

## Special Article - Malnutrition

# Malnutrition in Hospitalized Cancer Patients in China: A Feigned Invisibility Problem

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## Editorial

Malnutrition is frequently found in hospital settings with alarming high prevalence rate while treating malnutrition can optimize the efficiency and quality of hospital care. This paper highlights the imperative role of nutrition intervention, suggests that nutrition intervention should be the first-line therapeutic approach for hospitalized cancer patients.

The definition of malnutrition has been changing in the past decades, from clinical nutrition point of view, malnutrition often regards to undernutrition [1]. Accumulative evidences suggest that cancer is a metabolic disease and nutrition therapy is the ultimate solution to cure chronic metabolic disease [2]. For cancer patients, malnutrition may be the cause as well as the outcome for cancer development. On one hand, malnourished patients are prone to develop cancer while cancer patients have higher incidence of malnutrition [3]. The incidence of cancer-related malnutrition is high and leading to severe consequences [4,5]. The literature suggests that 40%-80% cancer patients are malnourished [4]. In China, according to Investigation on Nutrition Status and its Clinical Outcome of Common Cancers (INSCOC) data based on over 36000 hospitalised cancer patients, over 57% patients have moderate and severe malnutrition. Nutritional depletion worsens clinical outcomes including higher complications rates, length of stay (LOS), heightens the risk of adverse treatment disruptions, also, directly shortens survival time for patients, decreased Quality of Life (QoL) [6-8]. Meanwhile, the aggregate burden of malnutrition on social and economic consequences can be significant. It increases the cost of medical care, devastates family harmony and potentially threatens national security and economy [9].

Maintaining adequate nutrition during cancer treatment plays a decisive role in clinical outcomes for patients with malignancies. By our reckoning, underestimate the importance of nutrition therapy by all health care workers and patients leading to the failure of good nutritional care implementation. Ironically, hospital malnutrition

is still an underestimated topic within health professionals, despite all the publications, researches, investigations, dedicated to it. Poor Knowledge, Attitudes and inappropriate Practices (KAP) in healthcare providers contribute to neglect this health issue that continues to defy a comprehensive recognition of the importance of maintaining optimal nutrition status [10]. Nevertheless, major gaps on knowledge and perceptions regarding medical nutritional deficits also reflected in the public health beliefs. The majority have poor understanding on malnutrition during cancer treatment. They worry about adequate nutrition promoting the growth of cancer cells, the typical misconception is that they believe starvation or to avoid certain food can help shrink the tumours. The key evidence to support this is that 45.1% of the patients required urgent nutritional support while malnutrition intervention rate in Chinese cancer patients in hospitals was merely 29%. Another report from INSCOC group indicated that the highest incidence of prevalence of malnutrition are oesophageal cancer, gastric cancer, pancreatic cancer. All of these have exceeded 80% malnutrition incidence. Surprisingly, 71% cancer patients in China did not have any nutrition intervention during their hospital stay. In addition, the Five-year Survival Rate for cancer in China was less than 31%, which was half that in America [11].

The continuum process for a typical cancer patient includes diagnosis, treatment, recovery, and survivorship. Various stages in this continuum are required different nutritional requirements. Typically, monitor nutrition status such as nutrition screening and assessment, and early nutrition intervention to improve outcomes or reduce side effects. In our estimation, to assure adequate nutrition along can increase the Five-year Survival Rate at least 5-10%. Nutrition treatment can not only significantly reduce overall complications, mortality rate and medical expense [8]. Big data from American and Netherlands suggested that ONS along can reduce 18.9-20% medical expense, in addition, shorten 21% LOS [6,12]. Therefore, the aim of our work is to indicate, reinforce and empower the mainstream to fight against malnutrition. We should put nutrition therapy on the right place, nutrition is not supplementary or optional choice, but a therapy should be prioritised as a fundamental treatment or first-line therapy for cancer patients. Our current focus is to promote Hunger-Free Hospital programme (HFH) and the continuous cohort study in clinical settings at country level. HFH is an accountability framework scale up nutrition interventions in hospitals, involving professionals in clinical setting, staffs in catering system, patients and family members into HFH. Ultimately, promotion of this multi-level approach to hospital malnutrition at society level to raise awareness of the public as a whole, maximising hospital service quality and improving patient satisfaction. Continuous data collection of INSCOC provides current data reflecting the nutritional status and clinical outcomes in cancer patients, this comprehensive, multi-centers, cross-sectional observational study demonstrating the nutritional status and clinical outcomes in patients with malignant tumor.

Malnutrition in hospital is prevalent, unrecognised but manageable medical issue. In practice, immediate action against malnutrition should be more than a slogan or a protocol, but actions. An interdisciplinary, heightened action involving all healthcare professionals, catering team and patients and their family in cancer care to against hospital malnutrition, so malnutrition does not remain a feigned invisibility problem.

## Conflict of Interest

The authors declare no conflicts of interest related to this work.

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