



# Role of Nutrition in Improving the Outcomes of Leg and Neck Cancer Patients

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## DESCRIPTION

Malnutrition is a condition that occurs when the body does not receive enough nutrients to meet its needs. It can affect anyone, but it is especially common and serious in patients with cancer. Malnutrition can lead to weight loss, muscle loss, weakness, fatigue, infections; poor wound healing, and reduced quality of life. It can also affect the response to cancer treatment and the survival of patients. The causes of malnutrition in cancer patients are complex and multifactorial. They include factors related to the tumor, the treatment, and the patient. Decreased consumption of food results appetite loss, nausea, vomiting, pain, swallowing challenges, altered taste perception, oral ulcers, dry mouth, or emotional distress. Elevated nutrient depletion caused by diarrhea, vomiting, bleeding, or fistulas. Increased nutrient requirements due to the increased metabolic rate and inflammation caused by the tumor and the treatment. A change in nutrient metabolism as a result of tumor's impact and certain medications affects the body's hormone and enzyme regulation responsible for nutrient utilization. Some types of cancer are more likely to cause malnutrition than others. This is because they affect organs or regions that are involved in food digestion or absorption, or because they produce substances that interfere with nutrient metabolism. For example, patients with gastrointestinal cancer, pancreatic cancer, lung cancer, or head and neck cancer are at high risk of malnutrition.

Leg and neck cancer are two types of cancer that can cause malnutrition in different ways. Leg cancer is a rare type of cancer that affects the bones or soft tissues of the legs. It can cause pain, swelling, fractures, or reduced mobility that can limit food intake or physical activity. It can also cause increased nutrient losses due to surgery or chemotherapy. Neck cancer is a type of head and neck cancer that affects the larynx (voice box), pharynx (throat), or thyroid gland. It can cause difficulty swallowing, pain, hoarseness, coughing, or breathing problems that can reduce food intake or increase nutrient losses. It can also affect the sense of taste or smell that can reduce appetite or food enjoyment. The diagnosis and treatment of malnutrition in cancer patients should be done by a multidisciplinary team that

includes doctors, nurses, dietitians, pharmacists, and psychologists. The first step is to screen all cancer patients for malnutrition using a valid tool such as MUST (Malnutrition Universal Screening Tool), NRS (Nutritional Risk Screening), or PG-SGA (Scored Patient-Generated Subjective Global Assessment). If malnutrition is present or suspected, a comprehensive nutritional assessment should be done to determine the cause, severity, and impact of malnutrition on the patient's health and treatment outcomes.

The next step is to provide adequate nutritional therapy to prevent or reverse malnutrition and improve the patient's quality of life and prognosis. The nutritional therapy should be individualized according to the patient's needs, preferences, goals, and tolerance. Dietary counseling to educate the patient on how to optimize their food intake and overcome any barriers or difficulties related to eating. Administration of oral nutritional supplements to offer extra calories, protein, vitamins, minerals, and fluids if the individual cannot fulfill their requirements solely through food intake. Use of enteral nutrition (tube feeding) to provide liquid nourishment directly to the stomach or intestine if the patient faces considerable difficulties with swallowing or obstructions, hindering their ability to consume sufficient food. Adoption of parenteral nutrition (intravenous feeding) to administer nutrition directly into the bloodstream if the patient is unable to utilize their gastrointestinal tract due to severe inflammation, obstruction, or surgical procedures. The nutritional therapy should be monitored and adjusted regularly based on the patient's response and progress.

## CONCLUSION

The patient should also be encouraged to engage in physical activity as much as possible to maintain or improve their muscle mass, strength, and function. In some cases, pharmacological agents such as appetite stimulants, antiemetics (anti-nausea drugs), analgesics (painkillers), or anti-inflammatory drugs may be used to enhance the nutritional therapy. Malnutrition is a common and serious complication of cancer that can affect

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patients with leg and neck cancer in different ways. It can impair their health status, treatment response, and survival. Therefore, it is important to screen all cancer patients for malnutrition and

provide them with appropriate nutritional therapy as part of their comprehensive cancer care.