



PATIENT-CENTRED CARE IN CANCER IS INCOMPLETE WITHOUT NUTRITION:

THE JOINT STATEMENT OF THE EU THEMATIC NETWORK ON
INTEGRATED NUTRITION IN CANCER CARE (INC2)

EU Health Policy platform annual Meeting

Thursday 5 March 2021, Brussels, Belgium





Joost Wesseling, Ex. Director, The European Nutrition Health Alliance



Erin Stella Sullivan, RD, PhD
Postdoctoral Fellow Research Dietitian
Oncology, University College Cork, Ireland



Nicole Erickson, RD, MSc, PhD
Nutrition and Research Coordinator
Oncology Dietetics, Comprehensive Cancer
Center, Ludwig Maximilian University of
Munich, EFAD European Specialist Dietetic
Networks for Oncology

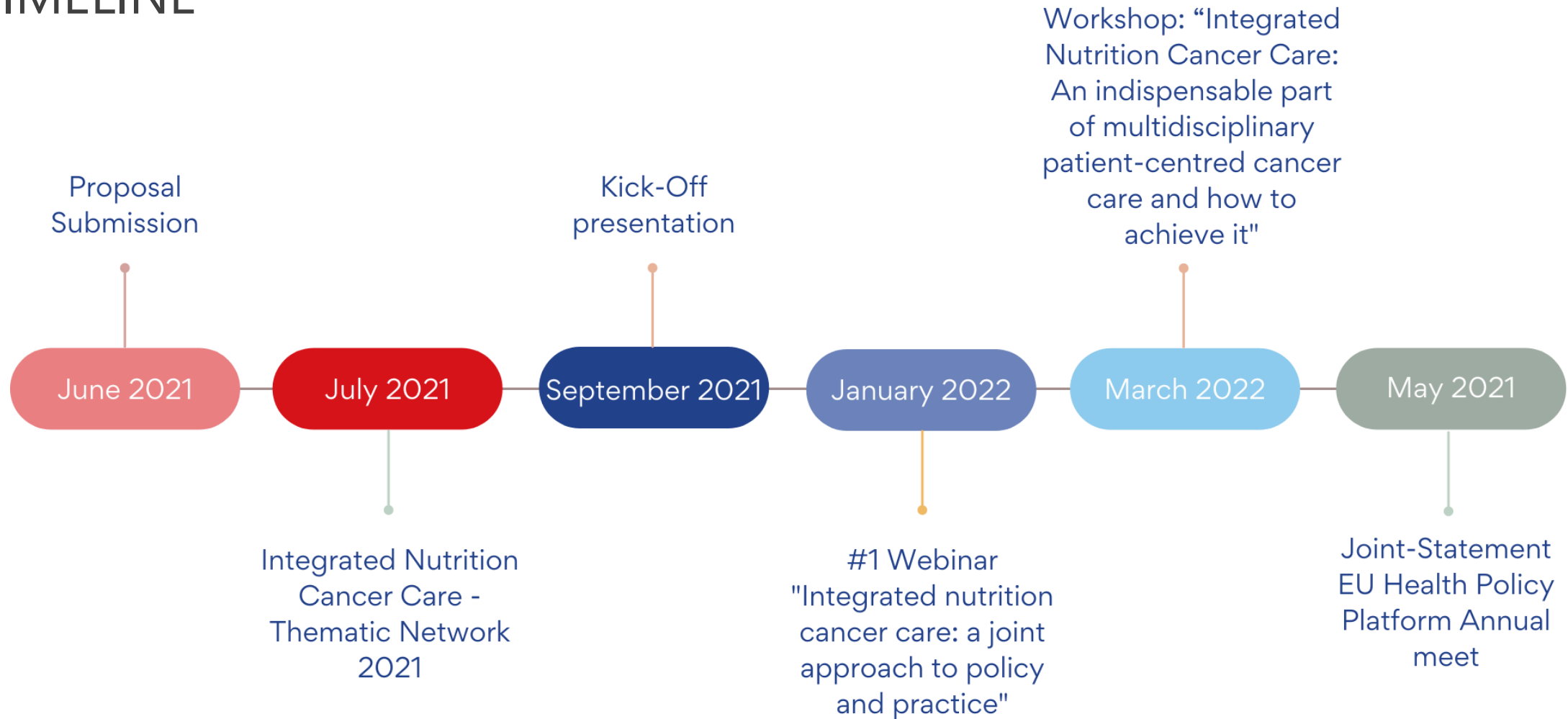


Marianna Kalliostra, RD
Thematic Network Moderator

ENDORISING ORGANISATIONS



TIMELINE



Proposal Thematic Network EU Health Policy Platform 2021

Public health Area: Integrative Oncology in Patient-Centred Cancer Care

June 2021



The European Nutrition for Health Alliance
June 7 2021

Proposal Thematic Network EU Health Policy Platform 2021
Public health Area: Integrative Oncology in Patient-Centred Cancer Care

Integrated Nutrition Cancer Care [INCC²]

An indispensable part of multidisciplinary patient-centred cancer care

The protection of the nutritional state of a patient with cancer is critical for their treatment outcomes and quality of life, and it is a patient's right to have access to high-quality nutrition cancer care.

