Patients with cancer face many challenges, including maintaining a good nutritional status and avoiding weight loss and malnutrition. However, research shows that the majority of patients with cancer suffer from various nutritional deficits, and up to 85% of patients with certain cancer types experience some form of weight loss and malnutrition during their cancer treatment. For some patients, the nutritional deficits can proceed to cancer cachexia, a specific form of malnutrition characterized by loss of lean body mass, muscle wasting, and impaired immune, physical, and mental function. Furthermore, poor nutritional status, weight loss, and malnutrition can lead to poor outcomes for patients, including decreased quality of life, decreased functional status, increased complication rates, and treatment disruptions. Fortunately, providing early nutrition intervention for patients can improve patients’ nutritional status and help patients to maintain body weight, maintain lean body mass, better tolerate treatment, and improve quality of life. Therefore, all healthcare professionals who care for patients with cancer need to recognize the signs of malnutrition and be equipped to provide early and effective nutrition intervention to improve outcomes.

Cancer and Nutritional Status
The continuum of cancer includes diagnosis, treatment, recovery, and survivorship. Each stage in this continuum is associated with specific challenges to patients and their nutritional status. Both the cancer and its treatments can have profound effects on an individual’s nutritional status, making nutrition screening, assessment, and intervention a vital component of medical care.

Changes in nutritional status may begin prior to diagnosis, when physical and psychosocial issues commonly have a negative impact on food intake. The reality is that at cancer diagnosis, half of patients present with some form of nutritional deficit. This deterioration in nutritional status has been found to poor outcomes, with as little as a 5% weight loss predicting decreased response to therapy and decreased survival. Nutritional status also often declines during the natural progression of cancer and its treatment, due to treatment-related side effects, and results in multiple and inter-related nutritional issues.

One of the most significant nutritional issues that can arise during cancer treatment is malnutrition. Malnutrition is defined as a state of nutrition in which a deficiency, excess, or imbalance of energy, protein, and other nutrients causes measurable adverse effects on body function and clinical outcome. Malnutrition can result from the disease process, from the use of cancer therapies, or from both. Side effects related to common cancer therapies, including chemotherapy, radiation, immunotherapy, and surgery, are key contributors in promoting the deterioration in nutritional status. The incidence of malnutrition in people with cancer ranges from 30% to 87%. Patients with cancer of the lung, esophagus, stomach, colon, rectum, liver, and pancreas are at greatest risk. Of people who die from cancer, up to half have been malnourished. In fact, up to 20% of patients die from the effects of malnutrition rather than from the cancer itself. Malnutrition leads to numerous negative outcomes including decreased quality of life, increased complication rates, decreased treatment tolerance, and increased mortality (see Figure 1).

Figure 1: Impact of Malnutrition

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Prescribe Nutrition to help improve patient outcomes.

Up to 85% of oncology patients experience malnutrition during their treatment.1 Half of them show some kind of nutritional deficit before they’re even diagnosed.2

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• Improve treatment tolerance
• Improve quality of life
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In addition to weight loss, cancer patients often experience loss of lean body mass, or muscle mass. Loss of muscle mass can result in similar outcomes as malnutrition and includes decreased immunity, increased infections, increased skin breakdown, decreased healing, and increased mortality. A study of head and neck cancer patients who were starting nine weeks of treatment with concurrent chemotherapy and radiation and found that weight loss began one week after the start of chemoradiation. On average, the subjects lost almost 15 pounds over the course of treatment, and of that weight loss, lean body mass accounted for 71%.

In some patients, malnutrition can progress to cancer cachexia which is “a multifactorial syndrome defined by an ongoing loss of skeletal muscle mass (with or without loss of fat mass) that cannot be fully reversed by conventional nutritional support and leads to progressive functional impairment.” Its pathophysiology is characterized by a negative protein and energy balance driven by a variable combination of reduced food intake and abnormal metabolism.

Finally, nutrition remains important after treatment for cancer survivors. During survivorship, individuals are often highly interested in diet and lifestyle modifications to prevent cancer recurrence and to optimize their health. Cancer survivors might also experience long-term or chronic side effects from treatment, such as fatigue and saliva changes, that can continue to impact their food intake and nutritional status.

Research regarding the effects of diet, exercise, and body weight on survivorship are in the early stages, and recommendations regarding the prevention of future cancer have not been established. However, cancer survivors are encouraged to follow the same guidelines recommended for cancer prevention including maintaining a healthy body weight, being physically active, consuming a healthy diet rich in plant foods and low in fat intake, and limiting alcohol intake.

Although all patients with cancer are at nutritional risk, not all patients with cancer become malnourished or develop cancer cachexia. Therefore, nutrition screening, assessment and intervention are crucial to preventing and minimizing the development of malnutrition at all stages of cancer treatment.

