How to Address Cancer-Related Malnutrition

Screen all patients with cancer for nutritional risk early in the course of their care, regardless of BMI and weight history. Use a validated malnutrition nutrition screening tool in the outpatient oncology setting including:

- Malnutrition Screening Tool (MST)
- Malnutrition Screening Tool for Cancer Patients (MSTC)
- Malnutrition Universal Screening Tool (MUST)
- Patient-Generated Subjective Global Assessment (PG-SGA)
- Nutrition Risk Screening (NRS-2002)

Besides early screening, healthcare providers should conduct or refer patients to a Registered Dietitian Nutritionist for a thorough nutrition assessment to include measures of body composition, physical function and markers of inflammation.

Cancer-Related Anorexia and Malnutrition

The primary cause for anorexia and weight loss in cancer patients is the occurrence of nutrition impact symptoms (i.e. pain, nausea, vomiting, diarrhea, fatigue). Additionally, the cancer itself causes an inflammatory state which further promotes anorexia. This results in loss of body weight, changes in body composition and a decline in physical function.

Multimodal intervention with a tailored nutrition care plan should focus on:

- Improving Nutritional Intake
- Lessening Inflammation
- Decreasing Hypermetabolic Stress
- Increasing Physical Activity

Research supports that tailored nutrition interventions can help cancer patients:

- Minimize weight loss
- Improve quality of life
- Decrease unplanned hospital admissions
- Improve treatment completion rates
- Improve symptom scores
- Decrease length of hospital stay
Nutritional Needs of Cancer Patients

The nutritional needs of cancer patients are variable and depend on an estimation of total energy expenditure (TEE), which is the sum of resting energy expenditure (REE) plus activity-associated energy expenditure. If REE and TEE cannot be measured directly, a target range of calories and protein are generally recommended to help maintain or restore lean body mass.²

Oral Nutritional Supplements are Effective in Improving Nutrient Provision in Cancer Patients²

Oral Nutritional Supplements (ONS) can be used to supplement food intake and fill nutritional gaps in the diet due to inadequate oral intake during cancer therapy (chemotherapy, immunotherapy, radiation therapy) to help avoid unintentional weight loss. The nutrient compositions of various ONS are outlined below to help meet your patients’ needs.

Target Range of Calories and Protein for Malnourished Cancer Patients

<table>
<thead>
<tr>
<th>Calories²</th>
<th>Protein²,⁹</th>
</tr>
</thead>
<tbody>
<tr>
<td>25–30 kcal/kg/day</td>
<td>1.2–1.5 g protein/kg/day</td>
</tr>
<tr>
<td>&gt;30 kcal/kg/day may be needed if undergoing intense oncology treatment or recovering from a cancer-related surgery</td>
<td>Up to 2.0 g protein/kg/day for patients with severe depletion or marked malnutrition</td>
</tr>
</tbody>
</table>

### High Calorie Moderate Protein

**BOOST PLUS**
- Calories: 360
- Protein: 14 g
  - Per 8 fl oz serving

### Moderate Calorie High Protein

**BOOST HIGH PROTEIN**
- Calories: 240
- Protein: 20 g
  - Per 8 fl oz serving

**BOOST OPTIMUM**
- Calories: 220
- Protein: 22 g
  - Per 8 fl oz serving

### Lower Calorie High Protein

**BOOST ESSENTIAL PROTEIN™ POWDER**
- Calories: 80
- Protein: 18 g
  - Per 3 scoop (4½ TBSP) serving

**BOOST MAX™**
- Calories: 160
- Protein: 30 g
  - Per 11 fl oz serving

Backed by the BOOST® Great Taste Guarantee, your patients will love them, or get their money back.*

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