Nutritional Needs of Patients with Cancer: Nursing Strategies

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Abstract:

Patients with cancer often face unique nutritional challenges that can significantly impact their overall health and treatment outcomes. Cancer and its treatments, such as chemotherapy and radiation, can lead to side effects like nausea, vomiting, loss of appetite, taste changes, and difficulty swallowing, all of which may contribute to malnutrition. Nurses play a crucial role in assessing and addressing these nutritional needs by conducting comprehensive evaluations of each patient's dietary habits, symptoms, and preferences. It is essential to provide individualized nutritional care plans that focus on maintaining or improving nutritional status, helping patients manage side effects, and enhancing quality of life. Collaboration with dietitians can further ensure that patients receive appropriate dietary guidance and support tailored to their specific treatment regimens. Key nursing strategies include providing education on small, frequent meals rich in calories and protein to combat weight loss, recommending high-calorie nutritional supplements when necessary, and offering guidance on food choices that align with patients' treatment goals and taste preferences. Nurses should also implement interventions to manage symptoms such as nausea and mouth sores by suggesting appropriate foods and cooking methods. Building a rapport with patients to foster open communication about their nutritional needs and preferences creates a supportive environment that encourages adherence to dietary recommendations. Regular monitoring of patients' weight and dietary intake allows for timely adjustments to their nutrition plans, ensuring that they receive optimal support throughout their treatment journey.

Keywords: Cancer nutrition, Malnutrition, Nursing assessment, Individualized care plans, Nutritional supplements, Small, frequent meals, Symptom management, Dietary preferences, Collaboration with dietitians, Weight monitoring

Introduction:

Cancer is a complex, multifaceted disease that not only affects the physiological and psychological well-being of patients but also significantly impacts their nutritional needs. The diagnosis and treatment of cancer can lead to a variety of metabolic and physiological changes that may hinder a patient's ability to achieve adequate nutritional intake. These changes can arise from a variety of factors including the cancer itself, the treatment modalities employed, and the associated side effects of these treatments. Therefore, understanding the nutritional needs of patients with cancer has become increasingly pertinent in cancer care. This introduction seeks to explore the

essential nutritional requirements of cancer patients and the pivotal role that nursing professionals play in meeting these needs through targeted strategies [1].

Cancer can lead to a phenomenon known as cancer cachexia, characterized by unintentional weight loss, muscle wasting, and a decrease in overall nutritional status. Cachexia poses significant challenges to patient recovery and quality of life, as it can impair the effectiveness of cancer treatments and contribute to increased morbidity and mortality. Research indicates that approximately 20-40% of cancer patients will experience significant weight loss during their treatment, primarily due to a combination of reduced food intake, metabolic abnormalities, and

inflammation. These changes necessitate a comprehensive understanding of the specific nutritional requirements of cancer patients, which often differ from those of healthy individuals [2].

Nutritional deficiencies in cancer patients can be attributed to a variety of factors, including altered gastrointestinal function, pain, fatigue, nausea, and psychological stress, all of which can lead to decreased appetite and food intake. Furthermore, the treatments used to combat cancer—such as chemotherapy, radiation therapy, and surgical interventions—can exacerbate these issues by introducing additional side that complicate meal consumption. Consequently, it becomes vital to address the unique dietary needs of these patients, ensuring they receive the necessary macronutrients and micronutrients to support their health and foster recovery. This includes providing adequate protein for muscle maintenance, calories for energy, and vitamins and minerals to support immune function and overall health [3].

Within this context, the role of nursing professionals is critical. Nurses serve as the frontline caregivers who directly interact with cancer patients and are uniquely positioned to assess their nutritional status and identify any issues that arise. Nursing strategies encompass a range of activities, including nutritional screening, dietary education, and counseling, as well as the implementation of individualized nutrition care plans. Nurses must be adept at recognizing the signs of malnutrition, conducting thorough assessments, and collaborating with interdisciplinary teams—such as dietitians and oncologists—to develop and implement effective nutritional interventions [4].

Effective communication is also a fundamental nursing strategy in addressing the nutritional needs of patients with cancer. By fostering a supportive and open environment, nurses can engage patients in discussions about their dietary habits, preferences, and challenges. This holistic approach not only promotes adherence to nutritional recommendations but also empowers patients to take active roles in their nutritional care. Additionally, nurses can utilize methods such as motivational interviewing to encourage behavioral changes that enhance meal planning and food intake [5].

Moreover, the integration of technology in nutritional management represents an emerging strategy within nursing practice. Tools such as mobile apps for dietary tracking, telehealth consultations with dietitians, and educational resources can augment traditional face-toface interactions, allowing nurses to extend their support beyond the clinical setting. By employing these innovative methods, nursing care can be tailored to fit the individual needs of each patient while promoting adherence to dietary recommendations [6].

Common Nutritional Challenges Faced by Cancer Patients:

Cancer and its treatments can lead to a range of nutritional challenges that significantly affect the overall well-being and recovery of patients. The diagnosis of cancer often brings about a whirlwind of emotions and decisions, but one of the most critical aspects to consider is nutrition. Nutrition plays a vital role in supporting the health of cancer patients. A wellbalanced diet can enhance the body's immune function, optimize the effectiveness of treatments, and expedite recovery. For many patients, maintaining a healthy weight and nutritional status becomes paramount as they navigate the complexities of cancer therapy. Unfortunately, the physiological and psychological effects of cancer and its treatment can create significant barriers to achieving adequate nutrition [7].

One of the most prevalent nutritional challenges faced by cancer patients is weight loss, often resulting from a condition known as cancer cachexia. Cachexia is characterized by severe muscle and fat loss and is not fully reversible by conventional nutritional support. It is particularly common in patients with advanced cancer and can drastically affect treatment outcomes and quality of life [7].

Patients may experience involuntary weight loss due to various factors, including reduced appetite, changes in taste perception, digestive complications, and increased metabolic demands caused by the cancer itself. The effects of treatments, such as chemotherapy, radiation, and surgery, can further exacerbate these issues, leading to increased nausea, vomiting, and difficulty swallowing, which can impede nutritional intake [8].

Changes in appetite are another significant challenge for cancer patients. Many experience a decrease in appetite due to the effects of the cancer, the side effects of treatments, or psychological factors such as depression and anxiety. These changes can result in inadequate caloric and nutritional intake, contributing to weight loss and malnutrition [8].

