

ROLES AND RESPONSIBILITIES OF THE MULTIDISCIPLINARY CANCER CARE TEAM

The following table outlines the roles and responsibilities of the multidisciplinary cancer care team in managing people with cancer-related malnutrition and sarcopenia. Whilst dietitians, physiotherapists and/or exercise physiologists should ideally complete the assessment measures and provide treatment, this table provides guidance on alternative options for when the recommended health professionals are not available in your workplace. Note: Alternative health professionals might not have the same skill set or be able to provide the same level of care as the Recommended health professionals.

What care is provided? <i>Referred to as 'Action' in the AACTT frameworks within this toolkit</i>	Who delivers the care? <i>Referred to as 'Actor' in the AACTT frameworks within this toolkit</i>	
	Recommended:	Alternative: <i>Resources within this toolkit can be used to upskill multidisciplinary team members</i>
Screening malnutrition sarcopenia	Nurse, AHA Nurse, AHA	Oncologist, GP, or other HP Oncologist, GP, or other HP
Referral	Oncologist, GP, Nurse, AHA	DT, PT, EP, OT, SP, SW, Psych
Assessment malnutrition ○ PG-SGA muscle mass ○ PG-SGA physical exam ○ calf circumference ○ BIA/BIS ○ CT* ○ Ultrasound* muscle strength ○ hand grip strength ○ chair stand test muscle function ○ SPPB ○ timed up & go ○ gait speed ○ 400m walk test	DT DT DT, EP, PT DT, EP, PT DT, EP, PT DT, EP, PT DT, EP, PT EP, PT EP, PT EP, PT EP, PT EP, PT	Oncologist, Nurse, AHA Oncologist, Nurse, AHA Oncologist, Nurse, AHA Nurse, AHA Nurse, AHA Nurse, AHA, DT AHA, DT AHA, DT AHA, DT AHA, DT
Treatment Individualised nutrition therapy Individualised exercise therapy Universal nutrition/exercise therapy	DT EP, PT Oncologist, GP, Nurse, other HP	Oncologist, GP, Nurse, other HP Oncologist, GP, Nurse, other HP DT, EP, PT
Symptom management physical emotional and psychological family and social spiritual and religious	Oncologist, Nurse, DT, PT, EP, Psych, SW SW, Psych Spiritual/Pastoral care	SP, OT, GP Nurse, GP Nurse, GP Nurse, GP
Discharge/ Transition of care	DT, EP, PT	Oncologist, GP, Nurse, or other HP

Key:
AHA (Allied Health Assistant), GP (General Practitioner), HP (Health Professional), DT (Dietitian), PT (Physiotherapist), EP (Exercise Physiologist), OT (Occupational Therapist), SP (Speech Pathologist), SW (Social Work), Psych (Psychologist), PG-SGA (Patient Generated Subjective Global Assessment), BIA (Bioelectric Impedance Analysis), BIS (Bioelectric Impedance Spectroscopy), CT (Computed Tomography), SPPB (Short Physical Performance Battery). * Requires specialist training/credentialing

Dietitians, physiotherapists and/or exercise physiologists play a major role in the assessment and treatment of people with cancer-related malnutrition and/or sarcopenia. The following table describes the important role that other multidisciplinary team members play in supporting the management of people with cancer-related malnutrition and sarcopenia. It also outlines common triggers for referral to a dietitian, physiotherapist or exercise physiologist for individualised treatment. Consider referral to multidisciplinary care providers consistent with the roles and responsibilities outlined below.

Who delivers the care?	Role description	Triggers that might prompt a referral to a dietitian or physiotherapist/exercise physiologist
Nurse	Nutrition/sarcopenia/functional risk screening, facilitate referrals to other clinicians, reinforce the nutrition and exercise plan throughout and beyond treatment.	<ul style="list-style-type: none"> ▪ At risk of malnutrition on screening ▪ Patient reported outcome measures i.e. distress thermometer/problem checklist, ESAS-r
Allied Health Assistant	Nutrition/sarcopenia risk screening, monitor dietary intake, and support exercise therapy.	<ul style="list-style-type: none"> ▪ Does the patient have a pressure injury? ▪ Is the patient reporting reduced functional ability or recent falls?
Oncologist/Specialist Medical Practitioner	Optimise symptom management, facilitate referrals to other clinicians, reinforce the nutrition and exercise plan throughout and beyond treatment.	<ul style="list-style-type: none"> ▪ Unplanned or progressive weight loss ▪ Change in treatment-related symptoms that could be influenced/exacerbated by diet – e.g., fatigue, ▪ Is the patient restricting specific foods/food groups?
General Practitioner	Nutrition/sarcopenia/functional risk screening and facilitate referrals to other clinicians to support improvement in nutritional and functional status prior to attending hospital.	<ul style="list-style-type: none"> ▪ Unplanned or progressive weight loss ▪ Change in any treatment-related symptom that could be influenced/ exacerbated by diet – e.g., fatigue, weakness, sleep.
Occupational Therapy	Provide support for functional impairment that may affect nutritional intake or physical function.	<ul style="list-style-type: none"> ▪ Is the patient having difficulty shopping for or preparing meals? ▪ Does the patient have fatigue impacting on physical function/activities of daily living?
Speech Pathology	Prevention and management of swallowing dysfunction.	<ul style="list-style-type: none"> ▪ Is swallowing function impacting on quantity/consistency of food consumed?
Social Work	Address financial hardship that may impact on nutrition and exercise choices.	<ul style="list-style-type: none"> ▪ Is the patient experiencing food insecurity? ▪ Are limited social/carer supports impacting on ability to access or prepare food? ▪ Is the patient experiencing financial toxicity?
Psychology	Counselling for mental health concerns that may affect nutritional intake and supporting behaviour change for nutrition and exercise interventions.	<ul style="list-style-type: none"> ▪ Does the patient have a negative relationship with food and/or exercise ▪ Is low mood impacting on behaviours relating to food and exercise? ▪ Is anxiety impacting on behaviours relating to food and exercise?