Given the high prevalence of nutrition-related problems and the effectiveness of early interventions, **Integrated Nutrition Cancer Care** should be implemented throughout the whole care continuum from prevention to cure and care up to end of life. It can only be successfully achieved through multidisciplinary, cross-sectional collaboration. Nutrition is an integral part of cancer care where patients can take the lead in their disease pathway, making patient education a vital part of patient-centred cancer care.

Scope and relevance
With over 2.7 million new cancer cases diagnosed in 2020 in the EU, the role of nutrition in disease prevention and optimising outcomes has never been more important. It is estimated that up to 30% of cancer cases could be prevented through a healthier diet and lifestyle. Importantly, up to **one in two patients with cancer experience involuntary weight and muscle loss** that undermines the effectiveness of treatments, increase risks of side effects, increase length of hospital stay, reduce quality of life and increase cost. Ensuring access to care is key to reducing health inequalities between EU citizens. By enhancing the response to expensive drugs, nutrition could increase cost-effectiveness of cancer treatment and, with that, may contribute to reducing possible inequalities.

Overwhelming scientific evidence supports that weight, body composition, and nutrition intake play an essential role in all stages of cancer treatment and the risk of developing certain cancers. Despite being the single most frequent, serious complication in cancer, malnutrition continues to receive unacceptably low priority in some national cancer care policies. While overweight and (pre-) obesity is proven to be linked with various diseases such as diabetes, fatty liver, gastritis and cancer, patients that are obese are just as much at risk of malnutrition and muscle loss (sarcopenia) which may be even more likely to be overlooked, despite their clinical significance. For those in whom cure is no longer possible, delay in providing nutritional support impairs quality of life and reduces survival time.

High-quality cancer prevention and care cannot be delivered without addressing the existing gaps in healthcare: workforce training, clinical pathways and dietic services are often not available, leaving many patients without **timely access** to information, dietary counselling or nutrition support needed to achieve their best possible outcome.

Links to the EU Policy Agenda
Europe's Beating Cancer Plan carries a strong commitment to giving all patients in the EU the same access to high-quality care. The plan supports, coordinates and complements the member state's efforts to reduce the burden of cancer and aims to cover the entire disease pathway. Nutrition is part of every step of this cancer care pathway, and Integrated Nutritional Cancer Care requires a well thought out implementation. Additionally, **Europe's Beating cancer plan** prioritises prevention and at least 3 of the 12 points listed in the European Cancer Codes address nutrition.



The European Nutrition for Health Alliance
June 7 2021

The **EUHealth programme** aims to address gaps in national health care systems. Successful implementation of Integrated Nutritional Cancer Care is largely dependent on the quality of national health care systems, including patient centricity. **If you are serious about health, you should be serious about nutrition.**

Horizon Europe's Mission on Cancer aims to optimise cancer treatment, support quality of life of patients, and ensure equitable access. Integrated Nutrition Cancer Care and its digital enabling services should therefore be part of **Horizon Europe's** Health impact area 'Good Health and high-quality accessible healthcare'.

Aim and objectives
The Integrated Nutritional Cancer Care thematic network will inform and engage a wide range of stakeholders, including Doctors, Patients, Dietitians, Geriatricians, Physiotherapists, Psychologists/Pscho-oncologists, Nurses, Pharmacists, Politicians, EU officials, National Ministries of Health and health authorities. The Thematic Network will be a meeting point for everyone involved and interested in Integrated Nutrition Cancer Care to share good practices. The joint statement will inform the European Commission and other stakeholders how to effectively and systematically integrate nutrition in all aspects of patient-centred cancer care. This includes:

- ⇒ Leveraging the joint statement through the EU wide 'Optimal Nutritional Care for All' campaign;
- ⇒ To develop a truly integrative approach, the composition of the network partners ensure cross-border, regional, multidisciplinary and multistakeholder input;
- ⇒ Stakeholders will include patients, healthcare professionals and health authorities;
- ⇒ The Joint Statement and Thematic Network will drive sharing of Good Practices and will build on existing science, guidelines and [recommendations](#).

