



# CANCER-RELATED MALNUTRITION AND SARCOPENIA

SCREENING

Who & What:

Patients with a cancer diagnosis admitted to inpatient ward

Screen all patients for **malnutrition**

Screen all patients for **sarcopenia**

Who: nurse  
When: within 24 hours of admission  
Tool: MST

Who: AHA  
When: within 24 hours of admission  
Tool: SARC-F

Repeat as the clinical situation changes  
e.g. new treatment commences, new symptoms present

**At risk**

**Not at risk**

ASSESSMENT

**Malnutrition**  
Refer to a dietitian

**Sarcopenia**  
Refer to dietitian & physiotherapist/  
exercise physiologist

Who: nurse  
When: within 24 hours of admission

Who: AHA  
When: within 24 hours of admission

Comprehensive nutrition assessment  
and diagnosis

Comprehensive evaluation of muscle  
mass, strength, and function

Who: dietitian  
When: within 1 day of referral  
Measure: PG-SGA  
Diagnostic criteria: GLIM

Who: dietitian & physiotherapist  
When: within 1 day of referral  
Measure: HGS, BIA, chair stand test, SPPB  
Diagnostic criteria: EWGSOP2

TREATMENT

Access to the core elements of treatment

Individualised medical  
nutrition therapy

Individualised exercise  
prescription

Physical & psychological  
symptom management

Who: dietitian  
When: within 1 day of referral

Who: physiotherapist  
When: within 1 day of referral

Who: multidisciplinary team  
When: as issues arise

Monitoring and Evaluation

DISCHARGE

Communicate with relevant health professionals to  
provide handover / transition of care

Who: dietitian/physiotherapist/multidisciplinary team  
When: within 48 hours of discharge

\* Refer to worked AACTT framework  
examples for more information on adapting  
the pathway to your local context.

MULTIDISCIPLINARY COLLABORATIVE CARE

	Malnutrition	Sarcopenia
SCREENING	<p>Screen all patients with cancer using a validated tool</p> <p><b>Tools:</b> MST, MUST, MSCT, PG-SGA SF</p> <p>+</p> <p>Identify all patients with a diagnosis or treatment plan known to lead to high nutrition risk:</p> <ul style="list-style-type: none"> <li>- Head and neck, lung, upper or lower GI cancer</li> <li>- Radiation therapy to oral cavity or GI tract</li> <li>- Chemotherapy, immunotherapy or targeted therapies with risk of GI toxicity</li> <li>- Stem cell transplant</li> <li>- Surgery to oral cavity or GI tract</li> </ul> <p><b>AT RISK</b> → refer to dietitian</p> <p><b>NOT AT RISK</b> → repeat as the clinical situation changes</p>	<p>Screen all patients with cancer using a validated tool</p> <p><b>Tools:</b> SARC-F, SARC-F in combination with calf circumference</p> <p><b>AT RISK</b> → refer to dietitian &amp; physiotherapist/exercise physiologist</p> <p><b>NOT AT RISK</b> → repeat as the clinical situation changes</p>
ASSESSMENT	<p>Conduct comprehensive nutrition assessment using assessment tool validated in the oncology population:</p> <p><b>Measures:</b></p> <p>PG-SGA SGA</p> <p><b>Diagnostic criteria:</b></p> <ul style="list-style-type: none"> <li>- GLIM</li> </ul>	<p>Conduct comprehensive evaluation of muscle mass, muscle strength and muscle function.</p> <p><b>Measures:</b></p> <p>Muscle mass- CT, BIA, BIS, DXA, MRI, calf circumference Muscle strength- hand grip strength, chair stand test Muscle function- SPPB, gait speed, TUG</p> <p><b>Diagnostic criteria:</b></p> <ul style="list-style-type: none"> <li>- EWGSOP 1</li> <li>- EWGSOP 2</li> <li>- FNIH</li> <li>- CT image analysis</li> </ul>
TREATMENT	<p>Dietitian to provide individualised medical nutrition therapy:</p> <ul style="list-style-type: none"> <li>• Dietary counselling on preserving or increasing lean muscle</li> <li>• 105-125kJ/kg/day</li> <li>• 1.0-1.5 g protein</li> <li>• Relevant education material</li> <li>• Frequency of review based on individual needs</li> </ul>	<p>Physiotherapist/exercise physiologist to provide individualised exercise prescription:</p> <ul style="list-style-type: none"> <li>• Targeted resistance +/- aerobic exercise program</li> <li>• Referral to exercise class</li> <li>• Relevant education material</li> <li>• Frequency of review based on individual needs</li> </ul>
	<p>Monitor clinical and patient-reported outcomes and consider referrals to other healthcare professionals where appropriate to optimise patient outcomes. i.e. psychologist, speech pathologist, social worker, occupational therapist</p>	
DISCHARGE	<p>Communicate with relevant health professionals to provide handover / transition of care</p> <ul style="list-style-type: none"> <li>• Document malnutrition/sarcopenia diagnosis in discharge summary</li> <li>• Provide discharge summary to patient and patients' GP</li> <li>• Refer to outpatient/community services</li> </ul>	

**KEY:** MST, Malnutrition Screening Tool; MUST, Malnutrition Universal Screening Tool; MSCT, Malnutrition Screening Tool for Cancer Patients; PG-SGA SF, Patient-Generated Subjective Global Assessment Short Form; PG-SGA, Patient-Generated Subjective Global Assessment; SGA, Subjective Global Assessment; GLIM, Global Leadership Initiative on Malnutrition; CT, Computed Tomography; BIA, Bioelectric Impedance Analysis; BIS, Bioelectric Spectroscopy Analysis; DXA, Dual energy X-Ray Absorptiometry; MRI, Magnetic Resonance Imaging; SPPB, Short Physical Performance Battery; TUG, Timed Up and Go; EWGSOP1, European Working Group on Sarcopenia in Older People; EWGSOP2, European Working Group on Sarcopenia in Older People updated definition; FNIH, Foundation for the National Institutes of Health Biomarkers Consortium Sarcopenia Project; GP, General Practitioner