Furthermore, alterations in taste and smell can compromise the enjoyment of food, making it difficult for patients to eat enough to meet their nutritional needs. Common experiences include a metallic taste in the mouth or heightened sensitivity to certain flavors, which can deter patients from consuming nutrient-dense foods. For some, these taste changes can also lead to aversions to previously favored dishes, resulting in a limited diet that lacks critical vitamins and minerals.

Cancer treatments, particularly chemotherapy and radiation therapy, often induce a range of gastrointestinal complications that further complicate nutritional intake. Patients may experience nausea, vomiting, diarrhea, constipation, or changes in bowel habits that make it challenging to maintain adequate nutrition [9].

Nausea and vomiting can lead to a fear of eating, compounded by a vicious cycle of discomfort and avoidance. Diarrhea can result in the loss of essential nutrients and electrolytes, creating an increased need for hydration and nutritional support. Patients undergoing pelvic radiation may also experience more localized gastrointestinal effects, such as rectal irritation, which can further hinder the ability to consume adequate nutrition [9].

The psychological impact of a cancer diagnosis often goes hand-in-hand with nutritional challenges. Many patients face stress, anxiety, and depression, which can further contribute to decreased appetite and altered eating behaviors. The emotional burden of undergoing treatment coupled with worries about the disease can disrupt normal eating patterns and lead to emotional eating or withdrawal from social eating situations [10].

Family and friends often wish to provide support through food and shared meals, yet the fear of weight gain, nausea, or other treatment-related issues can make these situations challenging for patients. Furthermore, the stigma associated with not eating or losing weight can lead to feelings of shame, exacerbating emotional distress and impacting dietary choices [10].

Strategies to Overcome Nutritional Challenges

Given the myriad of nutritional challenges faced by cancer patients, it is essential to adopt a proactive and personalized approach to nutrition. A multidisciplinary team, including oncologists, dietitians, and mental health professionals, can collaborate to create tailored

- nutrition plans that address the unique needs and preferences of each patient.
- Nutritional Counseling: Working with a registered dietitian who specializes in oncology can provide personalized guidance on meal planning, portion sizes, food choices, and strategies to enhance appetite. Dietitians can help patients overcome barriers to eating and develop coping strategies to handle treatment side effects [11].
- 2. **Small, Frequent Meals:** Encouraging small, frequent meals rather than three large meals a day can help patients consume more calories without overwhelming their digestive systems. Nutrient-dense snacks, including protein shakes and smoothies, can augment caloric intake effectively [12].
- Hydration: Maintaining proper hydration is crucial, especially for patients experiencing vomiting, diarrhea, or other gastrointestinal issues. Encouraging fluid intake through broths, smoothies, and electrolytereplenishing drinks can help [12].
- 4. Addressing Taste Changes: Patients experiencing taste changes can benefit from experimenting with different flavors, textures, and food preparations. For instance, using herbs, spices, or citrus can enhance flavors and make food more palatable.
- 5. Emotional Support: Involving mental health professionals to address psychological barriers can enhance the overall well-being of cancer patients. Stress management techniques such as mindfulness, counseling, or support groups can improve coping mechanisms related to eating and treatment [13].

The Role of Nursing in Nutritional Assessment:

Cancer, a multifaceted disease characterized by uncontrolled cell growth, not only imposes a significant physical and emotional burden on patients, but it also profoundly affects their nutritional status. Malnutrition is prevalent among individuals diagnosed with cancer and can adversely influence treatment outcomes, recovery trajectories, and overall quality of life. As frontline healthcare providers, nurses play a pivotal role in the nutritional assessment of cancer patients, employing a range of skills and knowledge to identify nutritional deficiencies, tailor interventions, and promote optimal nutritional intake [13].

Malnutrition in the context of cancer encompasses both protein-energy malnutrition and micronutrient deficiencies. Factors contributing to these deficiencies may include the metabolic demands of the tumor, treatment side effects such as nausea, vomiting, and oral mucositis, as well as psychological factors like depression and anxiety. A significant subset of cancer patients experiences unintended weight loss and muscle wasting, referred to as cachexia, which is particularly prevalent among patients with advanced disease. Cachexia not only impacts physical health but also contributes to decreased treatment tolerability, increased complications, and reduced survival rates [13].

Role of Nurses in Nutritional Assessment

Nurses are uniquely positioned to conduct nutritional assessments, as they frequently interact with patients, monitoring changes in their condition and wellbeing. The following outlines key aspects of the nursing role in nutritional assessment:

- 1. Comprehensive Patient Evaluation: Nurses are trained to assess a patient's nutritional status through a multifaceted approach that includes obtaining a thorough health history, conducting physical examinations, and utilizing validated screening tools. Tools such as the Malnutrition Screening Tool (MST) or the Mini Nutritional Assessment (MNA) can help nurses identify patients at risk of malnutrition. They constantly observe patients for signs of weight loss, changes in appetite, and physical signs of malnutrition, such as muscle wasting and edema [14].
- 2. **Identifying Risk Factors:** Cancer patients may present with various risk factors that predispose them to nutritional challenges. Nurses take into account various aspects such as cancer type, stage, treatment modalities (i.e., chemotherapy, radiation), comorbidities, and psychosocial variables. A comprehensive understanding of these factors enables nurses to recognize patients who are at higher risk for nutritional decline [14].
- 3. Education and Counseling: Education is a fundamental component of nursing care. Nurses can provide crucial dietary counseling to cancer patients, emphasizing the importance of adequate nutrition to support healing, immune function, and overall well-being. They can deliver tailored nutritional information based on individual preferences, cultural considerations, and specific dietary restrictions. This patient-centered approach fosters motivation and enhances adherence to nutritional recommendations [15].

- 4. Collaboration with Multidisciplinary Teams: Effective nutritional care requires collaboration among various healthcare professionals, including dietitians, oncologists, and nursing staff. Nurses serve as liaisons, facilitating communication among team members to develop and implement comprehensive nutritional care plans. They can help coordinate referrals to registered dietitians for further specialized dietary advice and intervention [15].
- 5. Monitoring and Reassessing Nutritional Status: Ongoing monitoring of a patient's nutritional status is critical, especially as treatment progresses or patients experience changes in their health status. Nurses play a vital role in tracking weight changes, appetite fluctuations, and dietary intake, and in assessing their impact on overall health. Regular reassessment allows for timely adjustments in care plans, helping manage any emerging nutritional issues [16].
- 6. Intervening for Nutritional Support: In cases where patients are unable to meet their nutritional needs orally, nurses may assist in recommending enteral (tube feeding) or parenteral (intravenous) nutrition options. Administering such nutritional support requires careful monitoring for potential complications, including infection or metabolic imbalances, and necessitates ongoing assessment of the patient's needs and responses [16].
- 7. Advocacy and Support: Nurses are often the advocates for their patients, ensuring that their nutritional needs are addressed and that they have access to appropriate resources. This may involve advocating for nutrition-related policies within the healthcare setting or providing support to patients and families as they navigate the complexities of dietary modifications and overall dietary lifestyles [17].