Confirmed Thematic Network partners and supporters

- **The European Cancer Patient Coalition (EPC)**, 450 members, covering all EU member states
- **The European Patients' Forum (EPF)**, 150 million patients through 77 patient organisations in 29 countries
- **The European Federation of Associations of Dietitians (EFAD)**, 35,000 dietitians through 33 members in 28 European countries
- **The European Society for Clinical Nutrition and Metabolism (ESPEN)**, 65 Member societies in 64 countries
- **The European Geriatric Medicine Society (EUGMS)**, representing 40 countries
- **The European Association for the Study of Obesity (EASO)**, 35,000 leaders in obesity research
- **The European Oncology Nursing Society (EONS)**, 28,000 cancer nurses
- **The European Nutrition for Health Alliance (ENHA)**, a multidisciplinary nutritional care network in 19 countries
- **The European Network of Dietetic Students (ENDS)**, 6,000 European nutrition & dietetic students

Possible Thematic Network partners: FGEU, EMSA, HOPE, ARM, EGAN, EAN, ECCO.

Leading organisation & contact person
The European Nutrition for Health Alliance (ENHA)
Joost Wesseling
secretariat@european-nutrition.org
+31641291205

Thematic Network Kick-off presentation September 2021



An indispensable part of multidisciplinary patient-centred cancer care



Joost Wesseling
Executive Director
The European Nutrition for Health Alliance
joost@european-nutrition.org

The protection of the nutritional state of a patient with cancer is **critical** for their treatment outcomes and quality of life, and it is a patient's right to have **access** to high-quality nutrition cancer care.



Our proposal

- ✓ A truly integrative approach
- ✓ Drives sharing of Good Practices
- ✓ Builds on existing science, guidelines and recommendations
- ✓ Is **actionable!**
- ✓ Follow up activities



Webinar: “*Integrated nutrition cancer care: a joint approach to policy and practice*” January 20th, 2022

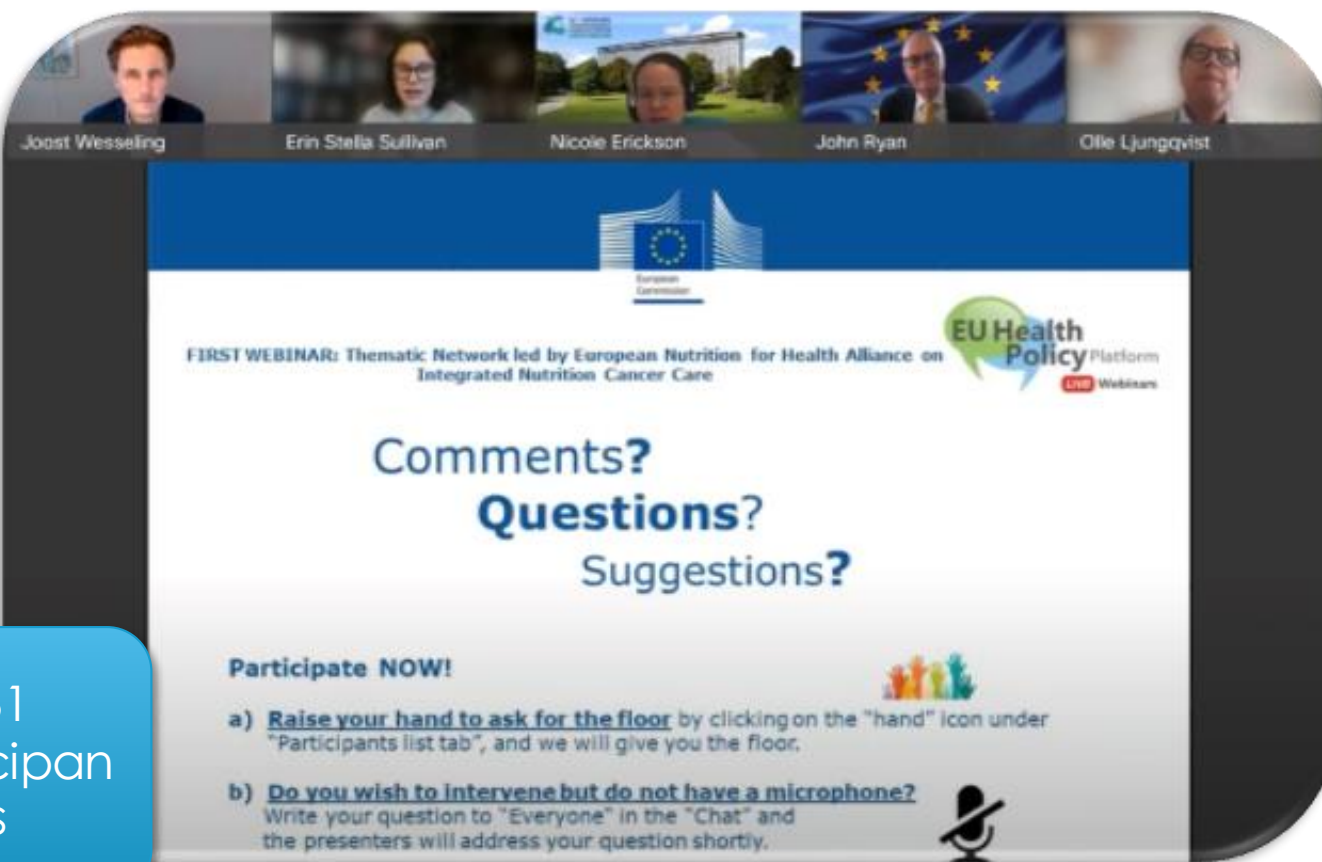


Free Online Webinar
Integrated nutrition cancer care:
A joint approach to policy and practice

