating morbidities such as depression and fatigue⁶.

In addition, responses to chemotherapy are decreased, chemotherapy-induced toxicity increases, and complications are more frequent and severe⁶. However, the major consequence of progressive weight loss and nutritional deterioration is reduced survival⁶. Cancer-related malnutrition is also associated with significant healthcare-related costs⁶.

Consequences of malnutrition in cancer patients⁶



Patient quality of life (QoL) is an extremely important outcome measure for cancer patients, their carers and families. How patients feel, physically and emotionally, whilst living with cancer can have an enormous effect on their recovery, ability to carry out normal daily functions, as well as their interpersonal relationships and ability to work.

A systematic review of the epidemiological literature concluded that correcting malnutrition in patients with cancer improves QoL¹¹.

Nutritional screening and support

The nutritional status of patients diagnosed with cancer and entering the Care Pathway will vary from patient to patient. Early nutrition screening can help to identify malnutrition risk and any problems that may affect how well the patient's body can deal with the impact of the subsequent cancer treatment¹².

Nutritional support is required for cancer patients to prevent and manage malnutrition and improve treatment efficacy; it may reduce the side effects of anti-cancer treatment and improve QoL^{6,13-15}.

Nutritional support can help patients maintain their weight or prevent weight loss, decrease problems with the treatment and aid recovery.

Nutritional screening is recommended on first contact with the care setting¹⁶⁻¹⁷. Once an individual has been highlighted at risk of malnutrition, regular screening and monitoring is recommended to determine any improvement or deterioration and action required¹⁶⁻¹⁷.

Nutritional interventions can include dietary advice, oral nutritional supplements (ONS), enteral tube feeding (ETF) and in some instances

parenteral nutrition (PN). Nutritional support can help patients to maintain weight, improve tolerance to treatment, maximise outcomes and improve QoL¹⁴.

Patients may require nutritional support from the onset at diagnosis, during treatment and throughout the whole patient journey, with early use of oral nutritional supplements (ONS). ONS can improve energy intake and reduce weight loss in cancer¹⁸⁻²¹. Nutritional intervention with ONS can also improve QoL in patients who are malnourished and may also result in cost savings^{13,20,22-23}.

Patients may require ONS to meet their daily nutritional requirements. Systematic reviews and NICE Clinical Guidance 32 have demonstrated ONS clinical efficacy and cost-effectiveness of ONS in the management of malnutrition, particularly amongst those patients with a low Body Mass Index (BMI < 20 kg/m²)^{14,23-25}. There is also a low threshold in particular patients undergoing radiotherapy to progress to ETF if they are unable to meet their nutritional requirements orally²⁶.

Dietary advice for patients with lung cancer

Many patients with lung cancer not only lose weight, but also find it difficult to eat and drink due to the presence of the tumour and the impact of cancer treatment. They may also have difficulty preparing and sourcing meals and drinks. Dietary advice is therefore important to help them manage these issues. Patients can be given advice on eating energy and protein-rich meals and snacks, maintaining a varied diet so that their vitamin and mineral needs are met, food fortification and consuming small frequent meals and snacks. In addition consideration should be given to those patients requiring a texture-modified diet due to swallowing problems.

Certain chemotherapy agents require an empty stomach to optimise absorption and therefore healthcare professionals may need to advise patients to avoid eating one hour before or up to two hours after taking such

medication. In terms of tumour and treatment related side effects impacting on normal food intake symptom control using appropriate pharmaceutical agents should be prioritised individually for each patient. Seek advice from a doctor or oncology pharmacist as appropriate.

Dietary advice – hints and tips

- Aim for 3 small meals and 3 small snacks a day
- Encourage high energy and protein-rich food choices e.g. full fat milk instead of semi-skimmed, mix grated cheese or cream into foods such as mashed potato and soups
- Keep high-energy snacks within easy reach. Cheese and crackers, biscuits, cakes, nuts, crisps, dried fruit and peanut butter on toast are a good way to get extra calories and protein throughout the day
- Have nourishing drinks in between meals other than tea, coffee and water
- Avoid drinking too much fluid with meals

Range and selection of oral nutritional supplements

There are a wide range of ONS styles (milkshake, juice, yoghurt, savoury), formats (liquid, powder, pudding, pre-thickened), types (high protein, low volume, fibre containing) energy densities (1-2.4kcal/ml) and flavours available to suit a wide range of patient needs. Most ONS provide approximately 300kcal, 12g protein and a full range of vitamins and minerals per serving²⁷.

Many patients requiring ONS can be managed using 1.5-2.4 kcal/ml. The amount of fluid in a standard ONS is approximately 200ml; however, for patients with a small appetite and/or those who are breathless or who have difficulty drinking larger volumes of fluid, there are more concentrated supplements available which contain the same amount of nutrition, but in only 125ml. When commencing ONS the considerations outlined are important.

Nutrition starter pack

A nutrition starter pack for patients and carers, which gives them some basic nutritional support information, has been developed in conjunction with the National Lung Cancer Forum for Nurses.

