

espen and epaac guidelines on nutrition in cancer

- update on state of development -

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sponsors



THE EUROPEAN
SOCIETY
FOR CLINICAL
NUTRITION
AND
METABOLISM



EPAAC



European Partnership for Action Against Cancer

Health Promotion & Prevention

Screening & Early Diagnosis

Healthcare

Cooperation & Coordination In Cancer Research

Cancer Data And Information

National Cancer Plans

The European Partnership for Action Against Cancer (EPAAC) was launched in 2009, after the European Commission published its Communication on Action Against Cancer: European Partnership.

The specificity of the Partnership is that it brings together the efforts of different stakeholders into a joint response to prevent and control cancer. In its initial phase, until early 2014, the work of the Partnership will be taken forward through a Joint Action (cofinanced by the EU Health Programme). The National Institute of Public Health in Slovenia has assumed the role of leader of the EPAAC Joint Action, which encompasses 36 associated partners from across Europe and over 90 collaborating partners.

!!NEW!! To see the EPAAC GANTT chart with all of the latest updates on project milestones and deliverables, please click [here](#).

Survey

How do you like our new website?

- Great
- Good
- Could Be Better

VOTE

Latest Tweets

Children 'need more teaching on cancer causes' <http://t.co/rBBNjgLk>
 by EPAAC Joint Action Production
 September 23rd 2014

Athens 2012

The Steering Committee in Athens will take place from 24-25 September 2012 (26 September - Advisory Committee, Editorial Board). Meeting materials to come shortly.

*Published: 28 Jun 2012 in
Upcoming Events*

RSS

- [RSS - All content](#)
- [RSS - Events & Meetings](#)
- [RSS - News](#)

Member States have integrated cancer plans by the end of the Partnership. Organisationally, the EPAAC Joint Action is made up of ten Work Packages, which correspond to ten different sets of actions.

ORGANISATIONAL STRUCTURE - 10 WORK PACKAGES

- **WORK PACKAGE 1**, COORDINATION (LED BY NATIONAL INSTITUTE OF PUBLIC HEALTH, SANDRA RADOŠ KRNEL)
- **WORK PACKAGE 2**, DISSEMINATION (LED BY NATIONAL INSTITUTE OF PUBLIC HEALTH, MATIC MEGLIČ)
- **WORK PACKAGE 3**, EVALUATION (LED BY NATIONAL INSTITUTE OF PUBLIC HEALTH)
- **WORK PACKAGE 4**, OPEN FORUM (LED BY NATIONAL INSTITUTE OF PUBLIC HEALTH, TINA LIPUŠČEK)
- **WORK PACKAGE 5**, HEALTH PROMOTION AND PREVENTION (LED BY EUROPEAN CANCER LEAGUES, WENDY TSE YARED)
- **WORK PACKAGE 6**, SCREENING AND EARLY DETECTION (LED BY FINNISH CANCER SOCIETY, ARTTI ANTI TILLA)
- **WORK PACKAGE 7**, HEALTH CARE (LED BY CATALAN INSTITUTE OF ONCOLOGY, JOSEP BORRAS)
- **WORK PACKAGE 8**, RESEARCH (LED BY EUROPEAN CANCER ORGANISATION, INGRID VAN DEN NEUCKER)
- **WORK PACKAGE 9**, INFORMATION AND DATA (LED BY ISTITUTO NAZIONALE DEI TUMORI, MILENA SANT)
- **WORK PACKAGE 10**, NATIONAL CANCER PLANS (LED BY NATIONAL INSTITUTE OF PUBLIC HEALTH, SLOVENIA, TIT ALBREHT)

LEAD PARTNER & COORDINATOR:

National Institute of Public Health, Slovenia

Stage III non-small cell lung cancer patients <http://t.co/16UggXeP>

by EPAAC Joint Action Friday, 07 September 2012 10:45

Drug and alcohol use: EU report reviews measures for creating safer nightlife environment for young people <http://t.co/164x2bsc>

by EPAAC Joint Action Friday, 07 September 2012 10:00

Press Release - Health protection throughout the lifecycle can lead to healthy ageing <http://t.co/1IPXICyf>

by EPAAC Joint Action Friday, 07 September 2012 10:00

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Mohammed Katalin Joan



Paulo Thomas Jamez



aims

update of espen guidelines

focus on patient care

highest quality possible*

rapid results (2012/2013)

