



## Letter to the Editor

## Nutritional intervention is indicated in malnourished cancer patients



Dear Editor,

I read with interest the recent paper by Uster et al. [1], I was impressed by the very comprehensive and challenging trial they have been able to do and I agree with the conclusions which are consistent with their findings.

I would like to more strongly emphasize is that the lack of benefit on body weight may depend on the patients population which was only marginally malnourished: Table 1 shows that mean BMI was 25.8 (that is patients were on average overweight or at the upper limit of the normal weight) and those at nutritional risk by the NRS-2002 (score 4 or 5 because score 3 only calls for further assessment) were only 15% of the sample. Dealing with patients in such condition, it was optimistic to expect (as the authors reported) that a programme optimizing the protein intake might get a significant weight gain.

Similar considerations apply for the excellent study of Kaasa et al. [2], quoted by the authors, where patients cannot be considered malnourished by the ESPEN Consensus [3] because their median BMI was 24.2 (IQR 21.4–27.0 that is some patients were overweight and almost none underweight) and median 6-month weight loss only 5.7%.

On the other hand if patients included in these studies were really malnourished, it would have been ethically impossible to randomise for two arms, one of which does not receive an adequate nutrition. This issue was already mentioned in the introduction of ESPEN Guidelines on Parenteral Nutrition (PN) where it became apparent the extreme paucity of RCT in malnourished cancer patients [4].

In conclusion the reason of my letter is to warn the readers that this negative trial should not be viewed as a demonstration of inefficacy of nutritional intervention in malnourished cancer patients.

I would not like that the situation of 17 years ago be replicated, when a meta-analysis of PN RCT in cancer patients on chemotherapy reported no benefit at all but potential adverse effects [5] and the American Gastroenterological Association wrote a position paper [6] against the use of PN in cancer patients which was blindly

accepted by the oncologists all over the world. Nobody at that time pointed out that none of the 19 analysed RCT included weight loss as criteria of the eligibility for randomising the patients and hence non-malnourished patients capable to eat by mouth received PN.

Nowadays, despite some confusion and discrepancy of view persists both in the patients and in the caregivers regarding the perception of parenteral fluids as food (recommended for malnourished patients unable to eat) or medicine (recommended in cancer patients regardless of the nutritional status) [7], I still believe that nutrition is primarily indicated when patients are malnourished.

## References

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