Thursday, January 20th
11:30 - 13:00 CET

The aim of this webinar is to co-create a joint, translational approach to nutritional care policy shaping. By having science and policy go hand in hand we can implement cost-effective measures that benefit the lives of European patients with cancer.

231
participan
ts



Joost Wesseling | Erin Stella Sullivan | Nicole Erickson | John Ryan | Olle Ljungqvist

European Commission

FIRST WEBINAR: Thematic Network led by European Nutrition for Health Alliance on Integrated Nutrition Cancer Care

EU Health Policy Platform
LIVE Webinars

Comments?
Questions?
Suggestions?

Participate NOW!

- a) **Raise your hand to ask for the floor** by clicking on the “hand” icon under “Participants list tab”, and we will give you the floor.
- b) **Do you wish to intervene but do not have a microphone?** Write your question to “Everyone” in the “Chat” and the presenters will address your question shortly.

Workshop:

“Integrated Nutrition Cancer Care: An indispensable part of multidisciplinary patient-centred cancer care and how to achieve it.”

March 3rd, 2022

The poster features the logo for Integrated Nutrition Cancer Care at the top left. The main title is "working group meeting INTEGRATED NUTRITION CANCER CARE" in a large blue circle. Below the title, it states "An indispensable part of multidisciplinary patient-centred cancer care and how to achieve it." The event is scheduled for "9 MARCH | 11:00 AM CET" and provides a registration link: "REGISTER bit.ly/incc-workshop". The agenda includes: 11:00 - 11:10 Opening Remarks by Joost Wesseling; 11:10 - 11:40 White Paper presentation by Prof. Alessandro Laviano, MD, Nicole Erickson, RD, MSc, and Erin Stella Sullivan, PhD; 11:40 - 12:00 Full Thematic Network Consortium Roundtable; 12:00 - 12:20 Q&A - Discussion with the audience and Network's participants; and 12:20 - 12:30 Conclusive remarks. The poster also includes logos for the European Union and the European Health Policy Platform.

The screenshot shows a Zoom meeting with five participants in the top bar: Norbert Coussapel, Erin Stella Sullivan RD P, Nicole Erickson, Alessandro Laviano, and Joost Wesseling. The main screen displays a presentation slide titled "INTEGRATING NUTRITION INTO CANCER CARE REQUIRES A PLAN". The slide features a central graphic of interlocking gears with icons representing various aspects of care. A flowchart on the right side of the slide shows the following structure: "Widespread Advocacy" leads to "Integrating Nutrition into Cancer Care", which then branches into "Cancer Services → Incorporate Key Performance Indicators" and "Beating Cancer Plan → National Comprehensive Cancer Centres".

