

# Setting up a Specialist Dietetic Oncology Clinic

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## Background

- Optimised nutritional status increases efficacy of oncological treatment and patients quality of life whilst reducing treatment side effects, post operative complications and length of stay (1)
- Early tailored nutrition counselling is associated with significant improvements in nutritional status in Oncology patients (2)

## Aim

To offer oncology patients requiring nutrition support access to a Specialist Oncology Clinic (SOC) in <4 weeks from triage

## Method

- Oncology patients referred into core dietetics were triaged into the SOC.
- Patients were telephoned with their appointment date and given the option of face to face, Attend Anywhere or a telephone appointment.
- We gained a clinic room in all four localities of the health board to provide equal access for face to face appointments.
- Outcome measures were collected including Strength, Assistance walking, Rising from chair, Climbing stairs, and falls (SARC-F), Malnutrition Universal Screening Tool (MUST) and percentage weight loss to screen for malnutrition and sarcopenia risk.
- Consent was obtained to send a patient-reported experience measures (PREMs) questionnaire to patients email address to obtain feedback on the service.

## Results

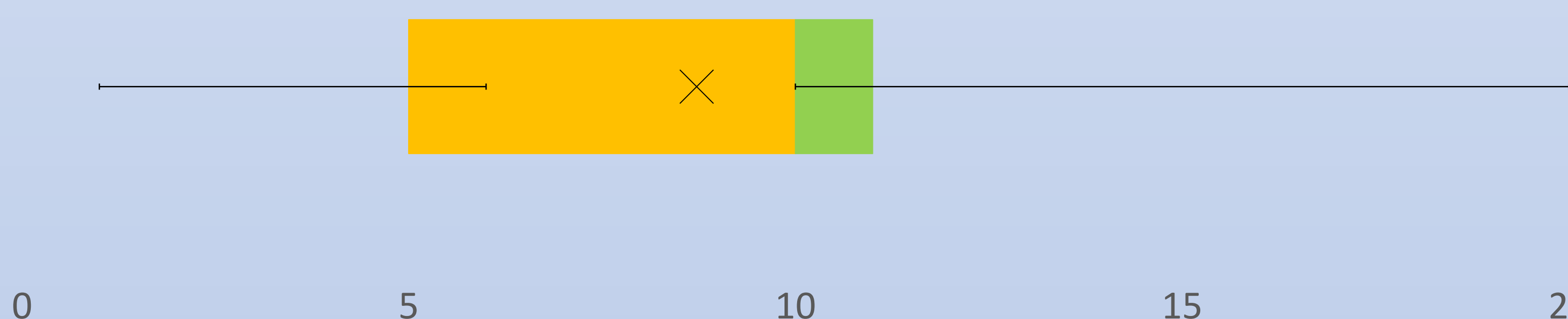
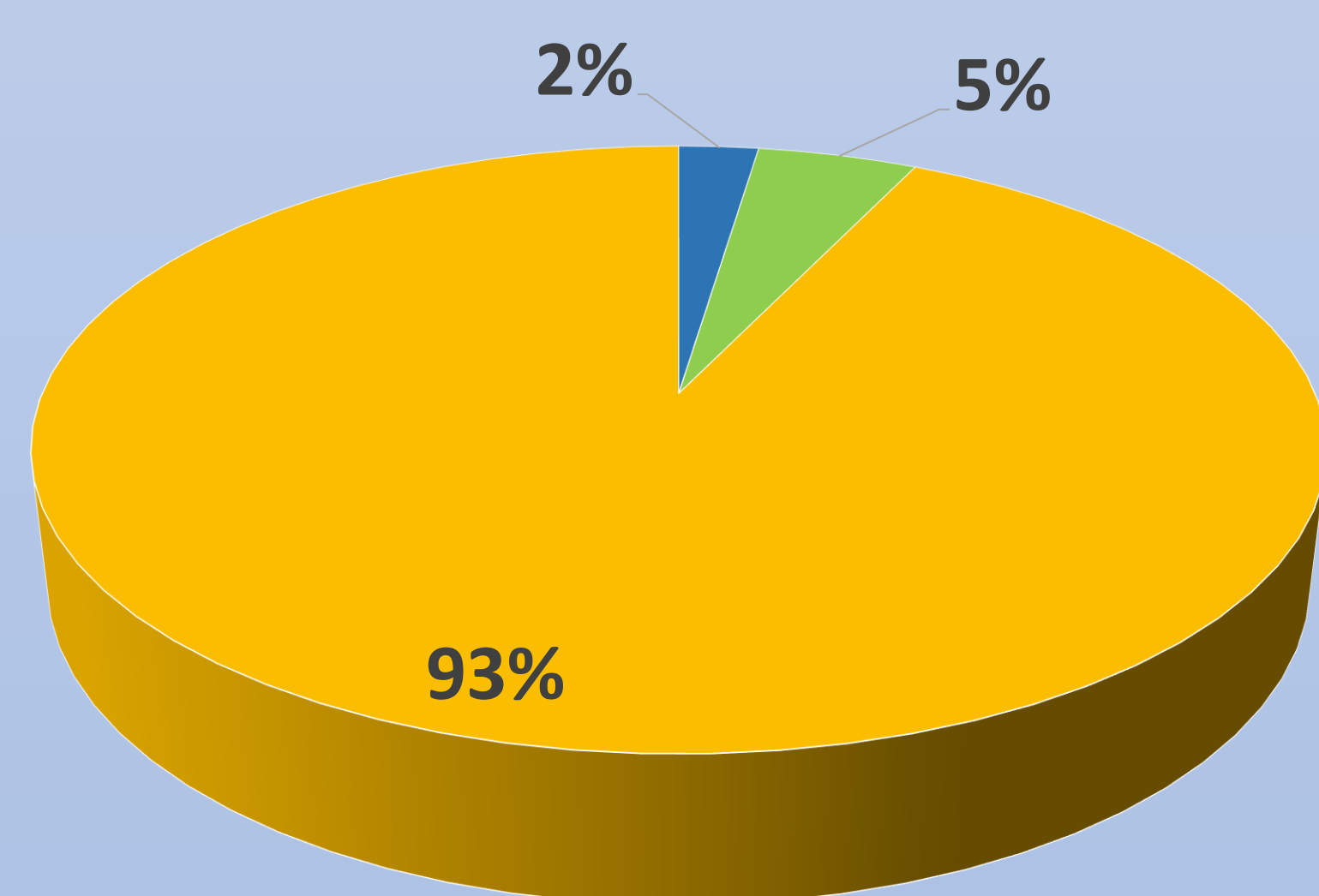


