

CANCER-RELATED MALNUTRITION AND SARCOPENIA

SCREENING

Who and what:

Patients with a cancer diagnosis admitted to *inpatient ward*.

Screen all patients for **malnutrition**

Who: nurse

When: within 24 hours of admission

Tool: MST

Screen all patients for **sarcopenia**

Who: AHA

When: within 24 hours of admission

Tool: SARC-F

Repeat as the clinical situation changes
e.g. new treatment commences, new symptoms present

At risk

Not at risk

ASSESSMENT

Malnutrition

Refer to a dietitian

Who: nurse

When: within 24 hours of admission

Comprehensive nutrition assessment and diagnosis

Who: dietitian

When: within 1 day of referral

Measure: PG-SGA

Diagnostic criteria: GLIM

Sarcopenia

Refer to dietitian & physiotherapist/
exercise physiologist

Who: AHA

When: within 24 hours of admission

Comprehensive evaluation of muscle mass, strength, and function

Who: dietitian and physio/exercise physiologist

When: within 1 day of referral

Measure: HGS, BIA, chair stand test, SPPB

Diagnostic criteria: EWGSOP2

TREATMENT

Access to the core elements of treatment

Individualised medical nutrition therapy

Who: dietitian

When: within 1 day of referral

Individualised exercise prescription

Who: physio/ exercise physiologist

When: within 1 day of referral

Physical & psychological symptom management

Who: multidisciplinary team

When: as symptoms arise

Monitoring and Evaluation

DISCHARGE

Communicate with relevant health professionals to provide handover / transition of care

Who: dietitian/ physiotherapist / EP

When: within 48 hours of discharge

	Malnutrition	Sarcopenia
SCREENING	<p>Screen all patients with cancer using a validated tool Tools: MST, MUST, MSCT, PG-SGA SF</p> <p>+</p> <p>Identify all patients with a diagnosis or treatment plan known to lead to high nutrition risk:</p> <ul style="list-style-type: none"> - Head and neck, lung, upper or lower GI cancer - Radiation therapy to oral cavity or GI tract - Chemotherapy, immunotherapy or targeted therapies with risk of GI toxicity - Stem cell transplant - Surgery to oral cavity or GI tract <p>AT RISK → refer to dietitian</p> <p>NOT AT RISK → repeat as the clinical situation changes</p>	<p>Screen all patients with cancer using a validated tool Tools: SARC-F, SARC-F in combination with calf circumference</p> <p>AT RISK → refer to dietitian & physiotherapist/exercise physiologist</p> <p>NOT AT RISK → repeat as the clinical situation changes</p>
ASSESSMENT	<p>Conduct comprehensive nutrition assessment using assessment tool validated in the oncology population:</p> <p>Measures:</p> <ul style="list-style-type: none"> PG-SGA SGA <p>Diagnostic criteria:</p> <ul style="list-style-type: none"> - GLIM 	<p>Conduct comprehensive evaluation of muscle mass, muscle strength and muscle function.</p> <p>Measures:</p> <ul style="list-style-type: none"> Muscle mass- CT, BIA, BIS, DXA, MRI, calf circumference Muscle strength- hand grip strength, chair stand test Muscle function- SPPB, gait speed, TUG <p>Diagnostic criteria:</p> <ul style="list-style-type: none"> - EWGSOP 1 - EWGSOP 2 - FNIH - CT image analysis
TREATMENT	<p>Dietitian to provide individualised medical nutrition therapy:</p> <ul style="list-style-type: none"> • Dietary counselling on preservation/ ↑ lean muscle • 105-125kj/kg/day • 1.0-1.5 g protein • Relevant education material • Frequency of review based on individual needs 	<p>Physio/ exercise physiologist to provide individualised exercise prescription:</p> <ul style="list-style-type: none"> • Targeted resistance +/- aerobic exercise program • Referral to exercise class • Relevant education material • Frequency of review based on individual needs
	<p>Monitor clinical and patient-reported outcomes and consider referrals to other healthcare professionals where appropriate to optimise patient outcomes. i.e. psychologist, speech pathologist, social worker, occupational therapist</p>	
DISHCHARGE	<p>Communicate with relevant health professionals to provide handover / transition of care</p> <ul style="list-style-type: none"> ▪ Document malnutrition/sarcopenia diagnosis in discharge summary ▪ Provide discharge summary to patient and patients' General Practitioner ▪ Refer to outpatient/community services 	

- Refer to worked AACTT framework examples for more information on adapting the pathway to your local context.

Key: MST, Malnutrition Screening Tool; MUST, Malnutrition Universal Screening Tool; MSCT, Malnutrition Screening Tool for Cancer Patients; PG-SGA SF, Patient-Generated Subjective Global Assessment Short Form; PG-SGA, Patient-Generated Subjective Global Assessment; SGA, Subjective Global Assessment; GLIM, Global Leadership Initiative on Malnutrition; CT, Computed Tomography; BIA, Bioelectric Impedance Analysis; BIS, Bioelectric Spectroscopy Analysis; DXA, Dual energy X-Ray Absorptiometry; MRI, Magnetic Resonance Imaging; SPPB, Short Physical Performance Battery; TUG, Timed Up and Go; EWGSOP1, European Working Group on Sarcopenia in Older People; EWGSOP2, European Working Group on Sarcopenia in Older People updated definition; FNIH, Foundation for the National Institutes of Health Biomarkers Consortium Sarcopenia Project