The Benefits of Nutrition Intervention
Many studies have demonstrated that maintaining a good nutritional status through nutrition intervention can help individuals with cancer improve outcomes including:

- Increase energy and protein intake
- Maintain and gain body weight
- Improve quality of life
- Improve strength and energy levels
- Manage treatment-related side effects
- Avoid dose reduction and treatment delays
- Reduce unplanned hospital admissions

Screening, assessment and intervention are crucial to preventing and minimizing the development of malnutrition at all stages of cancer treatment.

Food for Thought: The Importance of Nutrition for Patients With Cancer

Continued from page 1

“Screening, assessment and intervention are crucial to preventing and minimizing the development of malnutrition at all stages of cancer treatment.”

Continued on page 5

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It is imperative that the healthcare team identify patients early so appropriate nutrition interventions can be implemented

Eating well during cancer treatment means including a variety of foods every day to provide the nutrients (protein, carbohydrate, fat, fluid, vitamins, and minerals) needed to maintain health.17,18 However, eating well is frequently a challenge because cancer and the side effects of treatment can impact dietary intake and, ultimately, nutritional status.

Nutrition intervention in cancer patients can involve many strategies, including dietary counseling and oral nutritional supplementation. The goals of nutritional support in patients with cancer are numerous and include maintaining an acceptable weight and preventing or treating malnutrition, leading to better tolerance of treatment and its side effects, more rapid healing and recovery, reduced risk of infection during treatment, and enhanced overall survival.4,21,22

Research has demonstrated that nutritional intervention in cancer patients can result in positive outcomes. A recent systematic review and meta-analysis of oral nutritional interventions in malnourished cancer patients showed that nutritional intervention, including nutritional counseling and oral nutritional supplementation, was associated with statistically significant improvements in weight and energy intake compared with routine care and had a beneficial effect on some aspects of quality of life.22 Additionally, another recent study showed that patients undergoing chemo-radiotherapy for esophageal cancer in a nutrition intervention program experienced better outcomes than those who had received usual care. The patients receiving nutrition intervention had greater treatment completion rates, fewer unplanned hospital admissions and those that were admitted to hospital had shorter length of stay compared to the patients receiving usual care.8

Expert nutrition groups including the American Society for Parenteral and Enteral Nutrition (ASPEN) and the European Society for Clinical Nutrition and Metabolism (ESPEN) have both issued clinical guidelines for nutritional treatment of cancer patients. These guidelines state that cancer patients should undergo nutrition screening and assessment and receive early nutrition intervention to improve outcomes.21,22

Identifying At-Risk Patients and Providing Appropriate Nutrition Intervention

Patients with cancer face many nutritional challenges including treatment-related side effects and weight loss. For many of these patients, these challenges are present prior to cancer diagnosis and can worsen during the course of treatment. Therefore, it is imperative that the healthcare team identify patients early so appropriate nutrition interventions can be implemented to help improve the patients’ outcomes and quality of life. The research and expert recommendations support a preventive, rather than therapeutic, approach that encompasses nutrition screening as early as possible and treatment of nutritional problems through nutrition intervention.2,14,21-24

The ASPEN and ESPEN guidelines for nutrition in cancer patients both recommend that nutritional screening and assessment of cancer patients should be performed frequently and nutritional intervention should be initiated early when deficits are identified.21,22 The entire healthcare team needs to work together to identify cancer patients at risk of malnutrition early in order to plan the best possible intervention and follow-up during cancer treatment and progression.25

Summary

Poor nutritional status, weight loss, and malnutrition are common in patients with cancer. These nutritional challenges significantly increase morbidity and mortality in these patients, and severe cases can lead to cancer cachexia. Early nutrition screening and intervention is vital in these patients to help prevent this nutritional decline and to help patients better tolerate their treatment regimen. Research has demonstrated that early nutrition intervention, including oral nutritional supplementation, improves outcomes in cancer patients including nutritional status, weight, treatment tolerance, and quality of life. A multidisciplinary approach among all healthcare professionals involved in cancer care is necessary to identify at risk patients early in the process and provide the appropriate and effective nutritional interventions.

References

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University of Texas M.D. Anderson Cancer Center

Submitted by Wendy Austin, RN, MS, AOCN, NEA-BC

How many years have you been an oncology executive? 22 years

Organizational model of the center: NCI-designated comprehensive cancer center; M.D. Anderson is a University of Texas-affiliated teaching hospital.

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Accreditations: The University of Texas M.D. Anderson Cancer Center is accredited by the Joint Commission and Health Organization, the American College of Surgeons, and the Commission on Colleges of the Southern Association of Colleges and Schools.

