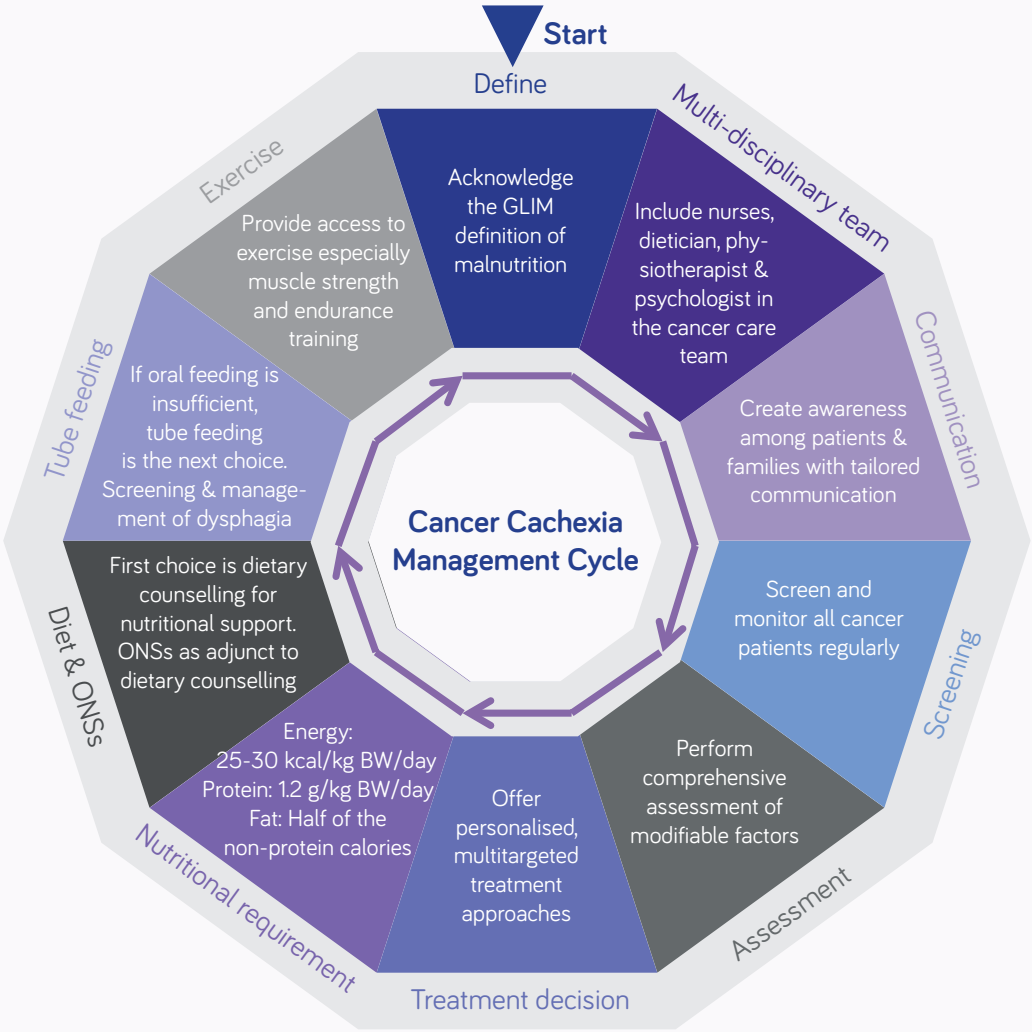
Putting into practice: the new ESMO guidelines for cancer cachexia

Summary Card

Objective of the new ESMO-CPG for cancer cachexia

The new European Society for Medical Oncology (ESMO) Clinical Practice Guidelines (CPG) was published to alert healthcare professionals, especially young oncologists, about the complex process of cancer cachexia and provide standard recommendations for screening, diagnosis and treatment of cancer patients with overt cachexia as well as at-risk settings.[1]



Key recommendations

Define

Defining cachexia as disease-related malnutrition based on the GLIM definition of malnutrition and the presence of systemic inflammation is recommended.
Strongly recommended

Screening

Standardised screening for nutritional risk at regular intervals is recommended for all patients undergoing anticancer treatment and those with a life expectancy of at least a few (i.e. 3-6) months; a validated screening tool should be applied.
Generally recommended

Multimodal treatment

- Screening for cachexia should be integrated into routine cancer care, supported by accountable professionals and linked to immediate access to cachexia care interventions.
- In patients with cachexia, combining nutritional support with exercise training and psychological support is proposed.
- Cachexia care should be delivered utilising a combination of nutrition, physical activity, psychological, oncological, palliative/supportive/rehabilitative care and oncologist competencies.