The Impact of Effective Nutritional Assessment

The role of nursing in nutritional assessment is critical not only for individual patient outcomes but also within the broader healthcare context. By identifying and addressing malnutrition early, nurses can contribute to improved treatment outcomes, enhanced recovery, and an overall reduction in healthcare costs associated with complications from malnutrition. Research has consistently shown that well-nourished cancer patients experience better tolerance to treatment, reduced infection rates, shorter hospital stays, and improved quality of life [17].

Furthermore, understanding the nuanced interplay between cancer treatment and nutrition fosters a holistic approach to patient care. As cancer management evolves, with an increasing focus on survivorship and quality of life, the role of nurses becomes ever more essential. By integrating nutritional assessment into their practice, nurses not only enhance their professional competencies but also significantly contribute to the multidimensional care essential for cancer patients [18].

Individualized Nutritional Care Plans for Cancer Patients:

Cancer is a multifaceted disease that not only affects the physical health of individuals but also their psychological and emotional well-being. One of the significant challenges faced by cancer patients is maintaining optimal nutrition throughout their treatment journey. The relationship between nutrition and cancer is complex; good nutrition can enhance the efficacy of treatments, fortify the patient's immune system, and improve the quality of life. Therefore, individualized nutritional care plans are essential for managing the nutritional needs of cancer patients. These plans should be crafted based on a comprehensive understanding of the patient's overall health status, treatment regimen, personal preferences, and lifestyle factors [19].

Cancer and its treatments, such as chemotherapy, radiation, and surgery, can lead to various nutritional challenges. Patients may experience side effects such as nausea, vomiting, diarrhea, changes in taste or smell, and difficulty swallowing. Furthermore, cancer itself can increase metabolic demands, leading to unintended weight loss and muscle wasting, a condition known as cachexia. This multifactorial situation highlights the need for an assessment that goes beyond general dietary recommendations [19].

An effective initial step in formulating an individualized nutritional care plan is a comprehensive nutritional assessment. This assessment should include evaluating the patient's dietary intake, nutritional status, biochemical data, medical history, and physical condition. Utilizing this data, healthcare professionals can identify specific nutritional deficiencies and create tailored interventions to address them [19].

Components of Individualized Nutritional Care Plans

- 1. **Assessment and Screening:**Initial screening tools, such as the Malnutrition Screening Tool (MST) or the Subjective Global Assessment (SGA), can help identify patients at risk for malnutrition. A detailed assessment will analyze dietary patterns, weight changes, and the patient's ability to consume food [20].
- Setting Goals: The plan should include clear, achievable goals that are personalized according to the patient's treatment regimen and nutritional needs. Goals could include preventing weight loss, enhancing energy levels, or improving nutrient intake to combat deficits caused by the disease or treatment [20].
- 3. **Personalized Nutritional Interventions**: Each patient's diet should be individualized to meet their unique preferences and nutritional needs. This could mean increasing protein intake, incorporating nutrient-dense foods, or tailoring the diet to mitigate specific side effects. For example, patients experiencing mouth sores may benefit from softer foods, while those with nausea may find cold or bland items more palatable [21].
- 4. **Monitoring and Reevaluation**: A nutritional care plan should not be static; it requires regular monitoring and adjustments based on the patient's progress, changing treatment responses, and evolving nutritional needs. Regular follow-ups with a registered dietitian are critical for evaluating outcomes and modifying plans as necessary [22].
- 5. **Supportive Counseling**: Psychological support is vital during cancer treatment. Nutritional counseling can encompass not only dietary advice but also encouragement, coping strategies, and education to empower patients. Group sessions or support networks can also provide emotional support and share personal experiences regarding nutrition during cancer treatment [22].

The Role of Multidisciplinary Teams

Creating effective individualized nutritional care plans for cancer patients requires a collaborative approach involving various healthcare professionals. Oncologists, registered dietitians, nurses, and other allied health professionals must work together to ensure patients receive a holistic treatment plan that addresses both medical and nutritional needs [23].

Dietitians play a pivotal role in educating patients about nutrition, debunking myths, and providing practical advice on meal planning and preparation. In addition, they can coordinate with other healthcare providers to ensure that nutritional recommendations align with medical treatments and patient preferences [24].

Research supports the notion that nutritional interventions can significantly influence treatment outcomes. A meta-analysis of studies on nutritional support in cancer patients revealed that patients who received individualized dietary counseling experienced improved quality of life and lower rates of treatment-related complications. Furthermore, providing adequate nutrition can bolster immune function, making it easier for patients to withstand the side effects of cancer treatments [25].

Clinical guidelines from established organizations, such as the American Society for Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN), emphasize the importance of nutritional care in oncology, underscoring the need for individualized approaches. These guidelines advocate for a proactive approach to screening and managing nutritional needs, reinforcing the value of incorporating dietitians into the cancer care team [26].

Managing Treatment-Related Side Effects Through Nutrition:

Cancer treatment, while vital for extending life and ensuring a better quality of living, often comes with a host of side effects that can significantly affect a patient's overall health and well-being. These side effects vary depending on the type of cancer treatment—chemotherapy, radiation, immunotherapy, or surgery—and can include nausea, vomiting, fatigue, weight loss, changes in taste and smell, and a weakened immune system. While many patients focus on the medical aspects of their treatment, the role of nutrition is crucial in managing these side effects and improving overall health outcomes [27].

Cancer treatments aim to eradicate cancer cells but can inadvertently harm healthy cells, leading to various side effects. For instance, chemotherapy drugs are cytotoxic and can affect rapidly dividing cells in the gut lining, leading to nausea, vomiting, and loss of appetite. Similarly, radiation therapy targeted at tumors may cause localized side effects such as mouth sores or changes in bowel habits, particularly if the abdomen or pelvis is involved [28].

