Fit for Therapy:
Transforming Oncology Care with Medical Nutrition

FRESENIUS KABI



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... "Screen all patients for malnutrition risk at diagnosis and regularly throughout treatment"...

... "Incorporate a patient-centered approach into the multidisciplinary team"...

Question

- Why is it important to position nutrition at the center of care for patients with cancer and how can this be effectively integrated in an oncology setting?
- Is it possible to preserve muscle mass, reduce treatment-related complications and improve efficacy of anti-cancer therapies?
- How can we address the metabolic and nutritional challenges in surgical GI cancer patients?

Observations & ideas

- Nutritional therapy is crucial to avoid complications and support recovery, but the most critical impact is avoiding premature termination of anti-cancer treatment[1,4].
- Sarcopenia may increase the possibility of dose-limiting toxicity of anti-cancer therapy[1].
- High-protein supplementation[1,2] (1.0–1.5 g/kg BW/day) and omega-3 fatty acid supplementation[5,6] have positive effects on the preservation of muscle mass.
- Pre- and postoperative nutritional intervention is recommended in patients at risk of malnutrition or identified as malnourished [3].
- Training for patients and care givers on GI access and/or line care along with monitoring is critical for successful hospital and home nutrition.

Take aways

- Sarcopenia is a prognostic factor affecting first-line treatment efficacy and long-term survival of patients.
- A multi-modal therapy strategy, including anti-inflammatory therapy, increase in protein and energy intake accompanied by muscle training and psychological support is recommended.
- The most effective approach to addressing malnutrition and sarcopenia in cancer patients is to adhere to ESPEN[2,3]/ESMO[4] guidelines with a focus on screening and diagnosis of malnutrition and monitoring the efficacy of nutrition therapy.

Fresenius Kabi Satellite Symposium
14th September 2025, ESPEN Congress, Prague, CZ

EN: Enteral nutrition; ESMO: European Society for Medical Oncology; ESPEN: European Society for Clinical Nutrition & Metabolism; GI: Gastrointestinal; ONS: Oral nutritional supplements; PN: Parenteral nutrition; PUFA: Polyunsaturated fatty acids.

1. Prado CM et al. Support Care Cancer. 2022, 30(4):3073-3083; 2. Arends J, et al. Clin Nutr. 2017; 36(1):11-48. 3. Weimann A et.al. ESPEN guidelines on clinical nutrition in surgery- Update 2025. Clin. Nutr. 2025; 4. 1. Arends, J. et al. ESMO Open, 2021, 6(3), 100092; 5. Huang, YH et al. Nutrients 2020, 12, 3739; 6. Bird JK et al. Clin. Nutr. ESPEN 2021, 46, 73–8.

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Expert Round
Inspire your daily practice

Bridging the Gap: Nutrition Interventions in Post-ICU and Medical Inpatients

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Prof. Emma Ridley



Prof. Philipp Schütz

...Early nutrition intervention plays a crucial role in promoting recovery and improving functional outcomes, as evidenced by the EFFORT trial[1] and other large-scale studies...

Question

How can we monitor nutritional intake and cascade medical nutrition to optimize recovery and improve functional outcomes in medical and post-ICU inpatients?

Observations & ideas

- Nutrition intervention is crucial along the ICU stay, however full early feeding in the ICU does not appear to be appropriate[2].
- In medical inpatients, early nutritional screening (within 48 h of admission) is key to initiate individualized nutritional support. Inflammation is a key driver of anorexia, contributing to malnutrition[3].
- Oral nutrition alone bears a high risk of inadequate energy and protein intake.[4]
- Initiating individualized nutritional support within 48 hours of hospital admission for patients at nutritional risk significantly reduced adverse clinical outcomes — such as mortality, ICU admissions, complications, and functional decline — compared, with standard hospital diets[1].

