Equitable Access to Oncology Medical Nutrition Therapy : Where are we and what can we achieve?

THE UNIVERSITY OF ARIZONA Cancer Center

NEED

18.2 m SURVIVORS;
- 50% breast, prostate, CRC

Malnutrition common
(up to 80% of patients)

Survivors' leading supportive care request: *Nutrition*

EVIDENCE

Malnutrition = adverse outcomes

2022 P2P conference

ACS, ASCO, NCCN Nutrition guidance

Validated instruments
- Nutrition Impact Symptoms

GAPS

More robust evidence?
- Cost-effectiveness
- SDoH/Food security

No national / multidisciplinary clinical guideline

No SOC for NSA screening and MNT

BARRIERS

1: >2300, RDN: patient ratio

Limited nutri-oncology-training

Lack of reimbursement for MNT services

Low funding for nutri-oncology research

RECOMMENDATIONS

1. End crisis approach
   - Mandatory, early & frequent screening w/ validated tools
   - Integration into EHR
2. Service reimbursement
   - NCCN/ASCO/ multidiscipline advocacy
   - Insurer engagement
   - Leverage telehealth
3. Specialty training
   - F, K awards
   - Diet tech and cross-training
4. Patient access to EB nutritional care resources
5. Research funding

Bossi P, *Nutrients*, 2021; Prado CM, *Supportive Care Cancer*, 2022; Trujillo EB, *J Oncol* 2019; Hiatt RA, *JNCI* 2023; Eisman AB, *Implement Sci*, 2021; Ryan, *Proceed Nutr Soc*, 2016; Arends, *Clin Nutr*, 2017; Thompson, JAND, 2017.