Locations: M.D. Anderson’s main campus is in the Texas Medical Center in Houston. We also have four regional care centers in Greater Houston, two research facilities in Bastrop County, TX, two co-branded extensions in Arizona and Florida that are fully integrated with local hospitals to further our clinical and research missions, three affiliates, nine certified members whose quality management programs are based on M.D. Anderson guidelines and best practices, and an international network of 26 sister institutions that collaborate with us in grant-funded research, student and faculty exchanges, and annual conferences.

Unique or recently developed programs/services: The Moon Shots Program was launched in September 2012 to dramatically accelerate the pace of translating scientific discoveries into clinical advances that reduce cancer deaths. The program targets six areas: acute myeloid leukemia and myelodysplastic syndrome, chronic lymphocytic leukemia, melanoma, lung cancer, prostate cancer, and triple-negative breast and high-grade serous ovarian cancers.

Lessons learned: Hire people who are smarter than you and empower them to be their best. Cancer is a team sport, and to win, it takes a great coach and excellent players whose unique contributions are acknowledged and appreciated. It is an honor to be invited into patients’ lives at this most critical time for them—never forget or diminish that truth.

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The ACE 19th Annual Meeting was held last January 23–26 at the Grand Hyatt in San Antonio, TX. Attendees were treated to three-plus days of excellent weather, a great line-up of speakers and educational sessions, and valuable networking opportunities in the EXPO hall.

Wednesday, January 23
The day began with the Oncology 101 Pre-Conference Workshop. Designed for those who are new to the oncology field, this one-day program preceded the ACE Annual Meeting. We were pleased to have more than twenty attendees registered for this year’s Oncology 101. The program featured several informative sessions including “Alphabet Soup,” presented by Diane Cassels, Linda Ferris and Oncology 101 Chair Haylea Kensing.

The day ended with the 19th Annual Meeting Welcoming Reception, sponsored by Pyramid Healthcare Solutions. The reception brought together Oncology 101 attendees, annual meeting participants, exhibitors and sponsors and was a great way to meet and greet colleagues and kick-off the Annual Meeting.

Thursday, January 24
We were very pleased to have Ian Thompson, MD, as our keynote speaker on Thursday. He discussed “Cancer Management for an Aging Population” and he also gave attendees a bit of behind the scenes tour of San Antonio with his local knowledge. The day continued with sessions on survivorship, rapid quality reporting, dealing with disruptive and unprofessional physicians. We were also very pleased to launch the poster session format in San Antonio with ten very informative posters. ACE will continue this format at the 20th Annual Meeting in San Francisco next year. Thursday evening concluded with a reception in the EXPO Hall. ACE was very pleased to showcase thirty of the most innovative products and services to the industry and we hope to build on this success in the years to come.

Friday, January 25
Friday brought fantastic weather and more illuminating educational sessions to the Annual Meeting participants. A few brave attendees woke up before the sun to take part in a morning workout along the famous River Walk, arranged by ACE. Following an invigorating breakfast in the EXPO hall, the session presenters covered more industry topics such as integrative therapy, patient navigation, transitional care coordination alignment strategy and much more. Later that evening, several participants took part in the dine-around program. It was a great time to join in conversations with friends and colleagues while enjoying some of the River Walk’s many exciting restaurants.

Saturday, January 26
The 2013–2014 ACE Committees began work early Saturday morning with a breakfast discussion on the direction the committees will be taking ACE over the next year. Later that morning we were very pleased to hear from Abbott Nutrition’s platinum speaker Abby Sauer, MPH, RD, LD, who brought attendees up to speed on current nutritional issues in oncology. The conference concluded with two very strong sessions on drug shortages and oncology shared saving programs.

Acknowledgment and Looking Forward
As we close the books on another successful annual meeting, we give thanks to the Education Committee led by Diane Cassels and the Vendor Committee led by Dave Gosky — their work was instrumental in putting together such a great meeting. We would also like to recognize the pivotal support of the Annual Meeting exhibitors and the ACE Corporate Sponsors. Without their continued participation such an event would not be possible.

We must now shift our gaze across the country to The City by the Bay. Planning is already under way for the ACE 20th Annual Meeting to be held January 29 – February 1, 2014 at the Palace Hotel in San Francisco, CA. Mark your calendar and make plans to join us for this milestone ACE event!

Stay tuned to www.cancerexecutives.org throughout the year for meeting updates and more information.

2013 ACE EXPO

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These are exciting times for the Association of Cancer Executives as we celebrate our 20th anniversary. I am honored to serve as your president during this milestone year and join the outstanding leaders that have represented us over the past two decades.