Generally recommended

Comprehensive assessment

For patients identified as being at nutritional risk, an objective assessment of nutritional and metabolic status (including weight, weight loss, body composition, inflammatory state, nutritional intake and physical activity) and examination for the presence of factors interfering with the maintenance or improvement of this status (including nutrition impact symptoms, GI dysfunction, chronic pain and psychosocial distress) is recommended. Repeating nutritional assessments at regular intervals, typically, monthly, is also recommended to guide multicomponent anti-cachexia treatment.
Generally recommended

Communication

Health care professionals should provide tailored information according to the stage of cachexia and empower patients and their families to understand its nature, course and biological mechanisms, and to acknowledge its negative effects (e.g. weight loss, reduced appetite, early satiety), thereby promoting greater awareness about the clinical condition and the need for early multi disciplinary intervention.
Generally recommended

Nutritional requirement

- To maintain nutritional status, at least 25-30 kcal/kg BW/day is recommended, adjusting the regimen as required.
- At least 1.2 g protein/kg BW/day should be provided.
- In patients with cachexia, regimens with fat accounting for half of the non-protein calories are recommended.

Generally recommended

Treatment decision

- Every patient with cachexia should be offered interventions with the goal of either improving or alleviating the consequences of cachexia.
- Cachexia treatment requires a multimodal approach aimed at relieving symptoms impacting on food intake, ensuring adequate energy and nutrient intake, minimizing catabolic alterations, supporting muscle training and offering psychological and social support.
- During anticancer treatment and in patients with a life expectancy of more than a few (i.e. 3-6) months, interventions to both antagonise deterioration of body resources and metabolism, and to alleviate debilitating symptoms, are recommended.

Generally recommended

Tube feeding

For patients with head and neck or upper GI cancers, especially those undergoing anticancer treatment, tube feeding to maintain BW or to reduce weight loss is recommended if oral feeding including ONSs is expected to remain inadequate for more than a few days.
Strongly recommended

In patients requiring tube feeding, screening for and management of dysphagia is recommended along with encouragement and education to patients regarding how to maintain their swallowing function.
Generally recommended

In patients requiring >4 weeks of enteral feeding, PEG rather than NTF is recommended.
Optional

Diet & ONSs

- Dietary counselling should be the first choice of nutritional support offered to improve oral intake and possibly weight gain in cachectic or at-risk patients who are able to eat. Dietary counselling should emphasise protein intake, an increased number of meals per day, treatment of nutrition impact symptoms and offering nutritional supplements when necessary. An adequately trained professional should guide this advice.
- ONSs can be supplied as part of dietary counselling to improve energy intake and induce weight gain.

Generally recommended

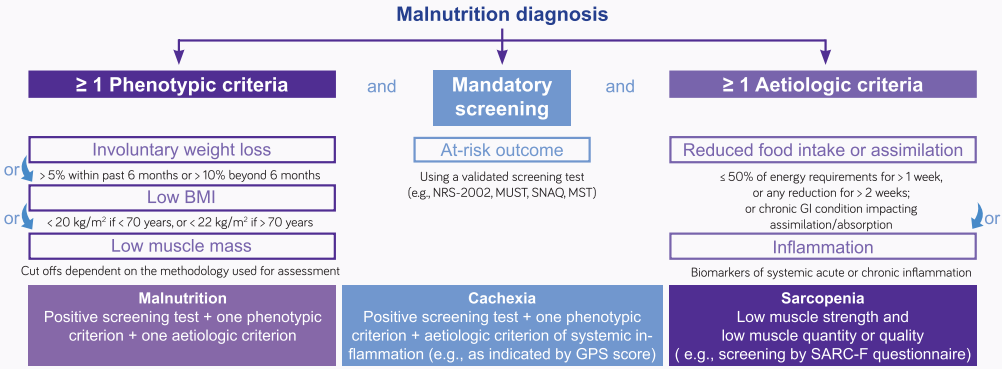
Patients receiving chemotherapy, radiotherapy or chemoradiotherapy may be offered N3P-ONSs to increase BW, attenuate loss of lean body mass and improve QoL.
Optional

Exercise

When guided by professional experts, moderate physical exercise is safe in patients with cancer cachexia and is recommended to maintain and improve muscle mass.
Generally recommended

Scan to download the accompanying slide kit

GLIM definition of malnutrition[2,3]



Abbreviations:

BMI, body mass index; BW, body weight; ESMO-CPG, european society for medical oncology - clinical practice guidelines; GLIM, global leadership initiative on malnutrition; GI, gastrointestinal; GPS, glasgow prognostic score; MST, malnutrition screening tool; MUST, malnutrition universal screening tool; N3P, n-3 fatty acids; NRS-2002, nutrition risk screening 2002; NTF, nasogastric tube feeding; ONSs, oral nutritional supplements; PEG, percutaneous endoscopic gastrostomy; QoL, quality of life; SARC-F, Strength, Assistance with walking, Rise from a chair, Climb stairs and Falls; SNAQ, short nutritional assessment questionnaire

References:

1. Arends, J. et al. Cancer cachexia in adult patients: ESMO Clinical Practice Guidelines. ESMO Open 6, (2021).
2. Cederholm, T. et al. GLIM criteria for the diagnosis of malnutrition - A consensus report from the global clinical nutrition community. J Cachexia Sarcopenia Muscle 10, 207–217 (2019).
3. Cruz-Jentoft, A. J. et al. Sarcopenia: revised European consensus on definition and diagnosis. Age Ageing 48, 16–31 (2019).

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