Take aways

- Early, individualised nutritional support is associated with reduced mortality and improved functional outcomes in medical inpatients[1].
- Monitor the 'oral nutrition' gap, keep NG tubes in until oral intake is established.
- Combination of oral food and EN will secure highest nutrition adequacy, PN will ensure that full requirements are met[2].
- The use of biomarkers (e.g. inflammatory markers and indicators of muscle health and catabolism) to tailor nutritional interventions may further optimise outcomes in the future.

Fresenius Kabi Expert Round
14th September 2025, ESPEN Congress, Prague, CZ

EFFORT: Effect of early nutritional support on Frailty, Functional Outcomes, and Recovery of malnourished medical inpatients Trial; EN: Enteral nutrition; ICU: Intensive care unit; NG: Nasogastric; ONS: Oral nutritional supplements; PN: Parenteral nutrition.

1. Schuetz P et al. Lancet. 2019;393(10188):2312-2321; 2. Chapple LS et al. Am J Respir Crit Care Med. 2022, 206(6):740-749. 3. Schuetz P et al, Lancet. 2021 20;398(10314):1927-1938. 4. Ridley et al. JPEN J Parenter Enteral Nutr. 2019;43(1):88-95.

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Continuity of Care with Home Nutrition Therapy

Expert Round
Inspire your daily practice



Prof. Jürgen Bauer



Prof. Simon Lal

…"Cohesive multi-disciplinary teamwork with the patient receiving home nutritional therapy and their family will improve their nutritional status and quality of life"…

Question

- How can we improve patient outcomes with home nutrition therapy?
- Why is sarcopenia an issue in patients on home EN and how can we improve the diagnosis and management of sarcopenia?
- What is critical in the discharge pathway of a patient with advanced cancer planned for Home PN?

Observations & ideas

- Malnutrition and sarcopenia are interrelated – patients should be screened for both, before discharge and regularly in the community.
- Sarcopenia has a high prevalence in tube-fed older adults[1] and is associated with poor quality of life and a significantly shorter survival time after PEG placement[2].
- In advanced cancer patients, the first step is to identify appropriate cases for home parenteral nutrition, with predicted survival of 1-3 months[4,5]:
  - Guidance for centralisation of intestinal failure and Home PN care for reduced complications[6].
  - Include education and support to patients and caregivers to administer safe HPN.
- Mean number of days between receipt of referral to discharge on HPN was reduced from **29.4 days to 10.1 days** in UK hospital with increased use of pre-made multi chamber bags in nearly all patients[3].

Take aways

- Sarcopenia is underrecognised in home EN patients: Weight and muscle strength via hand-grip strength should be monitored monthly.
- Nutritional interventions to fight sarcopenia include increasing energy and protein (1.2-1.5g/kg/day[7]), providing a high-quality protein source rich in leucine[8] and ensuring adequate vitamin D[9].
- 24*7 support from the multidisciplinary team as well as involvement of patients and caregivers is vital for successful HPN implementation.

Fresenius Kabi Expert Round
15th September 2025, ESPEN Congress, Prague, CZ

EN: Enteral nutrition; HPN: Home parenteral nutrition; PEG: Percutaneous endoscopic gastrostomy; PN: Parenteral nutrition.

1. Hubbard GO et al, Clinical Nutrition ESPEN, 2025, 68: P822; 2.Ono S et al. J Clin Med. 2023;12:3360; 3. Bond et al. J Hum Nutr Diet. 2019;32(4):492-500; 4. Muscaritoli M. et al. ESPEN practical guideline: Clinical Nutrition in cancer 2021;40(5):2898-2913; 5. Pironi et al. ESPEN guidelines on HPN. 2020;39(6):1645-1666; 6. Pironi et al Gut 2020;69(10):1787-1795; 7. Deutz NE et al. ESPEN Expert Group. Clin Nutr. 2014 33(6):929-36; 8. Bauer J et al. PROT-AGE Study Group. J Am Med Dir Assoc. 2013 14(8):542-59; 9. Giustina A et al. Consensus Statement on Vitamin D. Endocr Rev. 2024 12;45(5):625-654.

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