# Nutritional Support in Patients Treated With Definitive Chemoradiotherapy for Oesophagael cancer

**Descriptor:**

Aims:

1) To examine nutritional management in patients undergoing oesophageal chemoradiotherapy with curative intent

2) If necessary to consider a strategy to improve nutritional management in this group

**Background:**

Definitive chemoradiation (CRT) is a treatment option for oesophageal cancer. These patients are commonly malnourished and treatment toxicities can exacerbate this. Malnutrition has a profound negative impact on treatment tolerability and patient experience. It is important to recognise and manage this effectively.Permanent oesophagael stents can provide quick relief of dysphagia however, do not allow normal function which often can recover after definitive chemoradiation so are not recommended as best early option in this patient group.

## The Cycle

**The standard:**

NICE guidance on adult nutritional support (2006) recommends (CG32):

1. Screening for malnutrition or risk of malnutrition

2. Consideration of oral, enteral and parenteral nutritional support for those at risk

A large proportion of this patient group will be considered at risk of malnutrition.

**Target:**

• Nutritional screening assessment by dietetic team-100%

• Weight recorded in notes 100%

• Dysphagia grade recorded 100%

• Completion of radiotherapy 100%

• Enteral feeding considered where malnutrition identified or risk considered high 100%

## Assess local practice

**Indicators:**

• Nutritional screening of patients available

• Recording of weight

• Assessment of grade of dysphagia

• Monitoring during treatment- recording of weight, toxicities

• Feeding intervention requirement

• Enteral feeding (where high risk)

• Unplanned admission due to feeding problem

• Complications of feeding interventions

• Total parenteral nutrition rate

• Treatment completion rate

• Overall weight change %

**Data items to be collected:**

• Nutritional screening by dietician Y/N

• Weight loss at presentation kg/ %• Dysphagia grade

• Enteral feeding Y/N

• Pre treatment (Proactive) Y/N

• During treatment (reactive) Y/N

• Type feeding required eg. Nasogastric, gastrostomy, jejunostomy

• Complications of feeding eg. perforation, infection

• Admissions for feeding issues

• Length of hospital admission

• Requirement TPN (parenteral nutrition) Y/N

• Weight post treatment

• % weight change

• Completion chemoradiotherapy Y/N

• Radiation dose received

• Requirement for permanent stent

**Suggested number:**

50 patients undergoing chemoradiation

**Suggestions for change if target not met:**

1. Consideration of nutritional screening for patients undergoing chemoradiation for oesophagael cancer with early risk assessment for malnutrition and development of a protocol.Can be implemented during new patient visit with ongoing dietetic input during treatment eg during review clinic

2. Dietetic input during CRT to identify problems

3. Development of a proactive feeding policy in keeping with lcal availability

4. Re-audit

**Resources:**

• Will require specialist oncology dietetic input availability for upper GI patients

• Access to a service for gastrostomy insertion( radiological) or jejunostomy insertion

**References:**

1. <http://guidance.nice.org.uk/CG32/Guidance/pdf/English>

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