

Cancer and nutrition: Key determinants of quality of life

Paula Ravasco

*Unit of Nutrition and Metabolism, Institute of Molecular Medicine,
Faculty of Medicine of the University of Lisbon, Lisbon, Portugal*

Nutritional deterioration in cancer is a highly complex end-result of multiple interactions which are most likely individual to the unique combination of each patient and the tumour [1,2]. Despite the major importance of the tumour burden for the host, the pattern and/or progression of nutritional deterioration are also highly influenced by the cancer location [2].

In what concerns nutrition and its impact on the patients' quality of life (QoL), globally, the location and stage of the disease are the major determinants; however, nutritional aspects are equally important for functional scores mainly in cancers of the head-neck or oesophagus, in which the impact of nutritional deterioration combined with deficiencies in nutritional intake may be, from a clinical perspective, as relevant as the stage of the disease process [3].

Based on this background, we tested the hypothesis: does nutrition influence outcomes? Therefore, two prospective randomised controlled trials were conducted in colorectal cancer [4] and head and neck cancer [5] outpatients, stratified by stage and referred for radiotherapy (RT), in order to address the potential role of adjuvant oral nutritional support on patients' outcomes. Nutritional counselling was indeed central to the improvement of a diversity of patient outcomes in colorectal and head-neck cancer patients: nutritional intake, nutritional status, QoL and lessened morbidity, even in the medium term after treatment completion. Adding oral nutritional supplements to the diet did not appear to be as effective as dietary counselling. Both clinical trials demonstrated that concurrent individualised dietary counselling based on regular foods, was the most effective means of improving

patients' nutritional intake, status and QoL during RT, which were sustained 3 months after its completion, thereby lessening RT induced morbidity [4,5].

Cancer patients do really benefit from multiprofessional patient management; it must include a proper assessment of nutritional status and nutritional requirements, dietary counselling, education and monitoring of diet compliance, and timely management of symptoms. The integration of early intensive nutritional intervention and sensible partnerships with patients is the key to success.

Conflict of interest statement

None declared.

References

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