Establishing the Need for Provider Education on Cancer and Nutrition (PECAN) Survey Results on Nutrition Practices at a Large Community Oncology Practice



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BACKGROUND

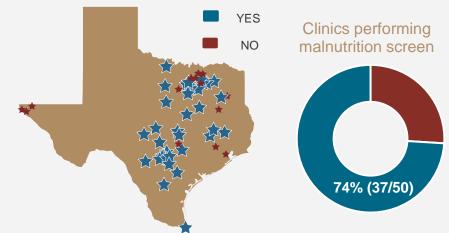
- Oncology providers and patients benefit from evidence-based nutritional resources to support cancer care.
- For patients, proper nutrition care can prevent inappropriate weight loss, improve treatment tolerance, and improve quality of life.
- Recent literature has noted the lack of both adequate dietitian resources at outpatient centers and lack of comprehensive nutrition guidelines in cancer care^{1,2,3}.
- At a large community practice with 210 locations across Texas and Southern Oklahoma a survey was developed and administered to assess nutrition practices.

METHODS

- Clinic directors throughout the practice participated in a survey to assess:
 - ✓ The presence or absence of a malnutrition screen and the tool used
 - ✓ How nutrition concerns are addressed in clinic
 - ✓ The availability of a dietitian
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- Zhao XH, Yang T, Ma XD, Qi YX, Lin YY, Chen XZ, Duan YQ, Sun DL. Heterogeneity of nutrition care procedures in nutrition guidelines for cancer patients. Clin Nutr. 2020 Jun;39(6):1692-1704. doi: 10.1016/j.clnu.2019.08.022. Epub 2019 Sep 9. PMID: 31542246.
- Arensberg MB, Richards J, Benjamin J, Kerr K, Hegazi R. Opportunities for Quality Improvement Programs (QIPs) in the Nutrition Support of Patients with Cancer. Healthcare (Basel). 2020 Jul 24;8(3):227. doi: 10.3390/healthcare8030227. PMID: 32722026; PMCID: PMC7551760.
- Isenring E, Cross G, Daniels L, Kellett E, Koczwara B. Validity of the malnutrition screening tool as an effective predictor of nutritional risk in oncology outpatients receiving chemotherapy. Support Care Cancer. 2006 Nov; 14(11): 1152-1156. Epub 2006 Apr 19

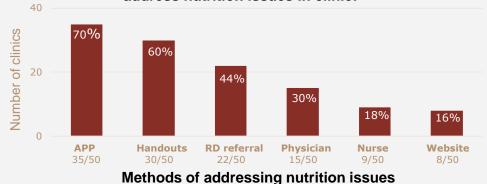
RESULTS

• 26 responses detailed the nutrition practices in 50 distinct locations.



30 (81%) locations reported using the Malnutrition Screening Tool (MST)4, a brief validated tool for outpatient setting including oncology

A variety of provider types and methods were employed to address nutrition issues in clinic:



• 41 (82%) clinics employed >1 method for addressing nutrition issues.

RESULTS

- Malnutrition screen was completed by the advanced practice provider (APP)/ physician in 18 (49%) clinics, a nurse in 4 (11%) of clinics, a dietitian in 4 (11%) clinics and a medical assistant in 1 (3%) clinic.
- At 10 sites >1 provider type was responsible for completing the screen.
- 10 sites (20 %) had a dietitian available in clinic. Twenty-two sites (44%) referred to a dietician.
- 16 of 26 respondents (62%) reported that increased dietitian access would be helpful; this included respondents whose locations already had a dietitian available.

CONCLUSIONS

- Multiple providers are involved In the nutritional care of oncology patients.
- There is a need for increased malnutrition screening and increased access to dietitian services.
- In response to these findings, the multidisciplinary PECAN Taskforce was created to develop comprehensive malnutrition screening, implement a referral process for all at-risk patients, enhance nutrition education and expand dietitian services
- Further study will measure the impact of expanded nutrition access on patient outcomes



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