In order to look forward, I thought I would review the ACE Mission and see how it applied to my own development and how we can all be better mentors to those either just starting in their career or to those of us who have to constantly learn new skills. The mission as stated, is

“The Association of Cancer Executives (ACE) is a national organization committed to the leadership development of oncology executives through continuing education and professional networking designed to promote improvement in patient care delivery.”

The key words for me are “leadership” and “networking.” ACE members should be seen as those individuals having the knowledge to lead cancer centers, hospital units and oncology services. How we get that knowledge depends on many things, but for me, the main route has been through networking and involvement in professional societies.

Early in my management career, I was asked by a colleague to be a member of a committee of the Society of Radiation Oncology Administrators (SROA). I was not only honored, but flattered to be asked and thought of this as a privilege. After a few years on committees, I was elected to the Board of Directors and helped to shape the future of the organization. Fellow committee members and board members became my “go to” contacts for when I was researching an issue. I always felt that I could call someone and get a straight answer. As I moved on into an academic administrative position, I then had new contacts and mentors to help me learn the nuances of academic versus hospital practices. If it wasn’t for those colleagues, I definitely would not be where I am today.

I am sharing this with you today to make a few points. First of all, the members of ACE are all colleagues willing to share and help you succeed at whatever level you are in your career. We may not pick up the phone as much as we used to, but you can e-mail individuals or the entire membership through the list-serve and get answers that you need. Our website will be going through some changes this year, led by our member services committee. Let the committee know what you would like to see on our site.

The second point is that in order to get the most out of ACE, you need to get involved. There are not many organizations like ours where a member can get engaged on committees and rise to leadership in the organization in a short time. The new Administrative Fellowship Program is designed to cultivate executive leadership by promoting excellence and enhancing the skills of individuals. This program was the brain-child of a new member who attended ACE Oncology 101, outlined a fellowship program on the back of a napkin and submitted this to the board for review. All of this happened within two years of him becoming a member. This could not occur in a large bureaucratic organization!

Our Board of Directors is here to serve our members any way we can. Please let us hear from you whenever you have questions, concerns or new ideas. Every member should make it their mission to enhance the organization and spread the news to potential new members. There are still oncology leaders out there that are not aware of ACE and the wonderful opportunities and benefits provided to its members.

Joining an ACE committee is also a great way to get further involved and stand out among your peers. Don’t hesitate to reach out to our committee leaders to learn how you can participate. Our new ACE committee chairs/co-chairs for 2013 are:

- Linda Ferris, *Bylaws & Election*
- Ted Yank, *Education*
- Deena Gilland & Tammy McClanahan, *Membership*
- Veronica Decker & Josh Schoppe, *Member Services*
- Kelley Simpson, *Newsletter/Publications*
- David Gosky & Teresa Heckel, *Vendor Relations*

A complete description of each committee and contact information is at www.cancerexecutives.org.
New Members
As of February 5, 2013

- Mary-Kate Cellmer
  Multi-Disciplinary Center Manager
  Thomas Jefferson University Hospital
  1015 Chestnut Street, Suite 622
  Philadelphia, PA 19107
  T: 215-503-6740
  F: 215-955-1020
  mary-kate.cellmer@jeffersonhospital.org

- Stephen E Roth
  Administrator, Cancer Institute
  University of Mississippi Health Care
  2500 North State Street, Suite G-751
  Jackson, MS 39216
  T: 601-815-6850
  sroth@umc.edu

- Laurie Henning
  Practice Administrator
  Hematology Oncology Associates, P.C.
  2828 East Barnett Road
  Medford, OR 97504
  F: 541-842-4269
  lhennen@hemoncassoc.com

- John Hranicky
  National Account Executive
  Abbott Nutrition
  3300 Stelzer Avenue
  Columbus, OH 43219
  T: 614-542-7532
  john.hranicky@abbott.com

- Shreya Kanodia PhD
  Associate Director, Administration
  Samuel Oschin Comprehensive Cancer Institute
  Cedars-Sinai Medical Center
  8700 Beverly Blvd., NT, Mezz C 2003
  Los Angeles, CA 90048
  T: 310-423-3596
  shreya.kanodia@cshs.org

- Tamara Keefe
  Senior Brand Manager, Oncology
  Abbott Nutrition
  3300 Stelzer Road
  102274 RP2-3
  Columbus, OH 43219
  T: 614-624-4307
  tamara.keefe@abbott.com

- Debbie Lewandowski
  Assistant VP, Oncology Services
  Martin Health System
  501 E. Osceola Street
  Robert & Carol Weissman Cancer Center
  Stuart, FL 34994
  T: 772-223-5945 x3717
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