Clinical Oncology Society of Australia

CLINICAL CASE STUDY

Rural

SITUATION	45M "Bob Smith" with oropharyngeal cancer living in rural NSW (8 hours from Sydney) requiring induction chemotherapy followed by 7 weeks of chemo-radiotherapy.

WHAT care was provided? **(Action)**	• Initial malnutrition screening
	  - 7-month history of dysphagia and 15% weight loss in 3-6 months.
	  - MST = 4.
	  - Referral to dietitian.
	  - Bob also met criteria for automatic dietitian referral due to nature of treatment and expected nutrition impact symptoms.
	• Initial nutrition assessment
	  - Conducted face-to-face at Head & Neck multidisciplinary clinic.
	  - Weight loss due to dysphagia secondary to tumour location limiting patient to a liquid diet.
	  - PG-SGA 15 severely malnourished (C)
	  - Recommended prophylactic PEG insertion.
	• Repeat malnutrition screening
	  - Bob was admitted to hospital for induction chemotherapy where weekly weight and MST were performed by nursing staff.
	• Nutrition reviews
	  - Regular reviews by inpatient dietitian during induction chemotherapy.
	  - Weekly outpatient dietitian reviews including weight checks, nutrition assessment, nutrition education and oral/enteral supplement use during chemo-radiotherapy.
	  - Fortnightly dietitian telehealth reviews post treatment (patient returned home to rural NSW) to monitor weight (used home scales) and assist with progression of oral diet and weaning of enteral nutrition.
	  - Bob attended for follow up 4 weeks and 3 months post treatment.
	• Repeat nutrition assessment
	  - PG-SGA was repeated at 4 weeks (PG-SGA 12 B) and 3 months post treatment (PG-SGA 7 A).
	• Interventions
	  - Bob was educated on High Protein High Energy diet and commenced on oral nutrition supplements prior to treatment.
	  - Suggested bob purchase home scales to monitor weight.

	- Enteral nutrition commenced via PEG during week 6 of chemo-radiotherapy due to worsening nutrition impact symptoms (dysphagia, odynophagia, dysgeusia). - John recommenced oral diet 4 weeks post treatment. Over a period of 2 months he progressed from liquid diet to minced/moist diet and continues on a soft diet due to ongoing xerostomia. - Enteral nutrition was weaned as oral intake increased, with fortnightly dietitian phone review. PEG removed at 4 months post treatment. • **Multidisciplinary Care** - Speech pathology involved early to manage dysphagia.
WHO delivered the care? **(Actor)**	• Malnutrition screening – ***Head & Neck Cancer Care Coordinator and inpatient nursing staff*** • Nutrition assessment and review – ***Head & Neck dietitian*** • Symptom management – ***medical staff, dietitian, speech pathologist***
WHERE was care delivered? **(Context)**	**Inpatient and outpatient setting** **Specialist Oncology Service in NSW**
WHO received care? **(Target)**	**Adult patient (≥18 years) undergoing treatment for oropharyngeal cancer**
WHEN was care provided? **(Time)**	• Initial screening – ***at treatment planning*** • Initial dietitian assessment – ***2 months prior to treatment*** • Rescreening – ***weekly during inpatient admission and at commencement of chemo-radiation*** • Nutrition review - ***during inpatient admission, weekly during chemo-radiation and at regular intervals until 3 months post treatment***
OUTCOMES	**The patient was identified early via malnutrition screening and referred to the dietitian in a timely manner. Early nutrition intervention prevented further weight loss and improved nutrition status prior to commencing treatment.** **The early intervention of purchasing home scales improved the accuracy of telehealth reviews and assisted the dietitian to provide accurate nutrition advice and improving Bob's nutrition status.**