



ESPEN Congress Glasgow 2002

**Debate: Nutritional Support VS Metabolic
Manipulation in the Cancer Patient**

PRO

Kent Lundholm

How to manage cancer cachexia?

NUTRICEUTICALS/

Nutrition

versus

DRUGS/

Nutrition



Ken Fearon



Kent Lundholm

Systemic inflammation - nutritional support

Has nutritional support a role in cancer treatment/palliation ?

Yes it has!

- Metabolic alterations in cancer cachexia
- Investigative technology
- Own studies and interpretation of results
- Major conclusions

Nutrition and Chemotherapy

- Unrealistic expectations
- Therefore supoptimal study design
- Nutritional state can be improved/protected
- Function is not improved
- HrQoL has been poorly evaluated

Randomized study on 309 patients

Indomethacin

Erythropoietin

Indomethacin

Erythropoietin

Nutrition (oral, iv)

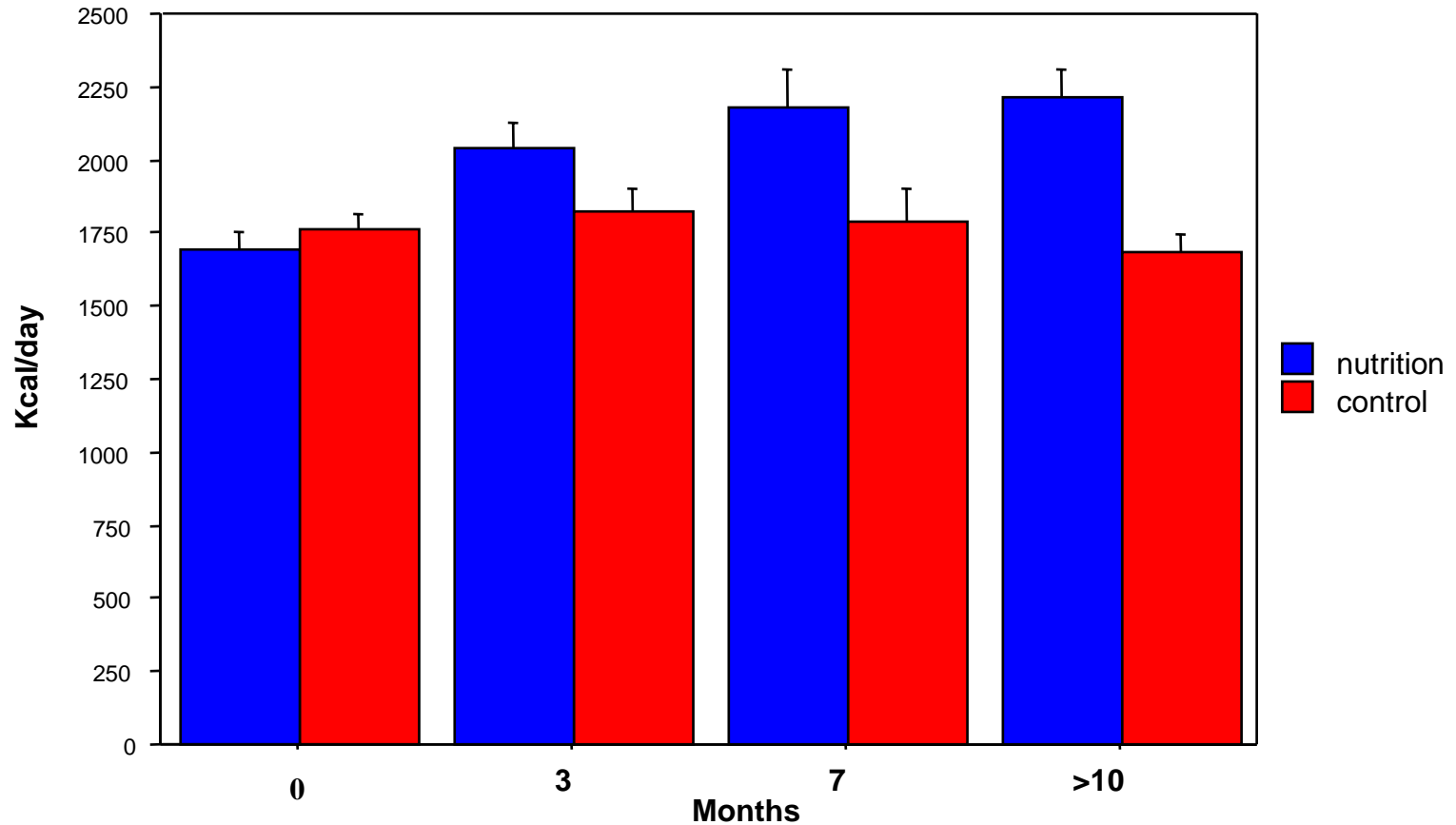
No difference between the study and control group at randomization