Figure 1 – Chart showing the mean, range and average number of days wait to be seen from triage.



■ Face to Face ■ Attend Anywhere ■ Telephone

Figure 2 – Chart showing the % of patients (n=42) chosen consultation method

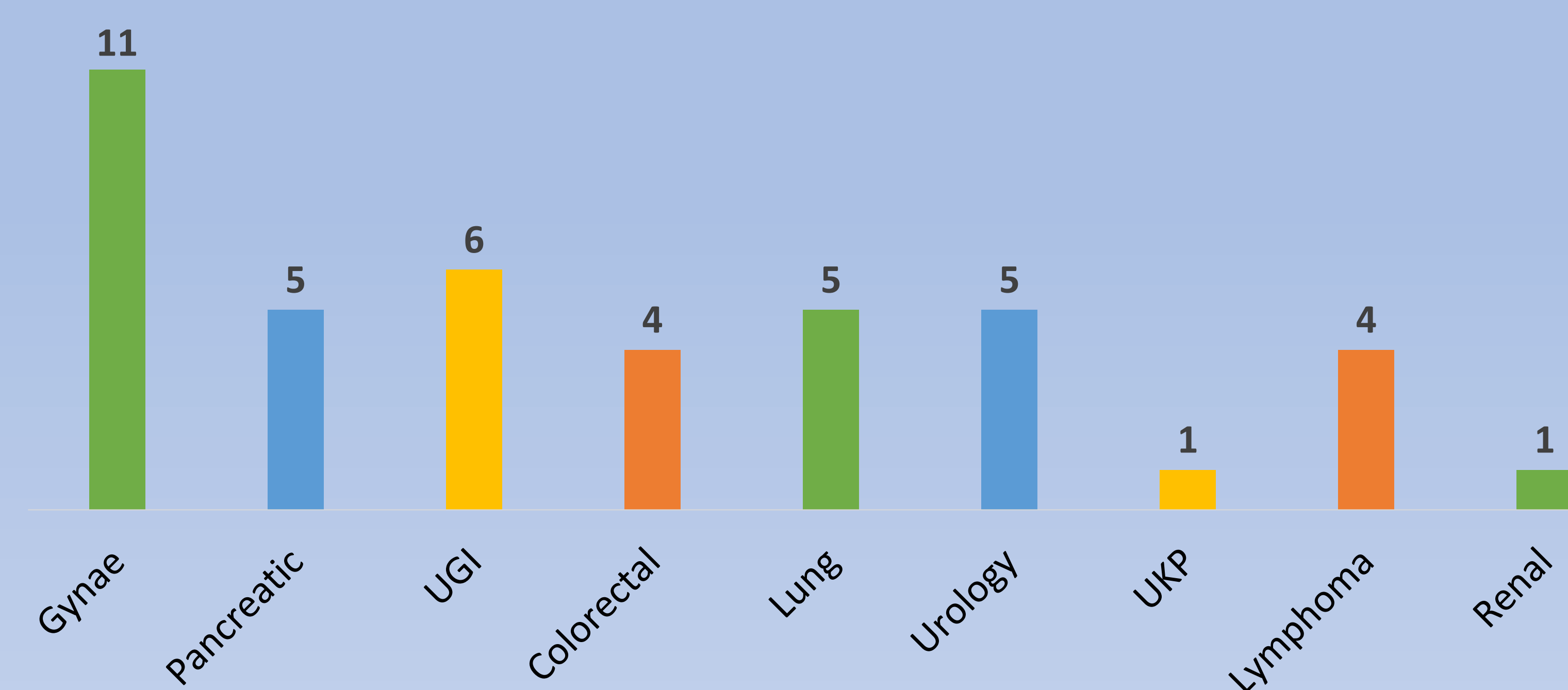


Figure 3 – Bar chart