

Subject: MNI contribution to the European Cancer Inequalities Registry (ECIR):
integrating cancer-related malnutrition screening to the data collection

Brussels, November 30, 2022

To whom it may concern,

The Medical Nutrition International Industry – MNI – congratulates the European Commission for the valuable work undertaken with the European Cancer Inequalities Registry (ECIR), which is certainly a flagship initiative of Europe's Beating Cancer Plan. We appreciate the opportunity to exchange through webinars and to provide a contribution to the Registry for which the European Commission has launched a roadmap survey to gather views on the way it is built.

Since the first inceptions of the Europe's Beating Cancer Plan, MNI has advocated – together with other key stakeholders, from patients' organisations to healthcare professionals - on the importance of integrating nutritional care in cancer care, and the ECIR should not be exception to that.

Malnutrition is prevalent among cancer patients, leading to complications, poorer quality of life, and increasing costs to healthcare systems.

A World Health Organization (WHO) Report¹ from 2020 notes that appropriate nutritional care helps cancer patients cope better with their illness and treatment. Where patients are unable to sufficiently feed themselves, medical nutrition allows them to sustain themselves during treatment, leading to better outcomes², including improved tolerance to cancer treatments^{3,4}. Furthermore, patients receiving nutritional care have enhanced survival.

The European Parliament Report on strengthening Europe in the fight against cancer⁵ – under paragraph 113 – *“underlines that the results of cancer treatment can be hampered by malnutrition, therefore optimal nutritional care is an essential part of cancer care; calls on the Member States to develop recommendations for incorporating clinical nutrition into all aspects of cancer care, including treatment, support and research; considers that, wherever indicated, cancer patients must be provided with clinical nutritional support by a dietitian specialist to be included in the multidisciplinary team...”*.

We understand the importance of the **FAIR principles** and the need to collect harmonised data from official sources to provide uniform and validated/official data in the Registry. However - despite the calls from the WHO and European Parliament mentioned above – today, **cancer-related malnutrition data are not systematically collected in all EU countries** and, what exists, is in general not comparable:

- Even though official/governmental malnutrition screening and management guidelines exist in many countries, their implementation is neither mandatory nor monitored.
- With the exception of The Netherlands, malnutrition data is not being systematically collected. In general, only punctual exercises have been identified and those coming from governmental stakeholders, usually focus on nutrition from a diet/eating habits perspective.

¹ WHO report on cancer: setting priorities, investing wisely and providing care for all, 2020, p.96 - [link](#)

² MNI Medical Nutrition in Oncology Value Dossier, Section 4.1.1 - [link](#)

³ Manfredelli S, Delhorme JB, Venkatasamy A, Gaiddon C, Brigand C, Rohr S, et al. Could a feeding jejunostomy be integrated into a standardized preoperative management of oeso-gastric junction adenocarcinoma? Annals of Surgical Oncology. 2017;24(11):3324-30.

⁴ Guerra EM, Cortes-Salgado A, Mateo-Lobo R, Nattero L, Riveiro J, Vega-Pinero B, et al. Role of parenteral nutrition in oncologic patients with intestinal occlusion and peritoneal carcinomatosis. Nutr Hosp. 2015;32(3):1222-7.

⁵ REPORT on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy (03-02-2022 A9-0001/2022 PE693.752v03-00) - [link](#)

This also means that there is an inequality of malnutrition screening and access to nutritional interventions across the European Union.

Many studies exist which emphasise how patients with cancer are more likely to develop malnutrition; level of risk is dependent on cancer type, stage or the patients' age. It has been reported up to 70% of cancer patients can become malnourished⁶. Patients with gastro-intestinal cancers^{7,8}, at more advanced cancer stages or older patients are more likely to develop malnutrition due to the disease.⁹

Furthermore, cancer patients with cachexia – a complication caused by malnutrition leading to loss of skeletal muscle and fat – are more likely to require unplanned hospitalisations.¹⁰ Overall, the cost of not treating malnutrition in cancer costs is estimated at €17 billion/year in the EU¹¹.

- **Malnutrition can lead to poorer health outcomes including numerous complications (organ damage, immune system dysfunction, muscle loss and reduction in Quality of life).**
- **Malnourished cancer patients are more likely to develop infections and post-operative complications, which can lead to a reduced tolerability of their chemotherapy/radiotherapy treatment and impact on their overall survival^{12,13}.**
- **Several studies highlight that poor nutritional status during treatment increases risk of mortality¹⁴. Data from four studies show that up to 23% of patients with advanced cancer die as a result of progressive malnutrition, rather than as a result of the tumour^{15,16,17,18}.**
- **Malnutrition in cancer patients is associated with increased costs for the healthcare systems, resulting from longer hospital stays^{19,20}.**

Malnutrition is a common complication that patients can experience during the disease, and it is often under-diagnosed and under-treated²¹. Almost 50% of patients with gastrointestinal cancers, over 45% of patients with head and neck cancers, and over 40% of patients with lung cancer are malnourished.²² **Malnutrition screening should be mandatory at diagnosis and monitored throughout the treatment.** The nutritional status of patients should be monitored during treatment, to ensure patients are not malnourished throughout their treatment journey. Patients with a normal body mass index (BMI) or a healthy weight history should not be excluded from this screening, because all patients can be at risk of malnutrition.