With the support of: **EU Health Policy Platform** **LIVE Webinars**

INTRODUCTION

Europe's Beating Cancer Plan aims to reduce all cancer inequalities

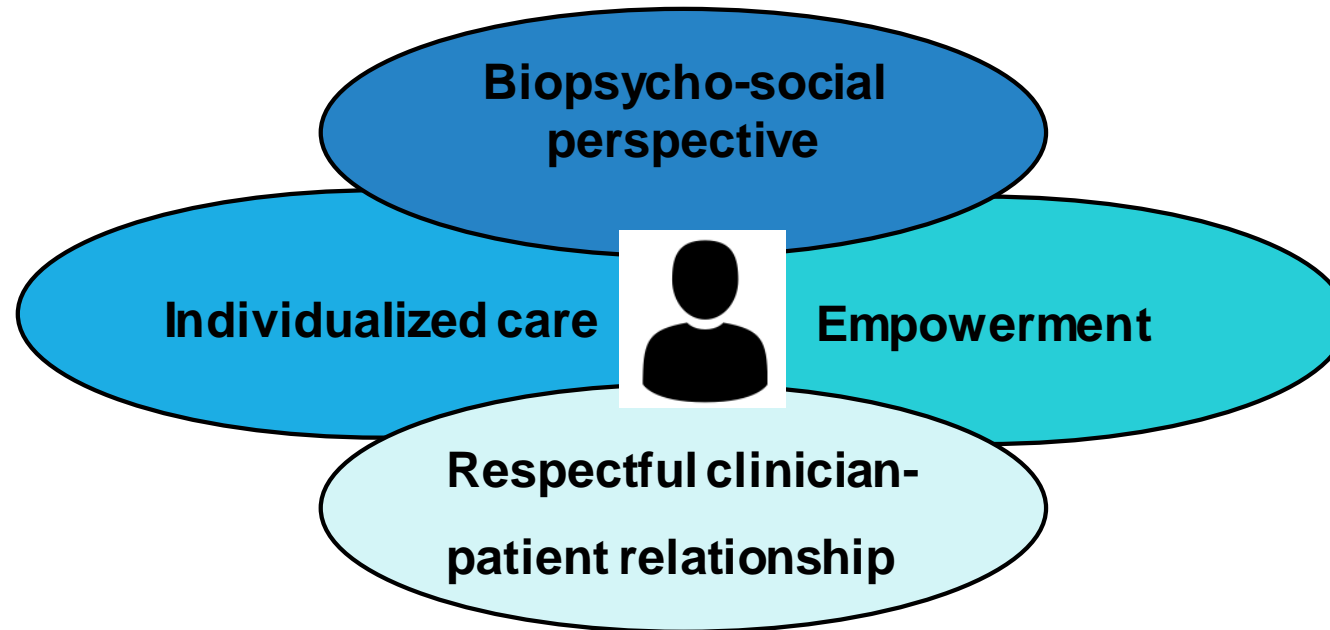
Malnutrition negatively impacts clinical outcomes and has socioeconomic consequences for patients and healthcare systems.

Widespread advocacy will help urgently address the issue by the relevant non-clinical stakeholders at local, regional and international levels

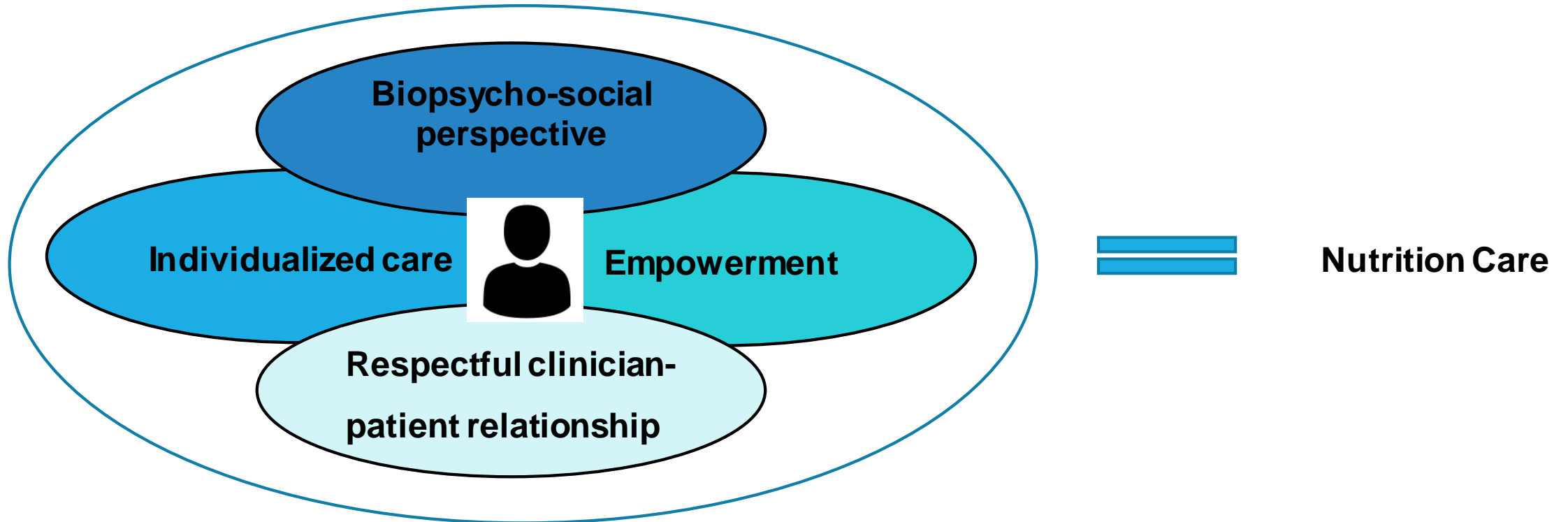
Consistent clinical evidence demonstrates that improving nutritional status directly improves clinical and socioeconomic outcomes

Championing Integrating Nutrition into Cancer Care is therefore the duty and ethical responsibility of clinicians (Hippocratic Oath – *primum non nocere*) and **an essential part of Patient Centred Care**