Patients may also experience psychological symptoms such as anxiety and depression due to the stress of a cancer diagnosis, which can further affect their willingness or ability to eat. Understanding these side effects and how they manifest is the first step in addressing them through nutritional interventions [28].

The Role of Nutrition in Alleviating Side Effects

Nutrition plays a fundamental role in supporting the body during cancer treatment. Here are several ways in which tailored nutritional strategies can help mitigate side effects associated with cancer therapies:

- Vomiting Nausea and Vomiting: Nausea and vomiting are among the most common side effects of chemotherapy. To help manage these symptoms, cancer patients may benefit from consuming small, frequent meals instead of three large ones. Emphasizing bland foods, such as crackers, rice, or bananas, can also be helpful. Ginger tea or ginger-infused snacks are often recommended for their natural anti-nausea properties. Furthermore, keeping meals cold may reduce smells that could exacerbate nausea [29].
- 2. Addressing Weight Loss and Anorexia: Loss of appetite is common among cancer patients. Nutrient-dense foods that are high in calories and protein can help maintain weight and ensure patients receive essential nutrients. Incorporating smoothies, protein shakes, or nutrient-rich soups can provide essential vitamins and calories without overwhelming the patient's digestive system [29]. Encouraging the consumption of favorite foods can also stimulate appetite and make mealtimes more enjoyable.
- 3. **Managing Fatigue**: Cancer-related fatigue can diminish the desire to prepare and consume food. A balanced diet rich in whole grains, fruits, vegetables, and proteins can help provide sustained energy levels. Foods high in iron, such as beans, spinach, and red meat, can combat anemia, which is often a contributing factor to fatigue. Staying hydrated is equally essential, as fluid loss can exacerbate feelings of tiredness [30].
- 4. **Dealing with Changes in Taste and Smell**: Many cancer patients report changes in their senses of taste and smell, often finding that foods they once enjoyed taste bland or different. To counter this, incorporating bold flavors through herbs and spices can enhance the palatability of foods. Citrus fruits and tangy dressings could be impactful, as acidity can transform a meal into something more appealing. Offering a variety of textures—such as crunchy, creamy, and chewy—can also contribute to a more balanced eating experience [30].

5. **Supporting Immune Function**: Cancer treatments often suppress the immune system, making patients more vulnerable to infections. A diet high in antioxidants, vitamins, and minerals can help bolster immune function. Foods rich in vitamin C (citrus fruits, strawberries), vitamin E (nuts, seeds), and zinc (meat, legumes) can be particularly beneficial. Moreover, incorporating probiotics and prebiotic-rich foods can promote gut health, supporting the body's immune response [31].

Practical Nutritional Approaches

To effectively implement nutrition as a tool for managing side effects, healthcare providers and nutritionists can employ a multi-faceted approach:

- 1. **Personalized Nutrition Plans**: Each cancer patient presents unique challenges, requiring individualized nutrition plans tailored to their specific treatment, side effects, dietary preferences, and lifestyle. Collaboration with a registered dietitian can help patients navigate these complexities and adjust recommendations as treatment progresses [32].
- Education and Support: Informing patients about the importance of nutrition and involving them in decisions about their dietary choices can empower them to take charge of their health. Support groups and workshops that focus on nutrition can provide additional encouragement and share strategies for managing side effects.
- Continual Monitoring: Regular assessment of a patient's nutritional status is vital. Monitoring weight, dietary intake, and side effects allows healthcare providers to make timely adjustments to nutritional strategies and address any emerging challenges quickly [32].

Collaboration with Dietitians: Enhancing Nutritional Support:

Cancer, a complex and multifaceted disease, affects not only the physical health of individuals but also their emotional and psychological well-being. As treatment regimens can be harsh and side effects can be debilitating, nutritional support has emerged as a pivotal component of comprehensive cancer care. Collaboration with nutritionists, specialized professionals who possess the expertise to address the dietary needs of cancer patients, has become essential for enhancing the quality of life and improving health outcomes for those navigating the cancer journey [33].

The Importance of Nutrition in Cancer Care

Nutrition plays a critical role in the overall health of an individual, particularly during a cancer diagnosis and treatment. Cancer and its treatment can lead to altered metabolism, changes in appetite, and side effects such as nausea, vomiting, and fatigue, which can hinder a patient's ability to consume adequate nutrients. Poor nutrition can compromise the immune system, leading to an increased risk of infection, delayed wound healing, and diminished response to treatment. Moreover, malnutrition can negatively affect a patient's quality of life, making them more vulnerable to the psychological burdens of cancer.

Research has increasingly highlighted the association between nutritional status and treatment outcomes. Adequate dietary intake can help in maintaining muscle mass, improving overall strength, and enhancing recovery. Furthermore, certain dietary components may even exert adjuvant effects by influencing cancer progression and treatment efficacy. For instance, nutrients such as omega-3 fatty acids, antioxidants, and vitamins have been shown to support cellular health and may augment treatment responses. Hence, the need for a tailored nutritional approach is critical in addressing the unique requirements of cancer patients [34].

The Role of Nutritionists in Cancer Care

Nutritionists, specifically registered dietitians and specialized oncology nutritionists, are trained to provide evidence-based dietary counseling tailored to the individual needs of cancer patients. They conduct thorough assessments of patients' nutritional status, considering factors such as disease type, treatment modalities, and personal preferences. By analyzing patients' dietary intake, weight history, and biochemical data, nutritionists can identify specific deficiencies and create personalized nutrition plans aimed at optimizing health and well-being.

One of the vital contributions of nutritionists is their ability to provide education about the role of nutrition in cancer care. They empower patients with knowledge about how certain foods can affect their health, thus encouraging informed dietary choices. For instance, nutritionists may offer guidance on managing symptoms associated with treatment, such as recommending small, frequent meals to combat nausea or suggesting high-calorie, high-protein snacks to address weight loss [35].

Additionally, nutritionists monitor patients' progress throughout their treatment, making adjustments to nutrition plans as necessary. This ongoing support is crucial, as treatment responses can vary significantly among individuals, necessitating a flexible and responsive nutritional strategy. By collaborating with oncology teams, nutritionists can also provide valuable insights that contribute to the holistic management of cancer patients, enhancing their treatment regimens and overall care experience [36].

Collaborative Strategies for Nutritional Support

Collaboration between nutritionists, oncologists, nurses, and other healthcare professionals is essential to create a multidisciplinary approach that ensures comprehensive care for cancer patients. This collaboration can take several forms, including multidisciplinary team meetings, case discussions, and shared electronic health records that facilitate real-time communication about patient needs [37].

