MASCC
PALLIATIVE CARE STUDY GROUP
Summary Review
MASCC

Expert Opinion/Guidance in the Use of Clinically Assisted Nutrition in Patients with Advanced Cancer

Citation:

Abstract:
Purpose: The provision of clinically assisted nutrition (CAN) in patients with advanced cancer is controversial, and there is a paucity of specific guidance, and so a diversity in clinical practice. Consequently, the Palliative Care Study Group of the Multinational Association of Supportive Care in Cancer (MASCC) formed a Subgroup to develop evidence-based guidance on the use CAN in patients with advanced cancer.

Methods: This guidance was developed in accordance with the MASCC Guidelines Policy. A search strategy for Medline was developed, and the Cochrane Database of Systematic Reviews and the Cochrane Central Register of Controlled Trials were explored for relevant reviews/trials respectively. The outcomes of the review were categorised by the level of evidence, and a “category of guideline” based on the level of evidence (i.e. “recommendation”, “suggestion”, or “no guideline possible”).

Results: The Subgroup produced 11 suggestions, and 1 recommendation (due to the paucity of evidence). These outcomes relate to assessment of patients, indications for CAN, contraindications for CAN, procedures for initiating CAN, and re-assessment of patients.

Conclusion: This guidance provides a framework for the use of CAN in advanced cancer, although every patient needs individualised management.
Recommendations:

Recommendation 1
All patients with advanced cancer should have regular nutritional assessments
Level of evidence - V; category of guideline - suggestion

Recommendation 2
Patients with nutritional problems should be reviewed by a specialist dietitian (with / without other members of the nutrition support team)
Level of evidence - V; category of guideline - suggestion

Recommendation 3
Any decision to initiate clinically assisted nutrition should be made by an appropriately constituted multidisciplinary healthcare team together with the patient and their family
Level of evidence - V; category of guideline - suggestion

Recommendation 4
Clinically assisted nutrition should be considered in patients with an inability (reversible / irreversible) to ingest sufficient nutrients
Level of evidence - V; category of guideline - suggestion

Recommendation 5
Clinically assisted nutrition should be considered in patients with an inability (reversible / irreversible) to absorb sufficient nutrients
Level of evidence - V; category of guideline - suggestion

Recommendation 6
Clinically assisted nutrition should be considered in patients at risk of dying from malnutrition before dying from their cancer
Level of evidence - V; category of guideline - suggestion

Recommendation 7
Clinically assisted nutrition is not indicated for the treatment of cancer cachexia
Level of evidence - V; category of guideline - suggestion
**Recommendation 8**
Protocols / processes should be in place to deal with conflicts over the initiation (or withdrawal) of clinically assisted nutrition  
*Level of evidence - V; category of guideline - suggestion*

**Recommendation 9**
Patients receiving clinically assisted nutrition should have a nutritional care plan which defines the agreed objectives of treatment, and the agreed conditions for withdrawal of treatment  
*Level of evidence - V; category of guideline - suggestion*

**Recommendation 10**
Enteral tube feeding is generally preferable to parenteral nutrition (if possible)  
*Level of evidence - I; category of guideline - recommendation*

**Recommendation 11**
Clinically assisted nutrition should be available in all settings, including the home setting  
*Level of evidence - IV; category of guideline - suggestion*

**Recommendation 12**
All patients receiving clinically assisted nutrition should be regularly reassessed  
*Level of evidence - V; category of guideline - suggestion*
Levels of evidence:

**Level I**: Evidence obtained from meta-analysis of multiple, well-designed, controlled studies; randomized trials with low false-positive and false-negative errors (high power)

**Level II**: Evidence obtained from at least one well-designed experimental study; randomized trials with high false-positive and/or false-negative errors (low power)

**Level III**: Evidence obtained from well-designed, quasi-experimental studies, such as nonrandomized, controlled single-group, pretest-posttest comparison, cohort, time, or matched case-control series

**Level IV**: Evidence obtained from well-designed, non-experimental studies, such as comparative and correlational descriptive and case studies

**Level V**: Evidence obtained from case reports and clinical examples

Categories of guidelines:

**Recommendation**: Reserved for guidelines that are based on Level I or Level II evidence

**Suggestion**: Used for guidelines that are based on Level III, Level IV, and Level V evidence; this implies panel consensus on the interpretation of this evidence

**No guideline possible**: Used when there is insufficient evidence on which to base a guideline; this implies (1) that there is little or no evidence regarding the practice in question, or (2) that the panel lacks consensus on the interpretation of existing evidence