wight loss (8-9%)

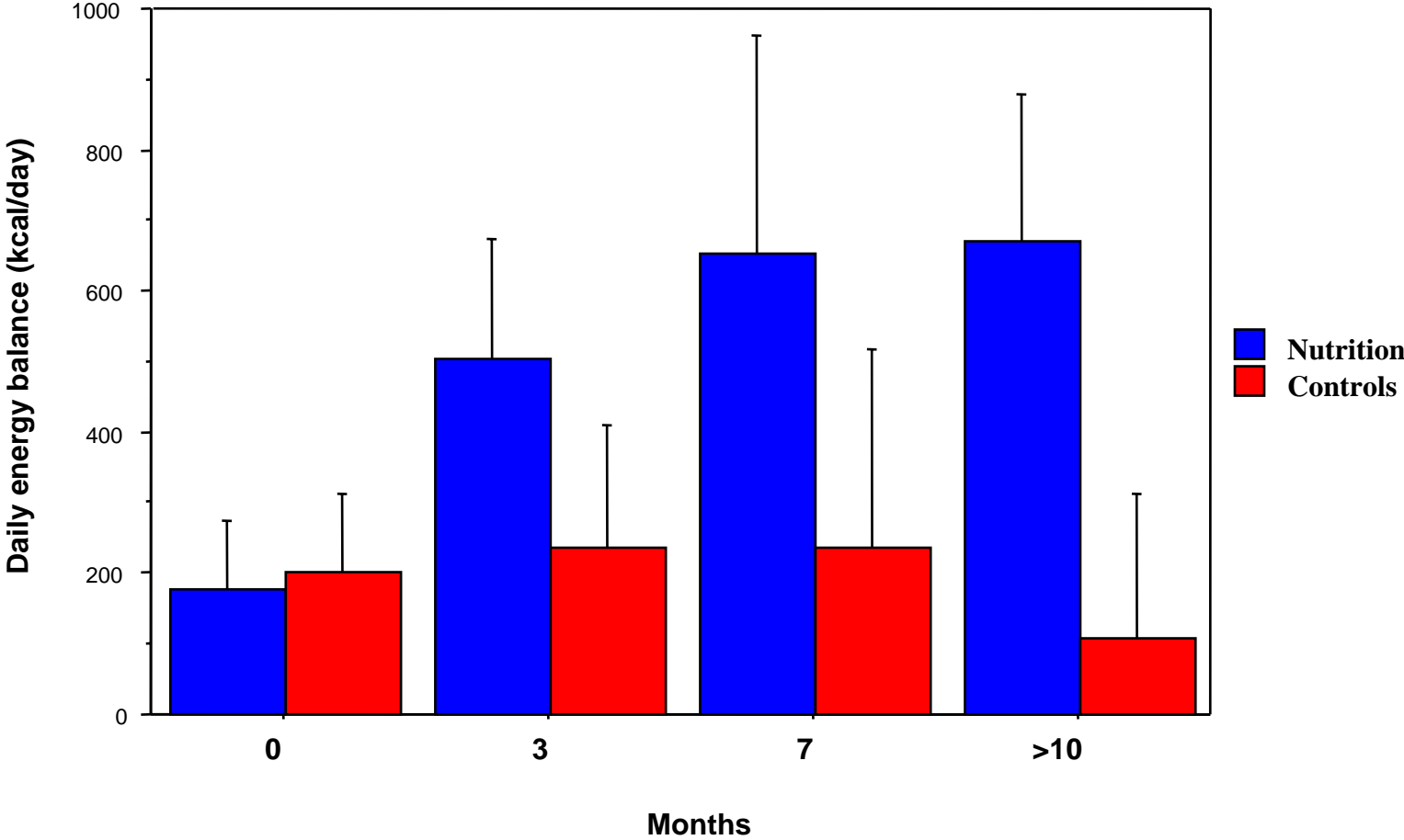
ESR (36-44 mm/h)