One effective strategy is having nutritionists integrated into oncology clinics and treatment facilities. This integration allows for immediate access to nutritional expertise during patients' treatment visits. The inclusion of nutritionists in treatment planning from the outset ensures that nutritional interventions are aligned with medical interventions, fostering a holistic approach to patient care. Moreover, it promotes the identification of patients who are at risk for malnutrition early in the treatment process, allowing for timely nutritional support [38].

Furthermore, outreach initiatives, such as workshops and educational seminars for both patients and caregivers, can enhance nutritional knowledge and promote healthy eating habits. Providing resources, such as recipe guides or meal planning tools, can empower patients to take an active role in managing their nutrition during treatment [39].

Telehealth has also emerged as a valuable tool in facilitating nutritional support for cancer patients. Virtual consultations can provide convenience and continuity of care, especially for patients who may have difficulties with transportation or mobility. Through telehealth, nutritionists can offer personalized guidance, monitor patients' dietary intake, and make necessary modifications to nutrition plans [39].

Challenges and Future Directions

Despite the evident benefits of nutritional intervention, several challenges remain in implementing effective nutritional support for cancer patients. One major obstacle is the variability in access to registered dietitians specializing in oncology. In many healthcare settings, nutrition services may be limited due to a shortage of professionals, leading to inadequate support for patients. Additionally, discrepancies in insurance coverage for nutrition services can hinder access to care [40].

To advance the field of oncology nutrition, increased advocacy for the inclusion of nutrition services in cancer care is essential. Policymakers, healthcare institutions, and professional organizations must work together to recognize the importance of nutrition in cancer treatment. Expanding training opportunities and establishing standardized guidelines for nutritional care in oncology can also help standardize practices and improve patient outcomes [40].

Research into the specific dietary patterns and interventions that best support cancer patients is vital. Longitudinal studies that account for varying cancer types, demographics, and treatment modalities will deepen our understanding of how nutrition impacts outcomes. As the field of precision medicine evolves, the integration of nutrition with personalized treatment plans will likely become increasingly relevant [41].

Education and Counseling Strategies for Patients and Families:

Nutrition assessment is a critical component of healthcare that aims to identify and address dietary needs, nutritional deficiencies, and overall health status. The importance of effective education and counseling strategies cannot be overstated, particularly when involving patients and their families.

Before delving into education and counseling strategies, it is imperative to understand what nutrition assessment entails. Nutrition assessment is a systematic process that evaluates an individual's dietary intake, nutritional status, and health conditions related to nutrition. It typically includes four key components: anthropometric measurements (height, weight, body mass index), biochemical data (laboratory tests), clinical evaluations (physical examination), and dietary assessments (food diaries, recalls, frequency questionnaires). This multifaceted approach helps healthcare professionals identify nutrition-related issues and formulate tailored intervention strategies [42].

The Role of Education in Nutrition Assessment

Education in the context of nutrition assessment involves imparting knowledge about healthy eating patterns, nutritional requirements, and lifestyle modifications to patients and their families. Effective education can empower individuals to make informed choices that enhance their overall health. Here are several strategies for delivering education during nutrition assessment:

1. Personalized Education Plans

Given that each patient has unique dietary needs and health goals, personalized education plans should be the cornerstone of any nutrition assessment. After assessing the individual's nutritional status, healthcare professionals should develop tailored educational materials that align with the patient's specific circumstances, including age, medical history, dietary preferences, and cultural factors. For example, a patient with diabetes would benefit from education focused on carbohydrate counting and the glycemic index, while a patient with hypertension may require information on sodium restriction and heart-healthy dietary choices [43].

2. Interactive Learning

Utilizing interactive teaching methods can enhance engagement and retention of information. This can be achieved through hands-on activities, workshops, or cooking demonstrations. Healthcare providers can encourage family involvement, which not only reinforces learning but also fosters support systems that are crucial for successful behavior change. For instance, hosting a family cooking session that incorporates healthy recipes can instill confidence in patients and their families to prepare nutritious meals together [44].

3. Use of Visual Aids

Visual aids such as charts, infographics, and food models can significantly enhance understanding and make complex nutritional concepts more accessible. Visual tools can help clarify portion sizes, food groups' characteristics, and the role of nutrients in the body. For example, a colorful chart illustrating a balanced plate model can guide families on how to create nutritious meals, making it easier to implement learned concepts at home [45].

Counseling Strategies for Nutrition Assessment

While education is essential, counseling plays a complementary role by providing emotional support

and guidance throughout the behavior change process. Effective counseling strategies can help patients navigate challenges in adhering to dietary recommendations and foster a positive attitude towards healthy eating. Here are various counseling strategies that can be employed:

1. Motivational Interviewing

Motivational interviewing (MI) is a counseling approach that encourages individuals to explore and resolve ambivalence surrounding behavior change. Through empathetic listening and open-ended questioning, healthcare professionals can guide patients to articulate their reasons for wanting to improve their nutritional habits. This client-centered method empowers patients to set realistic goals and commit to changes that resonate with their motivations [46].

2. Goal Setting

Collaboratively setting SMART goals—specific, measurable, achievable, relevant, and time-bound—can help patients and their families maintain focus on concrete dietary changes. For example, instead of a vague goal like "I want to eat healthier," a SMART goal would be "I will include at least two servings of vegetables with lunch and dinner at least five days a week for the next month." This structured approach makes it easier to track progress and celebrate successes along the way [47].

3. Building a Support System

Encouraging involvement from family members and friends in the nutrition assessment process can enhance accountability and create a supportive environment. Counseling sessions should recognize the roles that family dynamics play in dietary habits and seek to involve family members in education and goal-setting exercises. Group counseling sessions can facilitate discussions among families facing similar challenges, fostering a sense of community and shared learning [48].

4. Follow-up and Continuous Support

Nutrition assessment is not a one-time event; it is an ongoing process that requires continuous support and follow-up. Healthcare providers should schedule regular check-ins to monitor progress, revisit goals, and provide additional education or resources as needed. These follow-up sessions offer an opportunity to celebrate progress, address any setbacks, and adjust

strategies to ensure that the patient and their family remain motivated and engaged in their nutritional journey [49].