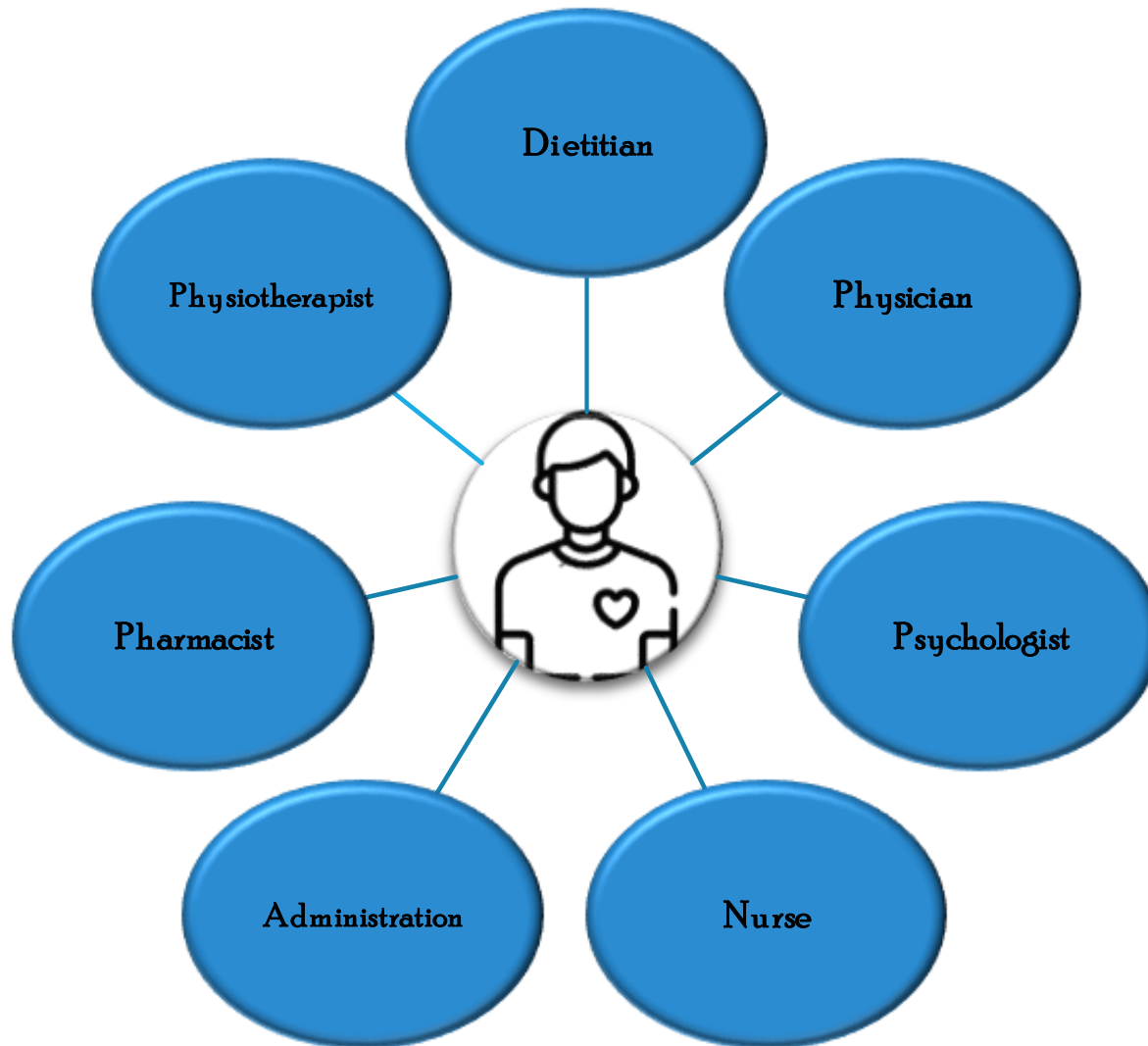
Patient-centered care: considers of the medical, social, and cultural needs and desires of the patient and family