Alb/s (34-36 g/l)

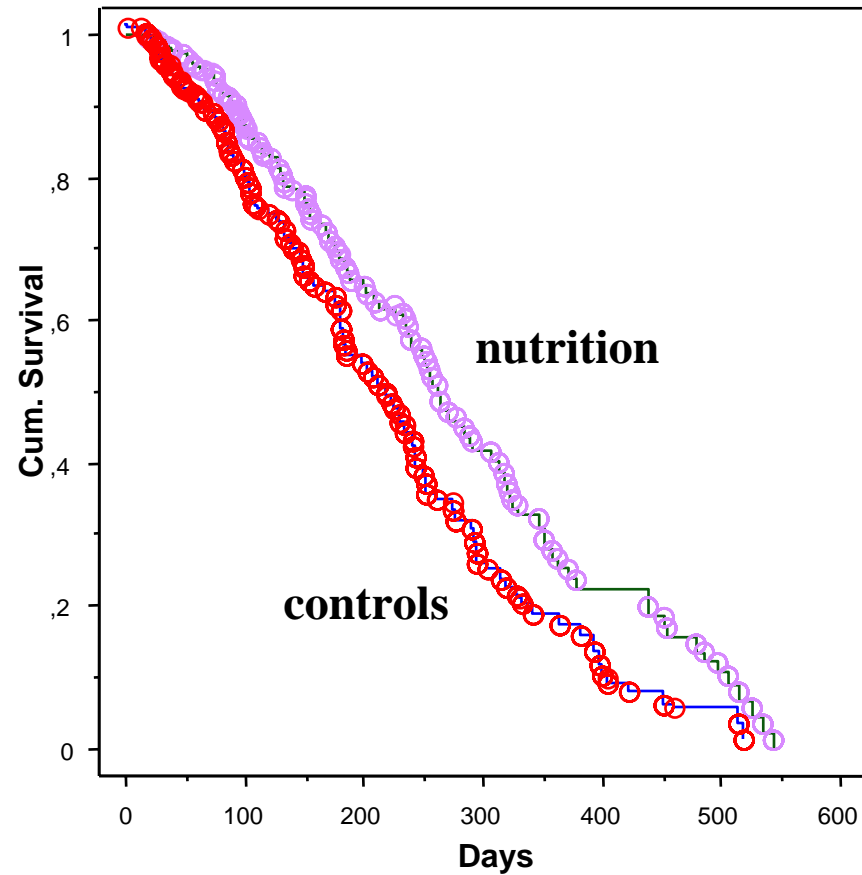
Food intake in unselected cancer patients randomized to nutritional support during 1-24 months follow up, $p < 0.001$



Daily energy balance in unselected cancer patients randomized to nutritional support during 1-24 months follow up, $p < 0.001$



Survival in unselected cancerpatients randomized to nutritional support, $p < 0.001$



Main conclusions

- Cancer cachexia is essentially partial starvation
- Systemic inflammation can be (preferentially) attenuated with NSAID
- Nutrition is effective, but should be provided early

Main conclusions

- Perioperative nutrition is a matter of preventing further deterioration
- Amino acid solutions are still a weak component in treatment programs
- Glutamine is not the solution on this problem !!!

Main conclusion

- Thus, Dr Fearon can sleep well- nutrition works in cancer treatment/palliation
- Metabolic manipulation alone is not an alternative.
- Long term nutrition should be the goal