Cultural Sensitivity in Education and Counseling

It is essential to recognize and respect the cultural backgrounds of patients and their families during nutrition assessment. A culturally sensitive approach can enhance rapport and trust between healthcare professionals and patients, leading to more effective education and counseling. When designing educational materials and counseling strategies, professionals should consider culturally relevant dietary practices, food availability, and traditional beliefs about health and nutrition. Involving patients in discussions about their cultural preferences and practices not only demonstrates respect but also encourages adherence to recommendations that feel authentic and sustainable [50].

Monitoring and Evaluating Nutritional Outcomes in Cancer Care:

Cancer remains one of the leading causes of morbidity and mortality globally, necessitating a multifaceted approach to treatment that encompasses medical intervention, psychosocial support, and nutritional care. The relationship between nutrition and cancer is complex, as cancer and its treatments can significantly impact a patient's nutritional status, while nutritional status can, in turn, influence treatment outcomes and quality of life. As such, monitoring and evaluating nutritional outcomes in cancer care is paramount for enhancing the overall effectiveness of therapy and improving patient well-being [50].

Nutrition plays a critical role in the journey of cancer patients, influencing tumor growth, treatment effectiveness, and recovery processes. Many cancer patients experience malnutrition due to various factors, including the metabolic demands of the tumor, treatment side effects (such as nausea, vomiting, and gastrointestinal distress), and changes in taste or appetite. Malnutrition not only increases the risk of treatment-related complications but is also associated with poorer prognoses, reduced quality of life, and even higher rates of mortality.

Therefore, effective nutritional assessment and intervention can significantly enhance patient outcomes. Adequate nutrition is essential for the maintenance of body weight, muscle mass, and overall energy levels, which can affect a patient's ability to

endure aggressive cancer treatments such as chemotherapy and radiation. Moreover, optimal nutritional support may help mitigate treatment side effects, improve immune function, and enhance recovery, thereby contributing to overall disease management [51].

Assessing Nutritional Status

Monitoring the nutritional status of cancer patients begins with thorough assessment protocols that incorporate both clinical and dietary evaluations. Commonly used tools for assessing nutritional status include the Subjective Global Assessment (SGA), the Malnutrition Universal Screening Tool (MUST), and the Mini Nutritional Assessment (MNA). These methods take into account variables such as weight loss history, dietary intake, gastrointestinal symptoms, and functional status [51].

In addition to subjective assessment tools, more objective measures such as laboratory tests and anthropometric measurements are critical in evaluating nutritional status. For instance, serum albumin levels, body mass index (BMI), and mid-arm circumference can provide insights into protein-energy malnutrition [51].

Furthermore, it is important to assess the nutritional needs specific to the type of cancer and treatment regimen. For example, patients undergoing head and neck cancer treatment may have unique dietary challenges that require tailored interventions, such as modified food textures or enteral feeding support. Similarly, patients undergoing extensive gastrointestinal surgery may require specialized dietary planning to address potential absorption issues [51].

Developing Nutritional Interventions

Once a comprehensive nutritional assessment has been completed, individualized nutritional interventions can be developed. This process typically involves interdisciplinary collaboration, including oncologists, registered dietitians, and nursing staff who can work together to create a comprehensive care plan that addresses both nutritional needs and treatment goals [52].

One fundamental component of nutritional intervention is dietary education. Patients should be educated about the importance of maintaining a balanced diet rich in essential nutrients, including protein, carbohydrates, fats, vitamins, and minerals.

Registered dietitians can provide personalized meal plans that account for a patient's specific caloric and nutrient requirements, preferences, and any treatment side effects they may be experiencing.

In cases where oral intake is insufficient, enteral nutrition (via feeding tubes) or parenteral nutrition (intravenous feeding) may be indicated. These methods ensure that patients are receiving the necessary nutrients to support their health and recovery, especially when conventional eating is compromised [52].

Monitoring Nutritional Outcomes

Implementing effective monitoring mechanisms is crucial for evaluating the success of nutritional interventions. Ongoing assessment should involve regular follow-ups to reassess nutritional status and to modify dietary plans based on changing patient needs. Weight monitoring, biochemical analyses, and dietary recall interviews are commonly employed strategies to track progress [53].

Moreover, monitoring should also evaluate qualitative aspects of nutrition, including the patient's perception of their dietary intake and its impact on their overall quality of life. Recognizing and addressing emotional and social factors associated with eating can provide crucial insights for tailoring nutritional support and fostering adherence to dietary recommendations [53].

Evaluating Quality of Care

The ultimate goal of monitoring and evaluating nutritional outcomes is to provide high-quality, patient-centered care that positively impacts treatment trajectories and health-related quality of life. Successful nutritional interventions should correlate with clinical outcomes such as reduced treatment toxicities, improved immune function, better treatment adherence, and overall patient satisfaction [54].

Establishing standardized benchmarks for acceptable nutritional outcomes can help clinicians evaluate the effectiveness of interventions systemically. For example, tracking quality of life measurements with validated tools such as the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) in conjunction with nutritional outcomes can create a comprehensive view of the impact of dietary interventions [55].

Conclusion:

In conclusion, addressing the nutritional needs of patients with cancer is a multifaceted responsibility that requires a proactive and compassionate approach from nursing professionals. As cancer therapies can significantly impact patients' appetite and overall nutritional status, it is vital for nurses to conduct thorough assessments and create personalized care plans that account for the unique challenges each patient faces. By implementing effective strategies such as symptom management, education on dietary modifications, and collaboration with dietitians, nurses can help optimize nutrition and enhance patients' quality of life.

Furthermore, fostering open communication and trust with patients empowers them to actively engage in their nutritional care, leading to better adherence to dietary recommendations. Continuous monitoring and adjustment of nutritional plans are essential to ensure that patients receive the appropriate support throughout their treatment journey. Ultimately, by prioritizing the nutritional needs of cancer patients, nurses play a critical role in improving treatment outcomes and overall well-being, reinforcing the importance of nutrition as an integral component of holistic cancer care.

