BDA The Association of UK Dietitians

Oncology Specialist Group

Trust a Dietitian

Key Fact Sheet for Head and Neck Cancer

Head and neck cancer (HNC) is the sixth most common cancer worldwide (Hunter et al. 2005), with approximately 11000 new cases diagnosed in the UK in 2012 (Office of National Statistics, 2014; ISD Scotland, 2014; Welsh Cancer Intelligence and Surveillance Unit, 2014; Northern Ireland Cancer Registry, 2014). The nutritional needs of patients diagnosed with HNC are often very complex, as many present with nutritional problems at diagnosis, which are further exacerbated by the debilitating side effects of multi-modality treatment.

With improved survival rates, patients are having to adapt their diet in order to live with the long term impact of their treatment.

Nutrition and dietetics is clinically and cost effective in the management of head and neck cancer (HNC).

"Over the past nine years I have been very lucky with the dietitian that I have had. When I was tube fed they were always there for me and gave me confidence. They helped towards giving me my life back and I will never be able to thank them enough"

Role of the Dietitian:

Dietitians are core members of the HNC team and have an essential role in assessing, managing and treating the nutritional problems that these cancers and their treatment cause (NICE 2004).

Head and Neck dietitians:

- Advise the HNC team on the best course of nutritional management along the patient's care pathway including: at diagnosis, during treatment, rehabilitation, survivorship and palliative care.
- Provide patients and their families/carers with practical dietary information - on suitable foods to choose, texture modification, portion sizes and meal patterns.
- Provide patients and their families/carers with support and guidance for those requiring nutrition support. This may include the use of nutritional supplements administered orally, or if full nutritional needs cannot be met orally, via tube feeding.
- Undertake research and develop evidence-based guidelines – disseminating results locally and by publishing in peer-reviewed journals, striving for the best clinical and quality of life outcomes for patients. An example of this are the evidenced based nutritional and swallowing guidelines, developed by Hughes et al (2013), which identify patients at high risk of developing malnutrition during chemoradiation for HNC.
- Undertake audit and data collection – in order to monitor a range of clinical outcomes, and contributing to national data collection. Dietitians working in HNC have contributed to data collection for the Data for Head and Neck Oncology (DAHNO) database (DAHNO 2014). DAHNO disseminated the results of this database nationally, to improve delivery of all aspects of care to patients with HNC. DAHNO has now ceased and dietitians working in HNC will now be contributing to the Head and Neck Audit (HANA) database, a new national database with full representation from all specialities that will be set up in 2016.

Fact 1:

National Institute for Health and Clinical Excellence (NICE) recognise that registered dietitians should be a core member of the HNC multi-disciplinary team (NICE 2004). Dietitians improve outcomes by enhancing awareness of the importance of nutritional issues and improving the nutritional status of the patients through appropriate interventions (NICE 2004). Providing specialist nutritional advice by a registered dietitian may improve quality of life, and maximise the efficacy and tolerability of their HNC treatment (Department Of Health 2013). In turn, this helps achieve the National Cancer Survivorship Initiative's (NCSI) aim for those living with and beyond cancer to get the support and care they need to live as healthy and active a life as possible, for as long as possible (Department Of Health 2013).

Fact 2:

HNC patients are at a high risk of malnutrition. An estimated 30% - 57% are malnourished at time of diagnosis (Capuano et al. 2010) with patients reporting a loss of 6% and 12% of their body weight before their treatment commences (Weed et al 2010). Dietetic assessment and intervention at the start of a HNC patient's journey from diagnosis, through to their rehabilitation phase and beyond, can help to reduce weight loss, improve treatment tolerance and reduce admissions to hospital (Paccagnella et al. 2010).

Fact 3:

HNC patients should receive intensive dietary counselling, including the use of oral nutritional supplements and/or tube feeding, at various stages of their treatment including pre-treatment, during treatment, for up to 6 months post treatment, or beyond (COSA 2014). HNC patients receiving individualised nutrition counselling by a registered dietitian show significant improvement in their nutritional intake, status and quality of life (Capuano et al. 2010; Ravasco et al. 2003; Ravasco et al. 2005; and Van den berg et al. 2010).

Case Studies

1. In South Wales, two Local Health Boards (LHBs) have set up support groups for HNC patients post radiotherapy treatment. The groups are led by the Dietitian, Speech & Language Therapist and Clinical Nurse Specialist and aim to help and support patients who have identified issues with normal eating. During the sessions advice is provided to help patients cope with texture modification, food fortification and any other dietary related issues. Patients are encouraged to share their experiences and advice with each other. Evaluation from one LHB has shown 100% of patients attending found the group beneficial reporting 'very good', 'well worth attending' and 'understanding better that the side effects are common'. Supporting these comments evaluations from the other LHB include 'very useful session, gives you confidence', 'interesting to talk to people with the same problems' and 'now I will try to eat more'.

2. A dietetic led decision process for HNC gastrostomy placements, has demonstrated reductions in tube related complications, hospital admissions and length of stay, resulting in financial savings (Talwar & Hewitt 2009). The average cost of an excess NHS inpatient bed day is £275 per day (Department of Health 2014), thus any reduction in hospital admissions can result in considerable savings. Establishing a dietetic-led gastrostomy pathway of care for insertion and removal of gastrostomies improves screening and intervention of patients requiring long term tube feeding. It enables early dietetic intervention to improve nutritional status and optimises implementation of post-treatment dietary rehabilitation, to prevent tube dependency. Setting up pre- and post-treatment dietetic clinics provided a closed loop for insertion and removal of feeding tubes.