Demystifying Nutritional Support in Cancer (FR451)

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Objectives

• Describe the pathophysiology and stages of the cancer-related anorexia-cachexia syndrome.
• Describe methods to assess cancer-related anorexia-cachexia at the bedside.
• Describe the interventions according to stages of cancer-related anorexia-cachexia.

Central to managing nutrition in the cancer patient is recognizing and managing the anorexia-cachexia syndrome. Research characterizes the anorexia-cachexia syndrome as a metabolic syndrome associated with advanced cancer producing loss of muscle with or without the loss of fat mass. Its development is a turning point in the disease trajectory of a cancer patient, with continued weight loss associated with a shorter survival time, and it is responsible for death in up to 20% of cancer patients.

Anorexia-cachexia is a significant cause of morbidity that manifests as weight loss, asthenia (loss of energy and strength), anemia, and alterations in immune function. Research now recognizes anorexia-cachexia as a continuum consisting of three stages, defined as precachexia, cachexia, and refractory cachexia. Not all patients traverse the entire spectrum. Interventions potentially modifying the effect of anorexia-cachexia differ according to stages. Patients are often inappropriately recommended extreme types of nutritional support according to the stage of cancer and extent of the metabolic syndrome. Patients also experience messages that force them to adhere to therapies that are no longer appropriate for the stage of anorexia-cachexia.

From presenters with diverse backgrounds in oncology, nursing, cachexia research, and community palliative care, and through didactics, case presentations, and audience participation, the session will accomplish four major goals for the attendees: (1) enhance knowledge of the basic pathophysiology of the anorexia-cachexia syndrome, (2) improve clinical assessment of anorexia-cachexia with a focus on clinical bedside assessment and technological advances, (3) characterize interventions according to stage of anorexia-cachexia, and (4) develop attendees’ skills at communicating with patients and families about cancer and nutrition. When this session is completed, palliative care specialists will walk away better equipped to participate in complex nutritional decision making for cancer patients.