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MNI response to EU Beating Cancer Plan road map - with references

The Medical Nutrition International industry (MNI) welcomes the European Commission's initiative to propose an EU level Action Plan against cancer. Cancer is one of the leading causes of mortality and contributes to 20% of the total disease burden in Europe¹.

Cancer treatment targets cancerous cells and tumours, however, it also needs to include measures against cancer-related symptoms as well as supportive care with the aim of improving quality of life of patients and survival.

Cancer related symptoms include pain, fatigue and malnutrition and contribute to poorer patient outcomes. Out of these, malnutrition, which refers to undernutrition, inadequate vitamins or minerals intake, overweight, and obesity², affects 1 in 3 cancer patients³. Patients are more at risk of malnutrition depending on the stage of their disease or their cancer type; for example, almost 50% of patients with gastrointestinal cancers, over 45% of patients with head and neck cancers, and over 40% of lung cancer patients are malnourished.¹

Malnourished patients are at risk of organ damage, immune system dysfunction, lean muscle loss, and have a significantly increased risk of infections and complications. This can lead to diminished tolerability of chemotherapy, including delays and modifications of anti-cancer treatments and impact of overall survival.^{4 5}

The cost of their care increases at a significant burden to healthcare systems. Malnourished cancer patients are more frequently hospitalised, and experience longer hospital stays (+3 days)⁶. In addition, it is estimated that the cost of malnutrition in cancer patients costs an additional €17 billion/year in the EU.⁷

According to a recent WHO report, appropriate nutritional care helps cancer patients cope better with their illness and treatment². Experts call for more awareness and better integration of nutritional support, alerting on the fact that cancer-related malnutrition often remains underdiagnosed and undertreated in current clinical practice.^{8,9} Nutritional interventions improve muscle mass and physical function, improve tolerance to anti-cancer therapies, and decrease

¹ Hofmarcher T et al. Comparator Report on Cancer in Europe 2019 – Disease Burden, Costs and Access to Medicines. IHE Report 2019:7. IHE: Lund, Sweden

² World Health Organization. WHO report on cancer: setting priorities, investing wisely and providing care for all, 2020, p.96; [link](#)

³ MNI. Better care through better nutrition: value and effects of medical nutrition - A summary of the evidence base. 2018 [link](#)

⁴ Norman K et al. Prognostic impact of disease-related malnutrition. Clinical Nutrition 2008; 27: 5-15; [link](#)

⁵ Singh H et al. Malnutrition is prevalent in hospitalized medical patients. Nutrition 2006; 22: 350-354. [link](#)

⁶ Khalatbari-Soltani S et al. The economic cost of hospital malnutrition in Europe; a narrative review. Clinical Nutrition ESPEN 2015; 10, 3: e89 - e94. [link](#)

⁷ Freijer K et al. The economic costs of disease related malnutrition. Clinical Nutrition 2013; 32, 1: 136 – 141 [link](#)

⁸ Walsh D et al. Malnutrition in Cancer Care: Time to Address the Elephant in the Room. Journal of Oncology Practice 2019; 15, 7: 357-359. [link](#)

⁹ Muscaritoli M et al. From guidelines to clinical practice: a roadmap for oncologists for nutrition therapy for cancer patients. Ther Adv Med Oncol 2019; 11: 1–14, [link](#)

interruption rates of oncology therapies. Where patients are unable to sufficiently feed themselves, medical nutrition helps sustain patients during treatment. Such interventions are cost-effective and do not impose additional burdens on healthcare systems.

Nutritional interventions during cancer treatment can deliver better outcomes for patients and save healthcare resources. The WHO² and ESPEN¹⁰ and ESMO guidelines recommend early clinical assessment, dietary counselling and, if necessary, nutritional supplements during treatment to improve quality of life and completion of treatment.

A recent patient survey on nutrition in cancer patients highlighted limitations in the current patient care: almost 54% of physicians did not check the nutritional status of patients. Almost 30% of respondents had no information on nutritional support, including medical nutrition, while over 92% of patients did not receive any information about cachexia (disease induced muscle wasting syndrome and extreme weight loss) from their healthcare professionals.¹¹

We call for a transformation of current oncology care models as follows:

- Healthcare professionals, and patient advocates should be educated on malnutrition and good nutritional care; and patients should be informed about the importance of nutritional care during treatment. Integrating curricula on clinical nutrition care in the training of healthcare professionals are key to provide high-quality value-based care. Education and awareness around nutritional interventions will increase the survival chances of cancer patients, but also reduce lengthy hospital stays and additional complications, and ultimately would provide cost-savings to the healthcare budgets. The EU should provide funding support for health literacy projects focused on patient education as well as for implementing mandatory education on nutritional care for medical students and fostering best practice sharing among countries.
- Multidisciplinary care teams should be put in place, including a dietitian or nutritionist. The WHO notes that diagnostic and therapeutic approaches should be delivered by a multidisciplinary team, which is the cornerstone of integrated, patient-centred care², nevertheless this is not the reality of care delivery in the EU today.
- All cancer patients should be screened for malnutrition at diagnosis and monitored throughout treatment to provide timely nutritional care. Currently, only Scotland and the Netherlands established mandatory screening for malnutrition in cancer patients; and more recently the Italian Ministry of Health published guidelines for the nutritional pathways for cancer patients.
- Existing clinical guidelines on nutritional care for cancer patients, including timely use of medical nutrition, should be implemented in routine treatment protocols. The European Society for Clinical Nutrition and Metabolism (ESPEN) published guidelines recommending

¹⁰ Arends J et al. ESPEN guidelines on nutrition in cancer patients. *Clinical Nutrition* 2017; 36,1: 11-48. [link](#)

¹¹ Muscaritoli M et al. European survey of 907 people with cancer about the importance of nutrition. *Annals of Oncology* 2017; 28 (suppl_5): v511-v520. [link](#)

nutritional screening, management and monitoring in all cancer patients. ESMO is developing clinical practice guidelines to support clinicians in screening and managing cancer cachexia¹².

- Patients should have equal access to nutritional care, and they should be foreseen in National Cancer Control Action Plans; in addition, medical nutritional interventions should be reimbursed by national healthcare systems.

Nutritional care, including medical nutrition, should become an integral part of care pathways, so that patients can benefit from improved quality of life and have the best chances to survive cancer.

About MNI

The Medical Nutrition International (MNI) is the association, which represents the voice of the medical nutrition industry at international level. MNI's vision is to achieve better care through better nutrition, across all ages and healthcare settings. Its mission is to support the quality of nutritional interventions and services to best serve the interests of patients, healthcare professionals and healthcare providers; and aims to ensure fair access to medical nutrition products, supporting the diverse nutritional needs of patients.

¹² ESMO. Clinical Practice Guidelines. <https://oncologypro.esmo.org/meeting-resources/esmo-2018-congress/ESMO-Clinical-Practice-Guidelines-2-Discussant3>