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Gaps in nutritional research among older adults with cancer

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ARTICLE INFO

Article history:

Received 31 October 2015

Received in revised form

3 March 2016

Accepted 18 April 2016

Available online 5 July 2016

Keywords:

Nutrition

Cancer

Older adults

Geriatrics

ABSTRACT

Nutritional issues among older adults with cancer are an understudied area of research despite significant prognostic implications for treatment side effects, cancer-specific mortality, and overall survival. In May of 2015, the National Cancer Institute and the National Institute on Aging co-sponsored a conference focused on future directions in geriatric oncology research. Nutritional research among older adults with cancer was highlighted as a major area of concern as most nutritional cancer research has been conducted among younger adults, with limited evidence to guide the care of nutritional issues among older adults with cancer. Cancer diagnoses among older adults are increasing, and the care of the older adult with cancer is complicated due to multimorbidity, heterogeneous functional status, polypharmacy, deficits in cognitive and mental health, and several other non-cancer factors. Due to this complexity, nutritional needs are dynamic, multifaceted, and dependent on the clinical scenario. This manuscript outlines the proceedings of this conference including knowledge gaps and recommendations for future nutritional research among older adults with cancer. Three common clinical scenarios encountered by oncologists include (1) weight loss during anti-cancer therapy, (2) malnutrition during advanced disease, and (3) obesity during survivorship. In this manuscript, we provide a brief overview of relevant cancer literature within these three areas, knowledge gaps that exist, and recommendations for future research.

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1. Introduction

The prevalence and outcomes of nutritional issues among older adults with cancer is a research area of great need. The nutritional needs of the older adult with cancer differ substantially from their younger counterparts as several non-cancer factors influence the nutritional status of the older adult with this disease. Extensive geriatric research has illustrated the impact of competing comorbidities, polypharmacy, psychosocial issues, mobility, and oral and cognitive health on the nutritional needs of the older adult.^{1,2} Nutritional status is associated with frailty and is independently a predictor of increased mortality.^{3,4} In May 2015, the National Cancer Institute and the National Institute on Aging co-sponsored a conference to discuss future research directions in geriatric oncology research. This meeting of the Cancer and Aging Research Group (CARG) was the third meeting of its kind and addressed a variety of topics key to the field of geriatric oncology. This manuscript outlines the proceedings of this conference as they related to the lack of sufficient research to guide the management of nutritional challenges of older adults with cancer.

The nutritional needs of the older oncology patient vary widely across the diverse scope and continuum of cancer care. Diverse factors influence dietary recommendations for patients with cancer, including the patient's current nutritional status, their cancer stage and treatment, other comorbid conditions, and a host of social and environmental considerations. Based on the proceedings of the CARG conference, we identified three common clinical scenarios seen in our oncology clinics to describe potential future directions for nutritional research among older adults. For each clinical scenario, this article will (1) discuss the relevance and/or prevalence among older adults with cancer, (2) evaluation

strategies, and (3) interventions and recommended research directions (Table 1).

This is a conceptual review that highlights the three clinical questions for which there was consensus among conference experts as the most pressing research priorities for nutrition among older adults with cancer. The presented clinical scenarios were initially discussed during the conference and then further developed. For each clinical scenario, select studies were chosen by the group with the purpose of highlighting and illustrating research gaps rather than providing a comprehensive review of the literature.

2. Section 1: Cancer treatment and impact on nutritional status

2.1. Common clinical scenario

Mrs. A is a 72-year-old woman who considered herself very healthy and only took calcium supplements until three months prior to diagnosis. She presented with early satiety, decreased appetite, abdominal discomfort, and >10% weight loss. She remained independent and continued to undertake all of her instrumental activities of daily living; however, her discomfort led to a decrease in the amount of her social activities. She feels fatigued and anxious but is only napping an hour after lunch each day. After a thorough evaluation, she was found to have Stage II (T2, N1, M0) gastric cancer and started on a chemotherapeutic regimen of three cycles of ECF (epirubicin, cisplatin, and fluorouracil) followed by surgery. She was referred to a geriatrician for a comprehensive geriatric assessment, and she was found have a BMI of 20 kg/m². Mrs. A wants to know what type of diet would be

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