PRACTICE TOOL

Indications for Enteral Nutrition in Patients with Oncological Diseases: ASPEN Recommendations

Patients with head and neck, lung, hepatic, gastric, and colorectal cancers are at greatest risk for malnutrition.[1] Enteral nutrition (EN) is a vital component of nutrition for patients with cancer and allows for delivery of nutrients when oral intake alone is inadequate to meet nutrition needs. Based on the ASPEN evidence-based consensus recommendations[2], this practice tool addresses key questions regarding the indications for and the initiation timing of EN for patients with cancer.

What are the indications for EN in the oncology patient?

Tumor Type/ Condition	Timing of EN Initiation	Considerations
Solid Tumor	• As soon as feasible in adult patients unable to receive oral intake of >60%–85% of goal nutrient intake and present with moderate/ severe malnutrition. • Use EN in patients unable to or expected to be unable to tolerate 60% of energy and protein needs by mouth despite education and pharmacologic intervention and oral supplementation for >7–14 days if previously well nourished.	• Consider a postpyloric short-term access or jejunal tube in those with refractory nausea and vomiting (N/V) or intolerance of adequate gastric intake.
Pre-cachexia/ cachexia	• Consider early aggressive EN therapy if intake is inadequate.	• Consider symptom management and maximization of oral intake for patients with refractory cachexia, life expectancy <3 months, or Karnofsky performance status (KPS) score <50 or who do not wish to continue anticancer treatment.
Hematopoietic Stem Cell Transplant (HSCT)	• As soon as feasible after transplant in adult patients receiving HSCT who are unable to receive oral intake or meet >60%–75% of goal intake and who present with moderate/ severe malnutrition. • Use EN in patients unable to or expected to be unable to tolerate >60% of energy and protein needs by mouth despite education and pharmacologic intervention and oral supplementation for >7–14 days if previously well nourished.	• Consider EN vs parenteral nutrition (PN) for nutrition support in the absence of graft vs host disease (GVHD) of the gut mucosa or GI symptoms refractory to pharmacological interventions following transplant.

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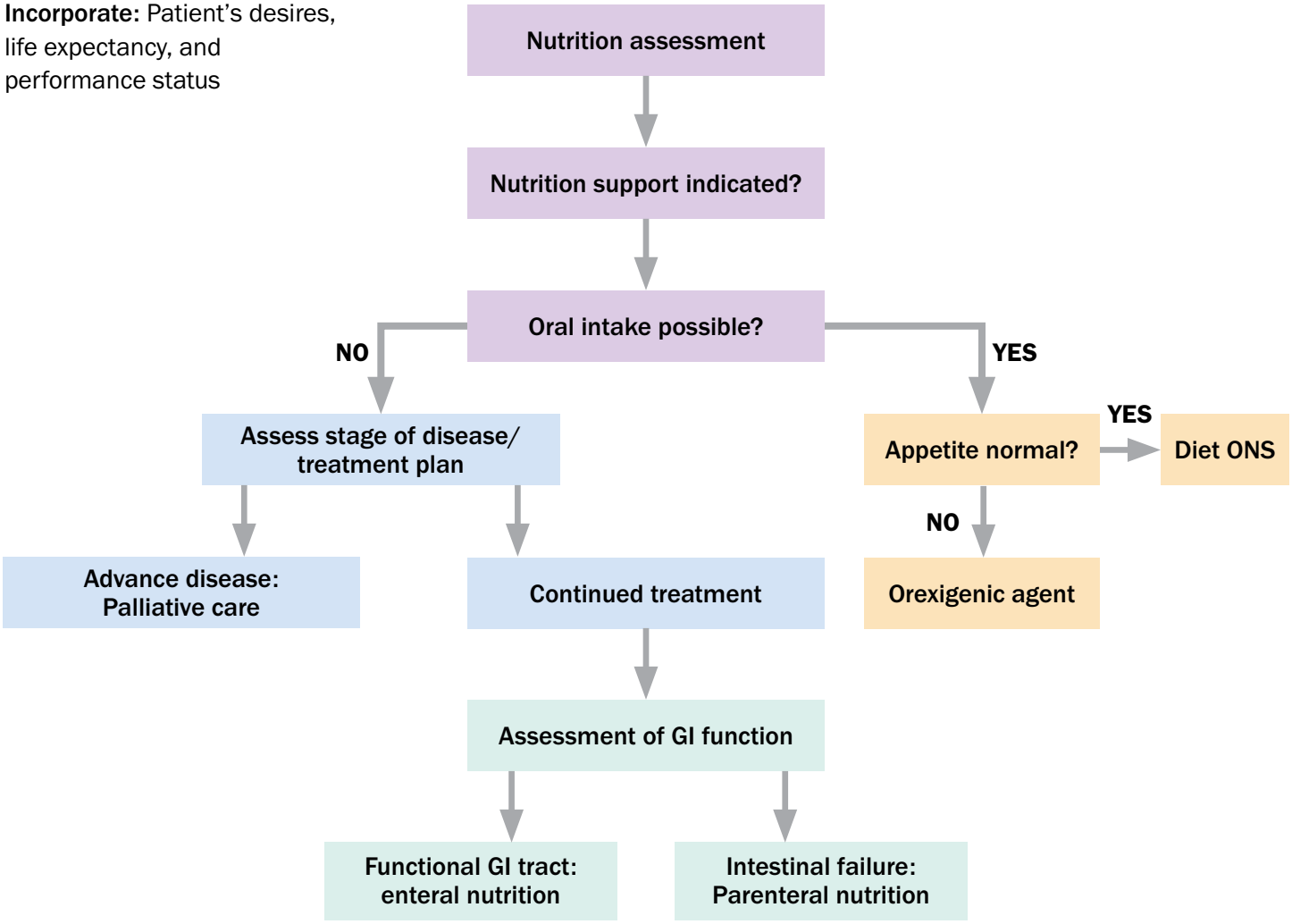
When is enteral nutrition indicated?

Incorporate: Patient's desires, life expectancy, and performance status



Decision tree in improving nutrition status in the cancer patient with nutrition and pharmacological therapies. GI, gastrointestinal; ONS, oral nutrition supplement. Adapted from Mattox TW. Cancer cachexia: cause, diagnosis, and treatment.[3]

References:

1. World Health Organization. Cancer Fact sheet [online]. eq 2017. Accessed February 16, 2022. https://www.who.int/news-room/fact-sheets/detail/cancer
2. Bechtold ML, Brown PM, Escuro A. et al. When is enteral nutrition indicated? *JPEN J Parenter Enteral Nutr.* 2022; 46:1470-1496.
3. Mattox TW. Cancer cachexia: cause, diagnosis, and treatment. *Nutr Clin Pract.* 2017;32(5):599-606.