showing the different tumour sites seen in the SOC

## Results

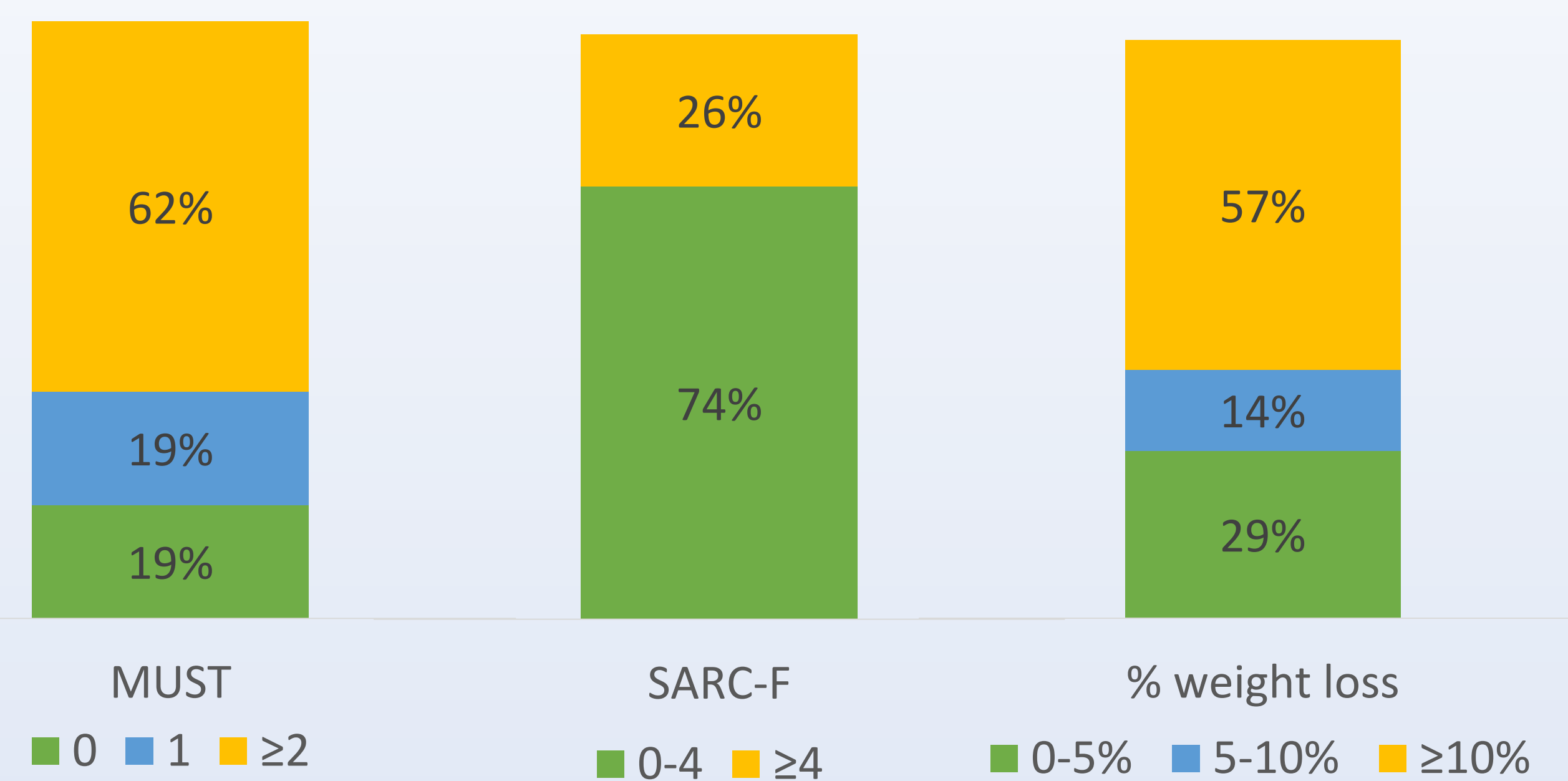
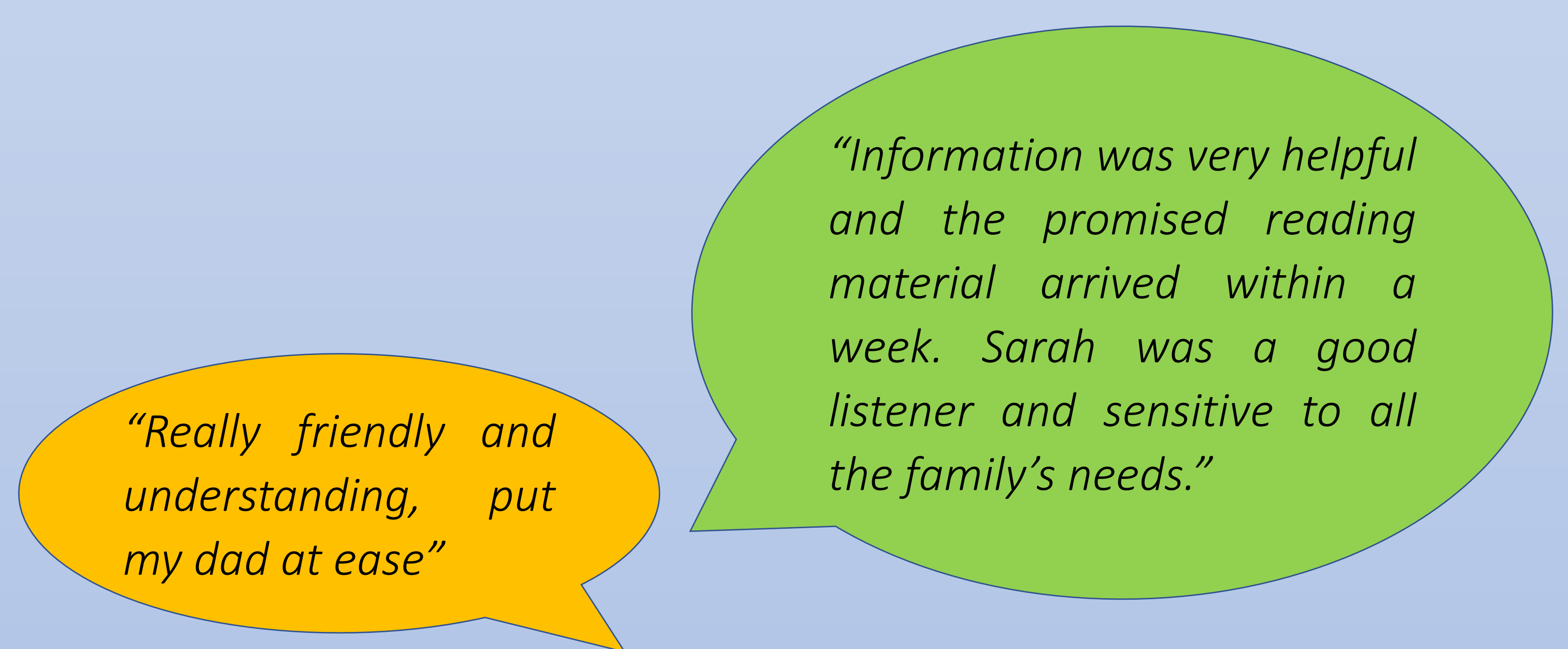


