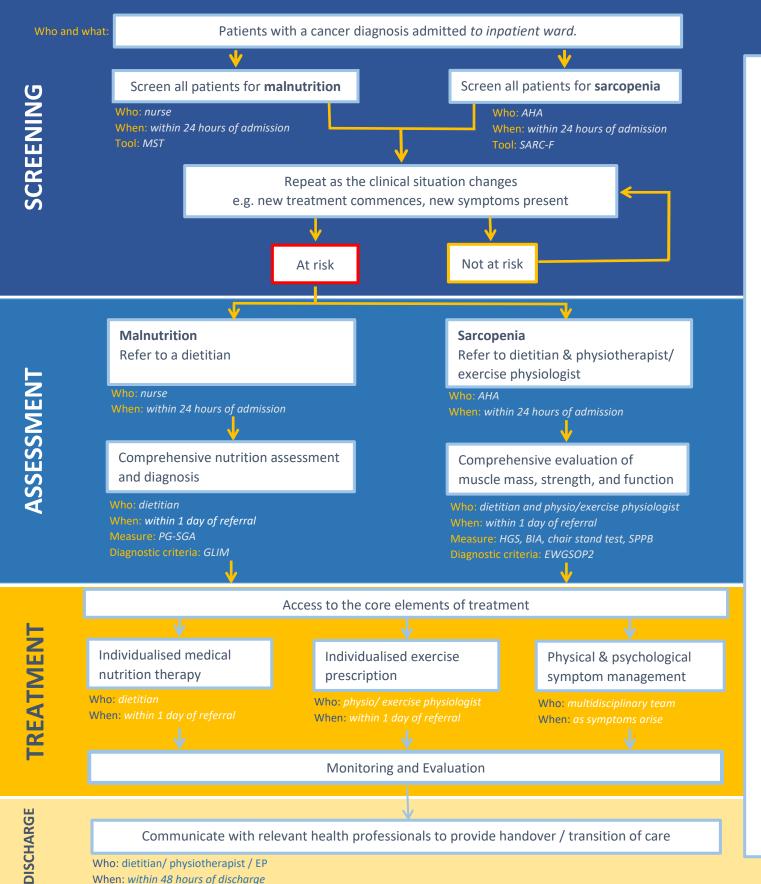


CANCER-RELATED MALNUTRITION AND SARCOPENIA



| | Malnutrition | Sarcopenia | | | |
|------------|--|---|--|--|--|
| SCREENING | Screen all patients with cancer using a validated tool Tools: MST, MUST, MSCT, PG-SGA SF + Identify all patients with a diagnosis or treatment plan known to lead to high nutrition risk: - 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 AT RISK → refer to dietitian NOT AT RISK → repeat as the clinical situation changes | Screen all patients with cancer using a validated tool Tools: SARC-F, SARC-F in combination with calf circumference AT RISK → refer to dietitian & physiotherapist/exercise physiologist NOT AT RISK → repeat as the clinical situation changes | | | |
| ASSESSMENT | Conduct comprehensive nutrition assessment using assessment tool validated in the oncology population: Measures: PG-SGA SGA Diagnostic criteria: - GLIM | Conduct comprehensive evaluation of muscle mass, muscle strength and muscle function. Measures: Muscle mass- CT, BIA, BIS, DXA, MRI, calf circumference Muscle strength- hand grip strength, chair stand test Muscle function- SPPB, gait speed, TUG Diagnostic criteria: - EWGSOP 1 - EWGSOP 2 - FNIH - CT image analysis | | | |
| TREATMENT | Dietitian to provide individualised medical nutrition therapy: 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 Monitor clinical and patient-reported outcomes and consider refortimise patient outcomes. i.e. psychologist, speech pathologist, | Physio/ exercise physiologist to provide individualised exercise prescription: Targeted resistance +/- aerobic exercise program Referral to exercise class Relevant education material Frequency of review based on individual needs | | | |
| DISHCARGE | Communicate with relevant health professionals to provide handover / transition of care 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