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STEP 1: WIDESPREAD ADVOCACY

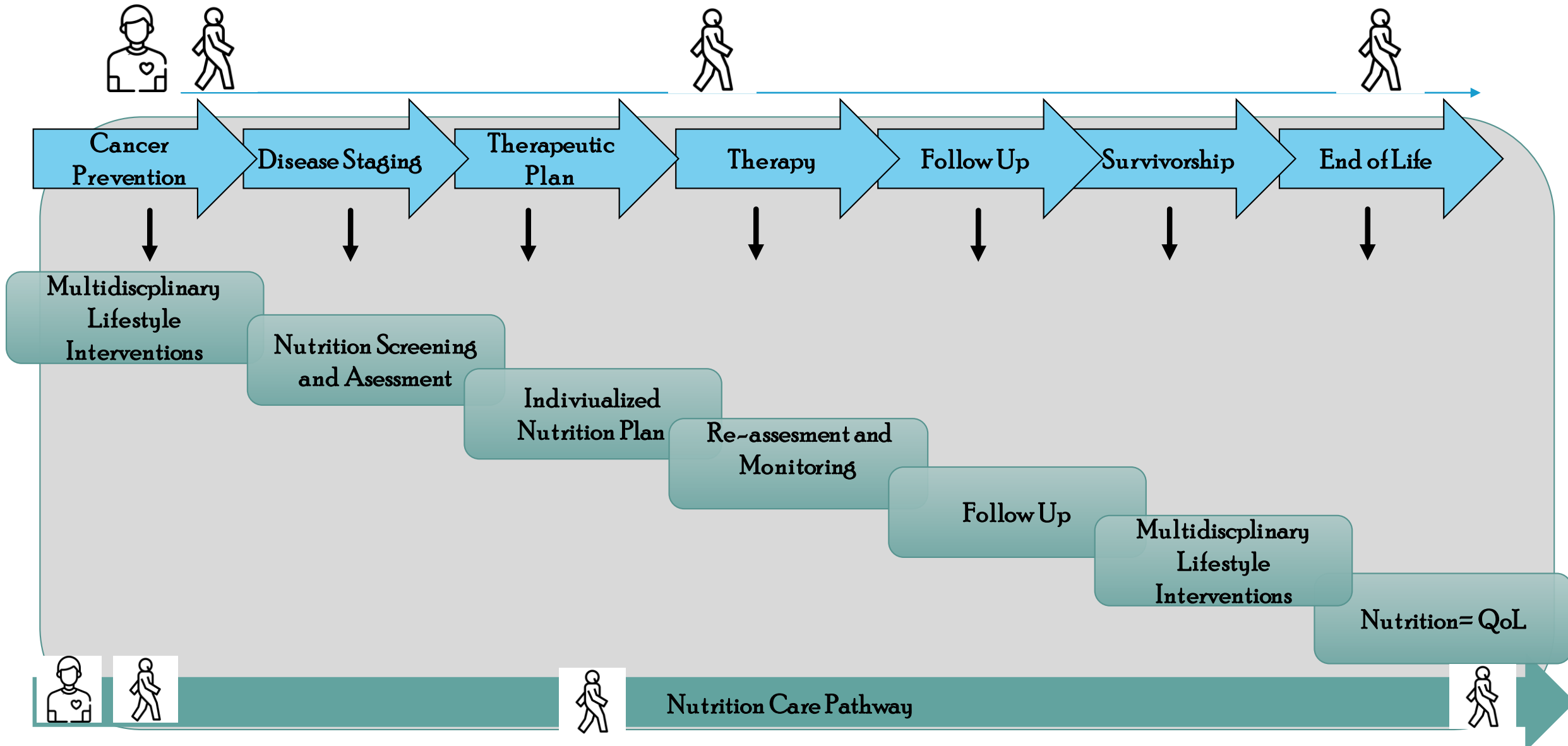


The Multidisciplinary Team is essential for ensuring

- optimal
- timely
- patient centered
- consistent delivery of nutrition care

“Nutrition is more than just food—it is a component of care that can **and should** be improved”

STEP 1: WIDESPREAD ADVOCACY



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NUTRITION CARE IN CANCER IS A HUMAN RIGHT

- According to the Europe's Beating Cancer Plan all cancer inequalities should be reduced across the EU.
- The inalienable right to high-quality PCC care, regardless of geographic or economic region, to avoid unnecessary deaths and suffering from cancer is supported by the European Charter of Patient Rights



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STEP 1: WIDESPREAD ADVOCAY

INTEGRATING NUTRITION INTO CANCER CARE IS ECONOMICALLY ADVANTAGEOUS

- The impact of cancer on the economic circumstances of patients and their households, patients' quality of life, costs of treatment and survival can be significant and lead to inequalities (53, 54).
- Malnourished cancer patients require a significantly longer hospital stay compared to non-malnourished patients (55-60).

DATA FROM THE NETHERLANDS REVEAL THAT MANAGING DISEASE-RELATED MALNUTRITION ACCOUNTED FOR 4.9% OF TOTAL HEALTHCARE EXPENDITURE

EVIDENCE-BASED CARE

NUTRITION CARE MEASURABLY IMPROVES CLINICAL OUTCOMES

- Malnutrition -> an independent predictor of hospitalisation
- Inpatient Nutrition -> Reduces Hospital Acquired Infection, Non-Elective Re-admissions & Length of Stay
- ERAS for GI Cancer -> Reduced Length of Stay & Fewer Complications
- Nutritional Interventions During Chemo(radio)therapy -> Improved Quality of Life, Functional Status, Body Composition, Symptom Severity
- Evaluation of Psychosocial Interventions, Multimodal Approaches & Multidisciplinary Clinics represent a complex evidence-synthesis task, but show promise in patient-reported outcomes, despite heterogeneity

