It is clear that nutritional wasting in cancer is not due solely to a nutrient deficit or tumor/host competition for essential nutrients, but to complex metabolic changes in tissues arising from anorexia, tumor progression, systemic inflammation, reduced muscle mass and function, tumor catabolic factors, increased by proinflammatory cytokines, as well as the psychosocial sequelae. Knowledge of the wasting mechanisms may lead to improved treatments, which hopefully will extend lifespan as well as improve quality of life [1, 2].

Cancer is associated with malnutrition that may evolve to cancer cachexia. Cancer cachexia is multifactorial and is defined as 'a multifactorial syndrome with loss of skeletal muscle mass (with or without loss of fat mass), which is not fully reversed by conventional nutritional support'. Regardless of the underlying mechanisms, cancer-related wasting is multidimensional and worsens patients’ well-being, tolerance to antineoplastic therapies and prognosis. Weight loss decreases immunological responses to tumor cells and resistance to infection, enhances susceptibility to postoperative complications, and increases disability and overall costs of care [3].

Thus it is now consensual that nutrition intervention is mandatory in all cancer patients. In clinical practice, oral nutrition is always the priority because it is a significant part of the patient's daily routine and does contribute substantially to the patients’ autonomy. One has to bear in mind that eating is a source of pleasure and is a privileged time to spend with family and friends, avoiding the tendency for isolation in patients. The referral to a nutrition professional responsible for the individualized dietary counseling should always be based on evidence-based decision-making plans (fig. 1) [4, 5].

As clinicians, we have to recognize the dimensions that are determinant for patients. An adequate food intake is recognised by the patient, as well as by the family and caregivers, as essential to maintain the daily activity, energy and functional capacity and to overcome more successfully the treatment journey. To be effective, individualized counseling has
to be based on a thorough assessment of various nutritional and clinical parameters evaluated in any nutrition consultation. A detailed symptom assessment is mandatory (table 1).

Intensive individualized nutritional counselling is the most effective and the most physiologic means of feeding patients. Notwithstanding, one has to acknowledge that this clinical approach requires nutrition
professionals that have to be differentiated in oncology. Due to its world-
wide demonstrated efficacy, this integrated intervention should be fos-
tered as the nutritional treatment of excellence in cancer patients.

Early nutritional intervention is paramount to prevent nutritional
and physiological deficits and can modulate weight loss and morbidity,
maintain an adequate nutritional and performance status and quality of
life [5, 6]. It has the potential to stabilize or improve the patients’ clinical
status and augment the potential for favorable responses to therapy, recov-
ery and prognosis. With the advent of more effective cancer therapies
leading to greater numbers of affected long-term survivors, much more
emphasis is urgently required to provide the best care during treatments,
in order to improve patients’ clinical course. Evidence argues for the inte-
gration of nutrition as part of a team approach for cancer treatment and
patient management and to recognize the importance and necessity of
good nutrition as therapy, strengthening the recognition of the patient’s
right of expecting adequate nutrition care, which is mandatory to sustain
life throughout the disease journey. Early and timely intervention and
sensible partnerships with patients are key to success.

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