

aim of the guideline

Translate current evidence and expert opinion into recommendations for the multi-disciplinary team responsible for prevention, identification and treatment of reversible elements of malnutrition in cancer patients

- ESPEN GL Oncology

time frame and methodology

2012 - 2015

20 experts, 2 ESPEN leaders, 2 methodologists evidence search and GRADE technique*

recommendations

consensus process

commentaries

→ online commentaries on ESPEN website

*ESPEN disease-specific guideline framework; Clin Nutr 2011

baseline message for oncologists

Nutrition and metabolism are essential components of best supportive care.

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guideline topic

Malnutrition: to avoid, revert, decrease, slow MN

Process: detect MN and risk

assess treatment needs treat appropriately

adapt treatment as required

→ How to move awareness to oncology wards?

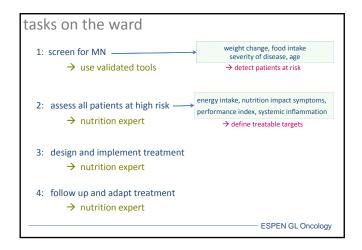
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questions for implementation

- 1: what needs to be done on the ward?
- 2: how to change oncology policy?

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visions, goals

- · Every cancer patient is screened regularly
- All patients at risk are assessed and treated
- All treated patients are followed-up
- New high-quality trials are performed to ..
 - .. prove effects of proposed treatments
 - .. evaluate new multimodal concepts

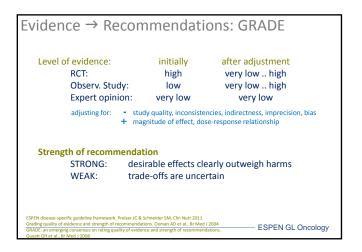
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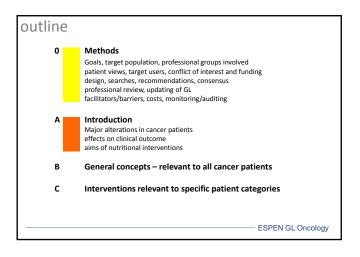
Integrating nutrition into oncology

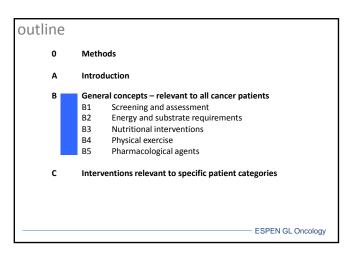
Nutrition and metabolism are essential components of best supportive care.

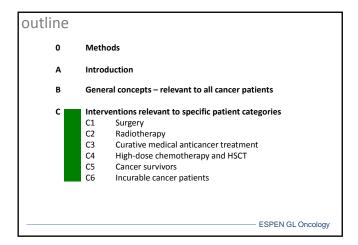
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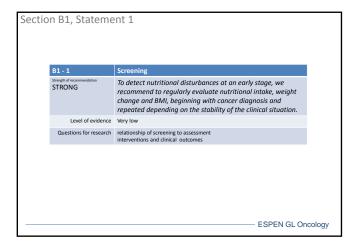
Guideline: Problems Evidence of high quality is very limited Recommendations triggered solely by the level of evidence are not helpful for clinical practice ESPEN Cancer-GL 2006&2009 AGREE rating of applicability: 0-7/100 [van den Berg T et al. JPEN 2011]

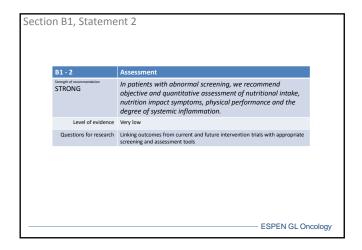


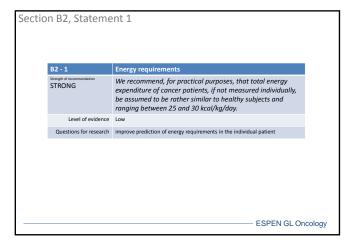


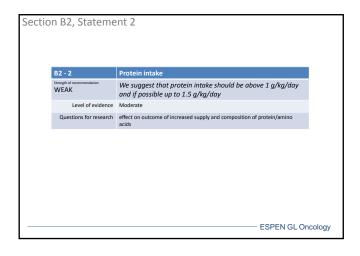


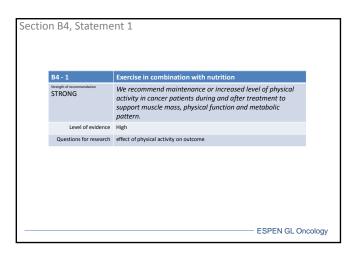


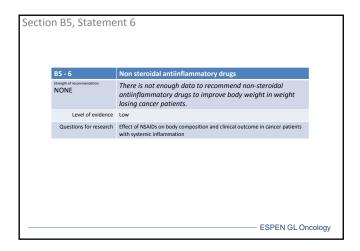


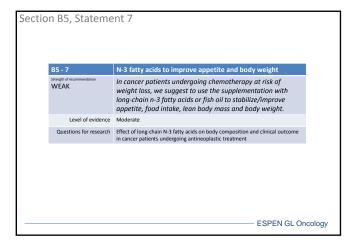


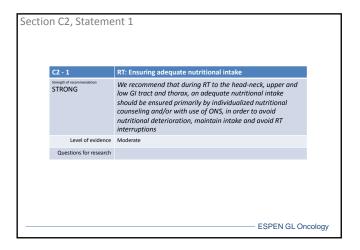


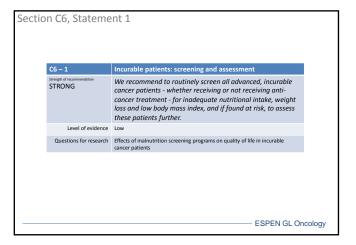












ESPEN Guidelines in Oncology Jann Arends, Leeds 2015