PROVIDING EFFICACIOUS CARE IS EVERY HEALTH PROFESSIONAL'S DUTY

STEP 2: QUALITY ASSURANCE OF NUTRITION CARE IN CANCER

KEY PERFORMANCE INDICATORS (KPI) SHOULD BE EVIDENCE-BASED AND COMPARABLE

- Level of detail on audits will depend on local resources, but establishing a minimum level of monitoring is essential
- KPIs should be evidence-based or at least based on expert consensus
 - ESPEN, ESMO, COSA and others have many such guidelines
- Local, National or Regional Guidelines should also be incorporated
 - i.e., National Food & Nutrition Policies for Hospitals

HEALTH CARE SYSTEMS SHOULD BE REQUIRED TO IMPROVE EFFICACY AND EFFICIENCY OF INTEGRATION OF NUTRITION INTO CANCER CARE

STEP 2: QUALITY ASSURANCE OF NUTRITION CARE IN CANCER

CERTIFICATION OF CANCER CENTRES SHOULD REQUIRE NUTRITION KEY PERFORMANCE INDICATORS (KPI)

- KPIs serve as starting points to develop a quality assurance standards for Integrated Nutrition Care in Cancer
- Audits should report at least:
 - malnutrition screening rate
 - oncology specific dietetic staffing levels
 - availability of nutrition assessment for all patients with high-risk diagnoses
 - e.g., head & neck cancers, gastrointestinal cancers, high-dose chemotherapy, radiotherapy to the head & neck or pelvis

STEP 3: HIGH-LEVEL ACTIONS ON NUTRITION CARE IN CANCER

NUTRITION IS IMPORTANT FROM PREVENTION OF CANCER THROUGH TO MANAGEMENT OF CANCER

- Europe's Beating Cancer Plan explicitly states the role of nutrition in cancer prevention, but does not highlight importance of nutrition for people living with and beyond cancer
- Regional cancer prevention initiatives must continue to prioritise nutrition in accordance with the European Code Against Cancer
- While cancer prevention focuses on obesity as a modifiable risk-factor, it must be recognized that undernutrition affects people of all sizes, and malnutrition in cancer, especially muscle wasting, is often disguised by concurrent obesity

INTEGRATED NUTRITION CARE IS ESSENTIAL ACROSS THE CANCER CARE CONTINUUM,
FROM PREVENTION OF CANCER, THROUGH TO END OF LIFE CARE.

STEP 3: HIGH-LEVEL ACTIONS ON NUTRITION CARE IN CANCER

EUROPE'S BEATING CANCER PLAN (BCP) – KEY INITIATIVES

- Flagship initiatives arising from the Beating Cancer Plan must be optimized by including nutrition
- “EU-Network of Comprehensive Cancer Centres”
 - ‘National Comprehensive Cancer Centre’ accreditation should depend upon a minimum acceptable level of nutrition and dietetic service provision:
 - all cancer patients are nutritionally screened
 - the dietitian is a core part of the MDT
 - all members of the MDT receive basic and regular nutritional training

A NATIONAL COMPREHENSIVE CANCER CENTRE MUST FACILITATE INTEGRATED NUTRITION CARE IN CANCER

STEP 3: HIGH-LEVEL ACTIONS ON NUTRITION CARE IN CANCER

ALL BCP FLAGSHIP INITIATIVES SHOULD EXPLICITLY CONSIDER THE ROLE OF NUTRITION CARE IN CANCER

'EU-Network of Comprehensive Cancer Centres'

'Knowledge Centre on Cancer'

'Inter-Specialty Training Programme'

'Cancer Diagnostic and Treatment for All'

'Partnership on Personalised Medicine'

'Better life for cancer patients'

'Cancer Inequalities Registry'

'Guidelines and Quality Assurance'

STAKEHOLDERS, FROM GOVERNMENT TO BEDSIDE, MUST CHAMPION INTEGRATED NUTRITION CARE IN CANCER

CONCLUSION

HIGH-QUALITY CANCER CARE IS NOT COMPLETE, NOR AS EFFECTIVE, WITHOUT NUTRITION CARE.

- Patient-centred care, which by nature includes nutrition, is a basic right for people living with and beyond cancer and, is the foundation of standard cancer care.
- Stakeholders in all sectors must take responsibility.
- These recommendations on advocacy, evidence, quality assurance and European actions should act as an essential guide to ensuring that Europe's Beating Cancer Plan and other programmes do not leave nutrition behind.

INTEGRATED NUTRITION CARE IN CANCER REQUIRES COORDINATED ACTION AT ALL LEVELS

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