

December 1, 2021

Center for Evidence and Practice Improvement
Agency for Healthcare Research and Quality
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Reference: Supplemental Evidence and Data Request on Nutrition as Prevention for Improved Cancer Outcomes

Dear EPC SEADs Coordinator:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit these comments to the Department of Health and Human Services relative to its October 28, 2021 request for comment on the *Supplemental Evidence and Data Request on Nutrition as Prevention for Improved Cancer Outcomes*. Representing more than 112,000 registered dietitian nutritionists (RDNs),¹ nutrition and dietetic technicians, registered (NDTRs), and advanced degree nutritionists, the Academy is the world’s largest association of food and nutrition professionals and is committed to a vision of a world where all people thrive through the transformative power of food and nutrition. Every day our members provide medical nutrition therapy for patients who have cancer in a variety of clinical, public health, and other settings across the continuum of care, often via telehealth, with the flexibilities necessary due to the COVID-19 public health emergency.

The Academy supports the agency’s collection of supplemental evidence to inform its review of the role of nutrition in preventing adverse cancer treatment outcomes and potentially optimizing long term prognoses. Research suggests that nutrition’s role in this context may be under-utilized.

Background

Patients with gastrointestinal cancers may be especially at risk of adverse outcomes. However, enhanced utilization of specific nutrition interventions, such as modified oral diets, and parenteral and enteral nutrition, show strong potential to not only improve outcomes for these cancers, but generate cost savings to Medicare of over \$240 million annually.² Additionally, medical nutrition therapy provided by RDNs during treatment of gastrointestinal cancers is strongly associated with improved outcomes, especially in

¹ The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

² Pimiento JM, Evans DC, Tyler R, Barrocas A, Hernandez B, Araujo-Torres K, Guenter P; ASPEN Value Project Scientific Advisory Council. Value of nutrition support therapy in patients with gastrointestinal malignancies: a narrative review and health economic analysis of impact on clinical outcomes in the United States. *J Gastrointest Oncol.* 2021 Apr;12(2):864-873. doi: 10.21037/jgo-20-326.

weight management.³ Positive outcomes have also been shown for other cancers as well,^{4,5} although some data gaps remain.⁶ Thus, the Academy values the results of the agency's upcoming review, and is contributing the following detail for a study currently in progress.

The Oncology Outcomes Feasibility Study (University of New Mexico Human Subjects Protections Office #18-173) is being conducted from May 2018 to December 2021. This cohort study involves six outpatient cancer clinics that have a universal malnutrition screening policy. The design includes prospective collection of data on nutrition care and assessment of nutrition impact symptoms (e.g., appetite, nausea, weight loss, and fatigue) for a group of patients at nutrition risk (seven patients per site) that saw an RDN within two weeks of being screened, and retrospective medical record review to abstract data on medical and treatment outcomes (primary outcomes: emergency room visits, hospital stays, and treatment delays, reductions, discontinuations, or completions) for those patients and a group of control patients (seven patients per site) at nutrition risk that did not see an RDN, matched on tumor type. In addition to screening at risk per the outpatient clinic's malnutrition screening policy, patient inclusion criteria include being an adult (≥ 18 years) patient with an active diagnosis of lung, esophageal, colon, rectal, or pancreatic cancer. Patients must reside in the U.S., have active or intended cancer treatment in the outpatient setting, and not be concurrently enrolled in a clinical trial. The study is designed to examine the feasibility of this design for the purposes of conducting a larger study and will generate exploratory estimates of the impact of RDN care on nutrition, medical, and treatment outcomes, but is not powered to definitively examine this question.

The Academy appreciates your consideration of our comment for the *Supplemental Evidence and Data Request on Nutrition as Prevention for Improved Cancer Outcomes*. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Mark Rifkin at 202-775-8277 ext. 6011 or by email at mrifkin@eatright.org with any questions or requests for additional information.

Sincerely,


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Mark E. Rifkin, MS, RDN
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³ Kenny E, Touger-Decker R, August DA. Structured Review of the Value Added by the Registered Dietitian to the Care of Gastrointestinal Cancer Patients. *Nutr Clin Pract*. 2021 Jun;36(3):606-628. doi: 10.1002/ncp.10568.

⁴ Kasprzyk A, Bilmin K, Chmielewska-Ignatowicz T, Pawlikowski J, Religioni U, Merks P. The Role of Nutritional Support in Malnourished Patients With Lung Cancer. *In Vivo*. 2021 Jan-Feb;35(1):53-60. doi: 10.21873/invivo.12231

⁵ Allenby TH, Crenshaw ML, Mathis K, Champ CE, Simone NL, Schmitz KH, Tchelebi LT, Zaorsky NG. A systematic review of home-based dietary interventions during radiation therapy for cancer. *Tech Innov Patient Support Radiat Oncol*. 2020 Sep 14;16:10-16. doi: 10.1016/j.tipsro.2020.08.001.

⁶ Ibid.