MNI invites the European Commission to consider – at this stage – fragmented data on cancer-related malnutrition from the civil society to understand where the gaps are. Patients should have equal access to medical nutrition. Access to nutritional interventions in either the inpatient, but particularly in outpatient settings, is unequal across Europe due to the current cancer care management. The Registry is supposed to serve as basis to identify inequalities, and nutritional care interventions across the EU is no exception.

⁶ Arends J, Baracos V, Bertz H, Bozzetti F, Calder PC, Deutz NEP, et al. ESPEN expert group recommendations for action against cancer-related malnutrition. Clin Nutr. 2017;36(5):1187-96.

⁷ Jarvinen T, Ilonen I, Kauppi J, Salo J, Rasanen J. Loss of skeletal muscle mass during neoadjuvant treatments correlates with worse prognosis in esophageal cancer: a retrospective cohort study. World J Surg Oncol. 2018;16(1):27.

⁸ Loosen SH, Schulze-Hagen M, Bruners P, Tacke F, Trautwein C, Kuhl C, et al. Sarcopenia is a negative prognostic factor in patients undergoing transarterial chemoembolization (TACE) for hepatic malignancies. Cancers. 2019;11(10):1503.

⁹ Medical Nutrition in Oncology – Value Dossier, Table 1 - [link](#)

¹⁰ Willemsen ACH, Hoeben A, Lallsang R, Van Helvoort A, Bajjens LWJ, Wesseling FWR, et al. Disease- and treatment induced cachexia in locally advanced head and neck squamous cell carcinoma. Radiotherapy and Oncology. 2019;132(Supplement 1):38-9.

¹¹ Freijer K et al. The economic costs of disease related malnutrition. Clinical Nutrition 2013; 32, 1: 136 – 141 [link](#)

¹² Beecher SM, O'Leary DP, McLaughlin R, Kerin MJ. The impact of surgical complications on cancer recurrence rates: A literature review. Oncol Res Treat. 2018;41(7-8):478-82.

¹³ McSorley ST, Horgan PG, McMillan DC. The impact of the type and severity of postoperative complications on long-term outcomes following surgery for colorectal cancer: A systematic review and meta-analysis. Crit Rev Oncol Hematol. 2016;97:168-77

¹⁴ Lopez-Gomez JJ, Cerezo-Martin JM, Torres-Torres B, Gomez-Hoyos E, Ortola-Buigues A, Delgado-Garcia E, et al. Nutritional status and related complications in hospitalized oncological patient. Clinical Nutrition. 2019;38(Supplement 1):S123.

¹⁵ Warren S; . The immediate causes of death in cancer. Am J Med Sci 1932;184:610–5. doi:10.1097/0000441-193211000-00002

¹⁶ Inagaki J, Rodriguez V, Bodey GP; . Proceedings: causes of death in cancer patients. Cancer 1974;33:568–73. doi:10.1002/1097-0142(197402)33:2<568::aid-cnrcr2820330236> 3

¹⁷ Klustersky J, Daneau D, Verhest A; . Causes of death in patients with cancer. Eur J Cancer 1972;8:149–54. doi:10.1016/0014-2964(72)90036-9pmid - [link](#)

¹⁸ Ambrus JL, Ambrus CM, Mink IB, et al; . Causes of death in cancer patients. J Med 1975;6:61–4. pmid: 1056415 - [link](#)

¹⁹ Medical Nutrition in Oncology – Value Dossier, Table 2 - [link](#)

²⁰ Pressoir M, Desné S, Berchery D, Rossignol G, Poiree B, Meslier M, et al. Prevalence, risk factors and clinical implications of malnutrition in French Comprehensive Cancer Centres. Br J Cancer. 2010;102(6):966-71.

²¹ Caccialanza R, Goldwasser F, Marschal O, Ottery F, Schiefke I, Tilleul P, et al. Unmet needs in clinical nutrition in oncology: a multinational analysis of real-world evidence. Ther Adv Med Oncol. 2020;12:1758835919899852.

²² Hofmarcher, T., Brädvig, G., Svedman, C., Lindgren, P., Jönsson, B., Wilking, N. (2019) Comparator Report on Cancer in Europe 2019 – Disease Burden, Costs and Access to Medicines. IHE Report 2019:7. IHE: Lund, Sweden

It is crucial that the Europe's Beating Cancer Plan takes a comprehensive and integrated approach to cancer care. MNI calls on the European Commission and the EU Member States in performing malnutrition screening in all cancer patients and to collect systematically data on cancer-related malnutrition – to be further included and shared in the ECIR in the future - to improve health outcomes and quality of life of cancer patients.

Yours Sincerely,

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