*ESPEN disease-specific guideline framework; Clin Nutr 2011

excursion: expert group

CAN

- oncology
 - anesthesiology
 - physiology
 - hematology
 - nutrition
 - surgery
 - sports medicine
 - surgery
 - dietitian
 - radiooncology
 - gastroenterology
 - nursing
 - radiooncology
 - pharmacology
 - internal medicine
 - intensive care
 - nutrition
 - palliative care
- Arends
 - Bachmann
 - Baracos
 - Bertz
 - Bokhorst
 - Bozzetti
 - Dimeo
 - Fearon
 - Hütterer
 - Kaasa
 - Krznicaric
 - Larsson
 - Manas
 - Mühlebach
 - Muscaritoli
 - Preiser
 - Ravasco
 - Strasser

(some experts have several affiliations)



I- GL process

select expert panel (across EU and faculties)

Delphi method / consensus conferences

develop GL design and relevant topics

literature search by methodology institute

phrase statements by consensus

pilot guideline

obtain endorsements by other societies

excursion: delphi process

frame expression (question or statement)

send to all members of group

collect answers

revise expression

send - collect - revise

until final version



II- what is available?

ESPEN GL 2006 (EN), 2009 (PN)

ASPEN GL 2009

Am Cancer Soc 2006

Dietet Assoc Australia 2006

Am Dietet Assoc 2007

EPAAC cachexia GL 2010

III- what needs to be changed?

criticism by users of ESPEN GL:

only few practical statements

often not helpful, i.e. low impact

→ answer Q with impact on clinical care

III- what needs to be changed?

criticism of methodologists*:

lack of transparency

→ use standard criteria

JADAD to score the quality of individual studies

GRADE to judge the available evidence

AGREE to structure guideline

IV- phases of development

1. select experts

2. training in methods (major part outsourced)

3. decide on major design

4. decide on topics to be covered

5. decide on questions for literature search

6. evaluate literature

7. frame statements

3. major design

Part A – Technical information

- A 1 Goals of guideline
- A 2 Target audience / recipients (who should use the GL)
- A 3 professional groups involved in formulating GL, endorsements
- A 4 conflicts of interest, funding

Part B – Treatment recommendations

- B1 Description of nutritional problems and interventions
- B2 Recommendations relevant for all cancer patients
- B3 Recommendations for specific patient categories and problems

Part C – Post publication impact

- C 1 Structure, processes and resources to provide care
- C 2 Applicability and barriers to implementation
- C 3 Possible quality indicators
- C 4 Procedure to regularly update GL or GL parts

3. major design

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- C 4 Procedure to regularly update GL or parts of it

4. treatment recommendations

B1 - Description of nutritional problems and interventions

B2 - Recommendations relevant to all cancer patients

B3 - Recommendations for specific patients categories and problems

4. treatment recommendations

B1 - Description of nutritional problems and interventions

Malnutrition, cachexia, and interventions

Selecting patients and organizing treatment

Energy and nutrient requirements

B2 - Recommendations relevant to all cancer patients

B3 - Recommendations for specific patients categories and problems

4. treatment recommendations

B1 - Description of nutritional problems and interventions

B2 - Recommendations relevant to all cancer patients

Nutrition interfering with anticancer treatment

Effects of counseling, nutrients and energy

Effects of pharmacologic interventions

Effects of physical activity

Effects of psycho-social/behavioral interventions/education

B3 - Recommendations for specific patients categories and problems

4. treatment recommendations

B1 - Description of nutritional problems and interventions

B2 - Recommendations relevant to all cancer patients

B3 - Recommendations for specific patients categories and problems

Patients in specific disease settings

surgery, (neo)-adjuvant radio(chemo)-therapy,
hematologic malignancies, survivors, advanced disease

Patients with specific problems

weight loss, (pre)cachexia, obesity, anorexia,
nausea, chewing/swallowing problems etc.

5. literature search

specific questions on tumor type
treatment status
intervention
outcome

Ex of question:

What is the effect of germ-reduced food on survival in pats with hematologic malignancies undergoing curative high-dose chemo-radiotherapy ?

→ for studies found: describe patient group
with respect to stage of cachexia

6. time schedule until spring 2013

- literature search
- evaluate data
- design statements
- send GL for internal review