Exemplars of evidence-based care in practice

What is the role of the Oncologist and Surgeon?

SITUATION	For medical clinicians, including oncologists and surgeons, it is important to consider appropriate care on an individual basis, even when it may not be immediately obvious a patient may be either at risk of, or already presenting with, cancer-related malnutrition and/or sarcopenia. Consider the following clinical scenarios: A patient with a diagnosis of… *1. …colorectal cancer, initially presenting with bowel obstruction prior to undergoing adjuvant chemotherapy. The patient reports increased bowel frequency (x4 per day for 3-5 days) post chemotherapy and a prolonged period of poor oral intake (2-3 weeks), fasting for tests/surgery and is now struggling with fatigue. An oncologist might recommend referral to dietetics for review and nutritional counselling. Referral to rehabilitation services to address fatigue and likely muscle wasting* *2. …breast cancer undergoing neoadjuvant chemotherapy prior to surgery with major reconstruction planned. The patient indicates low energy levels despite a slight gain in weight. Their performance status is decreasing with chemotherapy resulting in their oncologist deciding to reduce their chemotherapy dose. An oncologist might recommend referral for rehabilitation to address fatigue and declines in performance status* *3. …lung cancer who has undergone a lobectomy and is reporting fatigue, loss of strength and declining function. An oncologist might recommend a period of rehabilitation due to possible reduced cardiovascular fitness, loss of muscle mass and decreasing motivation prior to commencing chemotherapy.*
WHAT care should be provided? **(Action)**	As a clinical lead within the MDT, an oncologist or surgeon has an important role in facilitating the identification and management of malnutrition and sarcopenia. Depending on your role, here are some suggestions for what action you can take: **Individual Level** ☐ *Gather enough information to determine if a patient may be at risk, particularly paying attention to any recent changes in their status/symptoms.* ☐ *Be aware of local services and refer at-risk patients early eg. dietitian, exercise physiologist, physiotherapist.* ☐ *Be able to give evidence-based, basic advice to at-risk patients whilst they are awaiting further assessment.*

	Team Level ☐ *Consider where there are the opportunities an oncologist might take to raise awareness amongst their peers/other MDT members e.g. team meetings, journal clubs, conferences, research collaborations.* ☐ *Lead and facilitate structured multidisciplinary care pathways and referral processes that support behaviour change and adherence to evidence-based recommendations.* **Organisational/System Level** To support uptake of the position statement in practice and policy: ☐ *Support development of systems to identify barriers and facilitators.* ☐ *Promote and advocate for adequate resources to deliver evidence-based care. Consider how, where and by whom services will be provided when new services are planned, or existing services are expanded etc. This is particularly relevant for those in clinical/organisational and professional leadership roles.*
WHO should deliver care? **(Actor)**	• An oncologist or surgeon plays a key role in early referral to relevant multidisciplinary team members (e.g. dietitian, exercise physiologist, nurse, physiotherapist, psychologist, social work) for further assessment and treatment.
WHERE should care be delivered? **(Context)**	• An oncologist or surgeon should be aware of referral processes for local services according to the stage of patient care e.g. inpatient, outpatient, community etc.
WHO should receive care? **(Target)**	• All people with cancer should be screened for malnutrition and sarcopenia in all health settings at diagnosis and as the clinical situation changes throughout treatment and recovery.
WHEN should care be provided? **(Time)**	• At diagnosis, before treatment, during treatment, post treatment and surveillance.
OUTCOMES	• Any patient consult is an opportunity for all members of the multidisciplinary team (MDT) to consider whether a patient may be at risk of cancer-related malnutrition and/or sarcopenia and take appropriate action to facilitate early identification and treatment.
FURTHER READING	• Kiss, N., et al., Clinical Oncology Society of Australia: Position statement on cancer-related malnutrition and sarcopenia. Nutr Diet, 2020. 77(4): p. 416-425. • Kiss, N., et al., Awareness, perceptions and practices regarding cancer-related malnutrition and sarcopenia: a survey of cancer clinicians. Support Care Cancer, 2020. 28(11): p. 5263-5270.