References:

- Dabbous M., Hastings R., Weekes C.E., Baldwin C.
 The role of non-dietetic healthcare professionals in
 managing interventions among adults at risk of
 malnutrition: a systematic review. Clin Nutr.
 2021;40:4509–4525. doi: 10.1016/j.clnu.2021.05.032.
- Tollosa D.N., Tavener M., Hure A., James E.L. Adherence to multiple health behaviours in cancer survivors: a systematic review and meta-analysis. J Cancer Surviv. 2019;13:327–343. doi: 10.1007/s11764-019-00754-0.
- 3. Karimi-Shahanjarini A., Shakibazadeh E., Rashidian A., Hajimiri K., Glenton C., Noyes J., et al. Barriers and facilitators to the implementation of doctor-nurse substitution strategies in primary care: a qualitative evidence synthesis. Cochrane Database Syst Rev. 2019;4:CD010412. doi: 10.1002/14651858.CD010412.pub2.
- Muscaritoli M., Arends J., Bachmann P., Baracos V., Barthelemy N., Bertz H., et al. ESPEN practical guideline: clinical nutrition in cancer. Clin Nutr. 2021;40:2898–2913. doi: 10.1016/j.clnu.2021.02.005.

- de van der Schueren M.A.E., Laviano A., Blanchard H., Jourdan M., Arends J., Baracos V.E. Systematic review and meta-analysis of the evidence for oral nutritional intervention on nutritional and clinical outcomes during chemo(radio)therapy: current evidence and guidance for design of future trials. Ann Oncol. 2018;29:1141–1153. doi: 10.1093/annonc/mdy114.
- 6. Lai X.B., Ching S.S.Y., Wong F.K.Y. Nurse-led cancer care: a scope review of the past years (2003-2016) Int J Nurs Sci. 2017;4:184–195. doi: 10.1016/j.ijnss.2017.02.001.
- Aktas A., Walsh D., Galang M., O'Donoghue N., Rybicki L., Hullihen B., et al. Underrecognition of malnutrition in advanced cancer: the role of the dietitian and clinical practice variations. Am J Hosp Palliat Care. 2017;34:547–555. doi: 10.1177/1049909116639969.
- Balstad T.R., Solheim T.S., Strasser F., Kaasa S., Bye A. Dietary treatment of weight loss in patients with advanced cancer and cachexia: a systematic literature review. Crit Rev Oncol Hematol. 2014;91:210–221. doi: 10.1016/j.critrevonc.2014.02.005.
- Gan T., Cheng H.L., Tse M.M.Y. Feasibility, acceptability, and effects of behavior change interventions for improving multiple dietary behaviors among cancer survivors: a systematic review. Support Care Cancer. 2021;30:2877–2889. doi: 10.1007/s00520-021-06582-2.
- 10. Hopkinson J.B. Nutritional support of the elderly cancer patient: the role of the nurse. Nutrition. 2015;31:598–602. doi: 10.1016/j.nut.2014.12.013.
- Ten Cate D., Ettema R.G.A., Huisman-de Waal G., Bell J.J., Verbrugge R., Schoonhoven L., et al. Interventions to prevent and treat malnutrition in older adults to be carried out by nurses: a systematic review. J Clin Nurs. 2020;29:1883–1902. doi: 10.1111/jocn.15153.
- Baldwin C., Spiro A., Ahern R., Emery P.W. Oral nutritional interventions in malnourished patients with cancer: a systematic review and meta-analysis. J Natl Cancer Inst. 2012;104:371–385. doi: 10.1093/jnci/djr556.
- Fukuda Y., Yamamoto K., Hirao M., Nishikawa K., Maeda S., Haraguchi N., et al. Prevalence of malnutrition among gastric cancer patients undergoing gastrectomy and optimal preoperative nutritional

- support for preventing surgical site infections. Ann Surg Oncol. 2015;22:S778–S785. doi: 10.1245/s10434-015-4820-9.
- Sung H., Ferlay J., Siegel R.L., Laversanne M., Soerjomataram I., Jemal A., et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2021;71:209–249. doi: 10.3322/caac.21660.
- de Leeuw J., Larsson M. Nurse-led follow-up care for cancer patients: what is known and what is needed. Support Care Cancer. 2013;21:2643–2649. doi: 10.1007/s00520-013-1892-6.
- Demark-Wahnefried W, Peterson B, McBride C, Lipkus I, Clipp E. Current health behaviors and readiness to pursue lifestyle changes among men and women diagnosed with early stage prostate and breast carcinomas. Cancer. 2000;88(3):674–684.
- 17. Chlebowski RT, Aiello E, McTiernan A. Weight loss in breast cancer patient management. J Clin Oncol. 2002;20(4):1128–1143. doi: 10.1200/JCO.2002.20.4.1128.
- 18. Rolls BJ, Roe LS, Meengs JS. Reductions in portion size and energy density of foods are additive and lead to sustained decreases in energy intake. Am J Clin Nutr. 2006;83(1):11–17. doi: 10.1093/ajcn/83.1.11.
- Meyerhardt JA, Niedzwiecki D, Hollis D, et al. Association of dietary patterns with cancer recurrence and survival in patients with stage III colon cancer. JAMA. 2007;298(7):754–764. doi: 10.1001/jama.298.7.754.
- Demark-Wahnefried W. Cancer Prevention. Alexandria, VA: American Society of Clinical Oncology; 2007. Diet: Energy balance and obesity; pp. 5.1–5.33.
- 21. Hopkinson JB, Wright DN, Foster C. Management of weight loss and anorexia. Ann Oncol. 2008;19(Suppl 7):vii289–93. doi: 10.1093/annonc/mdn452.
- 22. Calle EE, Rodriguez C, Walker-Thurmond K, Thun MJ. Overweight, obesity, and mortality from cancer in a prospectively studied cohort of U.S. adults. N Engl J Med. 2003;348(17):1625–1638. doi: 10.1056/NEJMoa021423.
- 23. Brown JK, Byers T, Doyle C, et al. Nutrition and physical activity during and after cancer treatment: an American Cancer Society guide for informed choices.