Three two page A4 leaflets are available to download from the patient information section of the National Lung Cancer Forum for Nurses

Considerations when commencing ONS

- **Establish preferred flavours, likes and dislikes e.g. milk or juice, sweet or savoury**
- **Test preferences and compliance with a prescribable 'starter pack'**
- **Prescribe preferred product/flavour; 2 ONS/day (range 1-3/day – see Pathway on page 6)**
- **Refer to a Dietitian where possible and particularly if ONS is the sole source of nutrition or patients have complex needs**
- **Modular ONS – that provide one or two nutrients – in either powdered or liquid format should only be used under dietetic supervision**
- **If the patient is also diabetic their blood sugars may need to be monitored more closely if appropriate**

website (www.nlcfn.org.uk) – these are Practical Tips for Eating, Using Oral Nutritional Supplements and Managing Common Symptoms. Nutritional information may also be available via your local dietetic team.

Further advice on nutrition in cancer can also be found at www.nutritionincancer.co.uk

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Lung Cancer Nutritional Care Pathway

ALL PATIENTS

- Nutritionally screen at diagnosis with local or national tool e.g. 'MUST'¹
- Identify barriers impacting on nutritional intake as part of a holistic needs assessment e.g. 'Distress Thermometer'²
- Consider:
 - Eating and drinking difficulties
 - Appetite loss
 - Early satiety
 - Nausea and other GI issues
 - Sore mouth or swallowing problems including pain
 - Impact of fatigue and breathlessness
- Encourage mouth care strategies

LOW RISK

- Offer a 'Nutrition Starter Information Pack'^{*}
- Rescreen at next visit

MEDIUM RISK

As for low risk patients plus:

- Agree care plan with patient and carer
- Involve other members of the Multidisciplinary Team (MDT) if required e.g. Speech and Language Therapist
- Optimise symptom control and nutritional intake e.g.
 - Food fortification advice and texture modified diet
 - Small and frequent meals/snacks/nourishing drinks
- Consider appropriate use of oral nutritional supplements (ONS) as per local guidelines e.g. 2 ONS^{**} per day (range 1-3)^{3,4}
- Monitor and review at next visit and/or consider Dietitian referral

HIGH RISK

As for low/medium risk patients plus:

- Refer to dietitian for assessment and treatment plan
- If food intake is insufficient (<50% of 3 meals per day) recommend:
 - ONS e.g. 2 ONS per day (range 1-3) alongside oral intake, 12 week duration, according to clinical condition/nutritional needs^{4,7} as per local guidelines
- Consider enteral tube feeding as appropriate
- Appropriate dietary advice if oesophageal stent is in situ
- Ongoing monitoring and review regularly:
 - Check compliance and adjust nutritional intervention as required to maximise intake

ACTIVE SUPPORTIVE CARE

- Optimise nutritional care
- Liaise with patient, family, carer, and MDT regarding ethics i.e. provision of nutrition as treatment/basic care
- Liaise with palliative care team as required

Nutritional management and supportive care

Rescreen and/or refer to Dietitian as per local policy

1. http://www.bapen.org.uk/pdfs/must/must_page3.pdf (accessed 10 November 2014).

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* A nutrition starter pack for patients and carers, which gives them some basic nutritional support information has been developed in conjunction with the National Lung Cancer Forum for Nurses and is available via www.nlcfn.org.uk

** ONS: Oral Nutritional Supplement

These recommendations are based on the NCAT Lung Rehabilitation Care Pathway <http://webarchive.nationalarchives.gov.uk/20130513211237/http://www.ncat.nhs.uk/our-work/living-beyond-cancer/cancer-rehabilitation/#tab-bestpracticepathways> (accessed 10 November 2014)

NB: Pathway aimed at adults as lung cancer in children is incredibly rare.

'Malnutrition Universal Screening Tool' ('MUST') Flowchart



Step 1

BMI score

+

Step 2

Weight loss score

+

Step 3

Acute disease effect score

BMI kg/m ²	Score
>20 (>30 Obese)	= 0
18.5-20	= 1
<18.5	= 2

Unplanned weight loss in past 3-6 months	
%	Score
<5	= 0
5-10	= 1
>10	= 2

If patient is acutely ill **and** there has been or is likely to be no nutritional intake for >5 days
Score 2

If unable to obtain height and weight, see 'MUST' Explanatory Booklet for alternative measurements and use of subjective criteria

Acute disease effect is unlikely to apply outside hospital. See 'MUST' Explanatory Booklet for further information

Step 4

Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition
Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk

See Lung Cancer Nutritional Care Pathway on page 6

- All risk categories:**
- Treat underlying condition and provide help and advice on food choices, eating and drinking when necessary.
 - Record malnutrition risk category.
 - Record need for special diets and follow local policy.

- Obesity:**
- Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.

Re-assess subjects identified at risk as they move through care settings

See *The 'MUST' Explanatory Booklet* for further details and *The 'MUST' Report* for supporting evidence.

'Malnutrition Universal Screening Tool' ('MUST') is reproduced here with the kind permission of BAPEN (British Association for Parenteral and Enteral Nutrition). For more information and supporting materials see: <http://www.bapen.org.uk/musttoolkit.html>

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This document has been produced by a panel of healthcare professionals experienced in working with oncology patients.
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