Optimal cancer care pathway for people with sarcoma (bone and soft tissue sarcoma)

January 2017

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. The DAA appreciates the opportunity to provide feedback on the 'Optimal cancer care pathway for people with sarcoma (bone or soft tissue sarcoma)' herein referred to as 'the Pathway', by the Cancer Australia and The Victorian Department of Health and Human Services.

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DAA interest in this consultation

DAA is the peak professional body for dietitians in Australia. DAA acknowledges the importance of delivering consistent, evidence-based care. DAA are interested in guidelines that support best practice in aspects of cancer care.

The Accredited Practising Dietitian (APD) program is the foundation for self-regulation of the profession, and a public assurance of safety and quality. APDs play a key role in cancer care, as they have the training, skills and knowledge to provide evidence based interventions using Medical Nutrition Therapy. APDs work with cancer patients at varying stages and grades of the cancer. DAA recognise the essential nature of a multidisciplinary team, including an APD, in ensuring detailed assessment of an individual with cancer (specifically, bone and soft tissue sarcoma) in order to achieve accurate diagnoses, and personalised needs planning for improved health outcomes.

Recommendations

DAA recommends the following:

1. All references to a Dietitian should be changed to 'Dietitian, and where possible an Accredited Practising Dietitian (APD)'. For the purpose of simplifying this document, we will herein refer to 'APD'.
2. That clinicians be aware of the unique roles allied health professions, specifically APDs, have in cancer care. This can be achieved by including a section in the Pathway outlining the roles of Allied Health Professionals in cancer care.
3. APDs and Allied Health Professionals should be included throughout the Pathway, specifically in the *Physical Needs* sections of the document.

Discussion

The Pathway is clear and easy to understand, and the information included in it is supported by current evidence. DAA support the key principles underpinning the Pathway as comprehensive and suited to the management of patients with sarcoma.

<u>APDs in Cancer Care</u>

DAA advise the following pages reference 'dietitians' and should be changed to: 'Dietitians, and where possible an Accredited Practising Dietitian (APD)'

- Pages 8, 18,

An APD is trained in management strategies for cancer care. These include, but are not limited to:

- Malnutrition and cancer cachexia including high protein and/or high energy diets [1, 2, 5, 6]
- Nutrition support for post-operative procedures including percutaneous endoscopic gastrostomy (PEG) and Nasogastric Tube (NGT) feeding and supplement education and advice [3].
- Symptom management such as gastrointestinal issues (including constipation, diarrhoea, nausea, loss of appetite and taste changes) [4].

- Personalised dietary advice for healthy eating, recipe ideas, and weight management

APDs role in the care of people with sarcoma

Below are points in the document identified by DAA which relate to, or could be improved on to better highlight the important role of APDs in the care of people with sarcoma:

Page 18 – 3.2.3 Members of the multidisciplinary team for sarcoma

DAA support the inclusion of an APD on the multidisciplinary team, and support that both inpatients *and* outpatients should have access to a multidisciplinary team to maximise health outcomes.

Page 20 – 3.4.1 Prehabilitation

DAA strongly agree with the concept of prehabilitation and support the inclusion of an APD to provide the nutrition advice in this multidisciplinary team.

Page 39 – 7.1 Multidisciplinary palliative care

DAA recommends the inclusion of an APD in 'the palliative are team may consider seeking additional expertise from a…' APDs can provide assistance to palliative care patients that may experience side effects resulting from cancer or pain medication, reduced mobility and cancer cachexia, including: unintentional weight loss, reduced oral intake, gastrointestinal issues [1,2,4].

Page 42 - Appendix: Supportive Care

DAA recommend the development of a table or list in the appendix that highlights all potential Allied Health professions that may be involved in the supportive care multidisciplinary team of people with Sarcoma. This should indicate their roles in cancer care, and in what instances the medical team should consider referral.

Page 45 – Appendix: Supportive care, populations with special needs

DAA support the inclusion of populations with special needs in the Pathway. The outlined populations also frequently have special nutrition requirements and should be referred to an APD for nutrition-related complications such as unintentional weight loss or muscle wasting, and reduced oral intake.

APDs role in physical needs of people with sarcoma

DAA recommend outlining specific professionals suitable to refer to in the 'physical needs' sections throughout the Pathway. This includes linking to the suggested table/list mentioned above of Allied Health professionals to refer to in the care of people with sarcoma.

DAA acknowledges that the *Physical Needs* section of the Appendix: Supportive Care (page 43) includes 'patients requiring ongoing nutritional screening, assessment and management…', however this is not included in other areas throughout the document and does not specifically advise referral to an APD.

DAA suggest including 'reduced oral intake and/or swallowing difficulties' and 'weight loss, unintentional or otherwise', 'refer to an APD and Speech Pathologist (for swallowing difficulties)' at the following points of the Pathway:

- *Page 8 – under "common indicators in patients with sarcoma that may require referral for support include".*
- *Page 20 – 3.4.2 Supportive care, under "physical"*
- *Page 29 – 4.6.1 Supportive care, under "physical needs"*
- *Page 33 – 5.4.1 Supportive care, under "physical needs"*
- *Page 37 – 6.6 Support and communication, under "physical needs" (see also point in specific comments below)*
- *Page 40 – 7.3 Support and communication, under "physical needs"*

Page 16 – 2.4.1 Supportive care

DAA recommend dot point one should include 'reduced oral intake'. Reduced oral intake can be a physical symptom of cancer, but it could also be caused by symptoms such as pain leading to reduced appetite. Either way it is an important consideration as malnutrition can result in reduced health outcomes for cancer patients. DAA recommends referral to an APD if a patient presents with reduced oral intake.

Page 37 – 6.6 Support and communication

Point two, under physical needs, indicates 'assistance with swallowing medications may be required', DAA advises that, if this is required by a patient, it can be surmised that the patient may also need assistance with food texture. Care should include assessment from a Speech Pathologist to determine required food texture, followed by an APD to develop an individualised nutrition plan to ensure optimum nutrition within the modified texture regime.

References

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3. Doyle E, Simmance N, Wilding H, Porter J. Systematic review and meta-analyses of foodservice interventions and their effect on nutritional outcomes and satisfaction of adult oncology patients. *Nutr Diet*. 2017; 74(2):116-128.

4. Isenring E, Zabel R, Bannister M, Brown T, Findlay M, Kiss N et al. Updated evidence-based practice guidelines for the nutritional management of patients receiving radiation therapy and/or chemotherapy. *Nutr Diet*. 2013; 70(4):312-324.

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6. Lim SL, Ong KCB, Chan YH, Loke WC, Ferguson M, Daniels L. Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clin Nutr*. 2012; 31:345–50.