- CA Cancer J Clin. 2003;53(5):268–291. doi: 10.3322/canjclin.53.5.268.
- Rock CL, Demark-Wahnefried W. Nutrition and survival after the diagnosis of breast cancer: a review of the evidence. J Clin Oncol. 2002;20(15):3302– 3316. doi: 10.1200/JCO.2002.03.008.
- 25. Demark-Wahnefried W, Aziz NM, Rowland JH, Pinto BM. Riding the crest of the teachable moment: promoting long-term health after the diagnosis of cancer. J Clin Oncol. 2005;23(24):5814–5830. doi: 10.1200/JCO.2005.01.230.
- 26. Pinto BM, Trunzo JJ. Health behaviors during and after a cancer diagnosis. Cancer. 2005;104(11 Suppl):2614–2623. doi: 10.1002/cncr.21248.
- 27. Chlebowski RT, Blackburn GL, Thomson CA, et al. Dietary fat reduction and breast cancer outcomes: Interim efficacy results from the Women's Intervention Nutrition Study. J Natl Cancer Inst. 2006;98:1767–1776. doi: 10.1093/jnci/djj494.
- World Cancer Research Fund/American Institute for Cancer Research. Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. 2. Washington, DC: AICR; 2007.
- 29. Saquib N, Natarajan L, Rock CL, et al. The impact of a long-term reduction in dietary energy density on body weight within a randomized diet trial. Nutr Cancer. 2008;60(1):31–38. doi: 10.1080/01635580701621320.
- 30. Kroenke CH, Chen WY, Rosner B, Holmes MD. Weight, weight gain, and survival after breast cancer diagnosis. J Clin Oncol. 2005;23(7):1370–1378. doi: 10.1200/JCO.2005.01.079.
- 31. Wayne SJ, Baumgartner K, Baumgartner RN, Bernstein L, Bowen DJ, Ballard-Barbash R. Diet quality is directly associated with quality of life in breast cancer survivors. Breast Cancer Res Treat. 2006;96(3):227–232. doi: 10.1007/s10549-005-9018-6.
- 32. Doyle C, Kushi LH, Byers T, et al. Nutrition and physical activity during and after cancer treatment: an American Cancer Society guide for informed choices. CA Cancer J Clin. 2006;56(6):323–353. doi: 10.3322/canjclin.56.6.323.
- 33. Demark-Wahnefried W, Clipp EC, Morey MC, et al. Physical function and associations with diet and exercise: Results of a cross-sectional survey among

- elders with breast or prostate cancer. Int J Behav Nutr Phys Act. 2004;1(1):16. doi: 10.1186/1479-5868-1-16.
- American Cancer Society. Cancer Facts & Figures 2008. Atlanta, Georgia: American Cancer Society; 2008.
- 35. Chlebowski RT, Aiello E, McTiernan A. Weight loss in breast cancer patient management. J Clin Oncol. 2002;20(4):1128–1143. doi: 10.1200/JCO.2002.20.4.1128.
- Kim H., Suh E.E., Lee H.J., Yang H.K. The effects of patient participation-based dietary intervention on nutritional and functional status for patients with gastrectomy: a randomized controlled trial. Cancer Nurs. 2014;37:E10–E20.
- 37. Del Valle M.O., Martín-Payo R., Cuesta-Briand B., Lana A. Impact of two nurse-led interventions targeting diet among breast cancer survivors: results from a randomized controlled trial. Eur J Cancer Care (Engl) 2018;27:e12854.
- 38. Hurtado-Barroso S., Trius-Soler M., Lamuela-Raventós R.M., Zamora-Ros R. Vegetable and fruit consumption and prognosis among cancer survivors: a systematic review and meta-analysis of cohort studies. Adv Nutr. 2020;11:1569–1582.
- 39. Aune D., Giovannucci E., Boffetta P., Fadnes L.T., Keum N., Norat T., et al. Fruit and vegetable intake and the risk of cardiovascular disease, total cancer and all-cause mortality—a systematic review and doseresponse meta-analysis of prospective studies. Int J Epidemiol. 2017;46:1029–1056.
- 40. World Health Organization. Global nutrition policy review 2016-2017: country progress in creating enabling policy environments for promoting healthy diets and nutrition.
- 41. Sterne J.A.C., Savović J., Page M.J., Elbers R.G., Blencowe N.S., Boutron I., et al. RoB 2: a revised tool for assessing risk of bias in randomised trials. BMJ. 2019;366:14898.
- 42. Ashton L.M., Sharkey T., Whatnall M.C., Williams R.L., Bezzina A., Aguiar E.J., et al. Effectiveness of interventions and behaviour change techniques for improving dietary intake in young adults: a systematic review and meta-analysis of RCTs. Nutrients. 2019;11:825.
- 43. Page M.J., McKenzie J.E., Bossuyt P.M., Boutron I., Hoffmann T.C., Mulrow C.D., et al. The PRISMA

- 2020 statement: an updated guideline for reporting systematic reviews. Int J Surg. 2021;88:105906.
- 44. Ho D.K.N., Tseng S.H., Wu M.C., Shih C.K., Atika A.P., Chen Y.C., et al. Validity of image-based dietary assessment methods: a systematic review and metaanalysis. Clin Nutr. 2020;9:2945–2959.
- Thomas J., Chandler J., Cumpston M., Li T., Page M.J., Welch V.A., editors. Cochrane Handbook for Systematic Reviews of Interventions. 2021. Cochrane.
- Freedland K.E., Mohr D.C., Davidson K.W., Schwartz J.E. Usual and unusual care: existing practice control groups in randomized controlled trials of behavioral interventions. Psychosom Med. 2011;73:323–335.
- 47. Cartmel B., Bowen D., Ross D., Johnson E., Mayne S.T. A randomized trial of an intervention to increase fruit and vegetable intake in curatively treated patients with early-stage head and neck cancer. Cancer Epidemiol Biomarkers Prev. 2005;14:2848–2854.
- 48. Boushey C.J., Spoden M., Zhu F.M., Delp E.J., Kerr D.A. New mobile methods for dietary assessment: review of image-assisted and image-based dietary assessment methods. Proc Nutr Soc. 2017;76:283–294.
- 49. Vasiloglou M.F., Fletcher J., Poulia K.A. Challenges and perspectives in nutritional counselling and nursing: a narrative review. J Clin Med. 2019;8:1489.
- 50. National Cancer Institute (NCI) Thesaurus. Dietary Intervention (Code C15447).
- Staudacher H.M., Irving P.M., Lomer M.C.E., Whelan K. The challenges of control groups, placebos and blinding in clinical trials of dietary interventions. Proc Nutr Soc. 2017;76:203–212.
- 52. Boeykens K., Van Hecke A. Advanced practice nursing: nutrition nurse specialist role and function. Clin Nutr ESPEN. 2018;26:72–76.
- Subar A.F., Freedman L.S., Tooze J.A., Kirkpatrick S.I., Boushey C., Neuhouser M.L., et al. Addressing current criticism regarding the value of self-report dietary data. J Nutr. 2015;145:2639–2645.
- 54. World Health Organization. Global Health Workforce statistics database: the 2021 update.
- 55. Peng C., Luo W.P., Zhang C.X. Fruit and vegetable intake and breast cancer prognosis: a meta-analysis of prospective cohort studies. Br J Nutr. 2017;117:737–749.