Figure 4 – Showing the percentage of patients (n=42) and their scores on the outcome measures collected.

- In 6 months 42 patients were seen with an average of 4 patients per week.
- The average wait time from triage was 9 days, ranging from 1 day up to 20 days due to bank holiday's and staff annual leave.
- 93% of patients opted for a telephone consultation with only 1 patient choosing a face to face consultation.
- 45% of patients were referred by Cancer Nurse Specialists, 26% from GP, 26% from Dietitians and 3% from Consultants.
- 81% of patients scored a MUST of  $\geq 1$  which indicates a medium risk of malnutrition, with 62% of these scoring  $\geq 2$  indicating a high risk of malnutrition.
- 25% of patients scored 4 or above on the SARC-F screening tool, indicating a high risk of sarcopenia.
- 71% of patients had experienced over 5% weight loss which is classed as significant with an average weight loss of 11.7%.

## Patient Feedback



## Conclusion

The data has shown that 26% of the patients seen in the SOC are at high risk of sarcopenia and 81% are of a medium to high risk of malnutrition. Therefore, it is important that these patients are seen for nutritional intervention promptly to maximise their nutritional status and improve their outcomes.

Currently the SOC has a much shorter waiting time than our general clinics, with an average of 9 days. However, it will be important to continue to monitor the demand and capacity of this clinic as it becomes more established. Close monitoring of patients choice of consultation methods will continue to ensure prudent healthcare.

## References

- Ravasco, Paula. 2019. "Nutrition in Cancer Patients" Journal of Clinical Medicine 8, no. 8: 1211. <https://doi.org/10.3390/jcm8081211>
- Lee, J.L.C., Leong, L.P. & Lim, S.L. Nutrition intervention approaches to reduce malnutrition in oncology patients: a systematic review. Support Care Cancer 24, 469–480 (2016). <https://doi.org/10.1007/s00520-015-2958-4>