

February 28, 2020

CDC Desk Officer  
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Dear Desk Officer,

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit these comments to the Centers for Disease Control and Prevention’s (CDC’s) January 31, 2020 request for information, “Understanding the Needs of Ovarian Cancer Survivors.” Representing more than 107,000 registered dietitian nutritionists (RDNs),<sup>1</sup> nutrition and dietetics practitioners, registered, and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the world and is committed to a vision of the world where all people thrive through the transformative power of food and nutrition and related support systems. Every day we provide a variety of nutrition care services for all populations, including women impacted by cancer. These services include medical nutrition therapy (MNT) provided in hospitals, cancer centers, ambulatory care and in private practice settings with local medical services providers.

**The Academy strongly supports the CDC’s efforts to conduct surveys to assess and measure the needs of ovarian cancer survivors. As with most populations of cancer survivors, effectively addressing this population’s unique needs improves prognosis and limits or prevents future comorbidities. Survey effectiveness and utility would benefit from ensuring adequate attention to patients’ access to quality nutrition care provided by RDNs.**

#### **A. Essential Nature of the Survey**

The Academy finds the survey essential to CDC’s functions, given the direct correlation of ovarian cancer outcomes to eating habits and comorbid conditions. Many of the conditions that ovarian cancer survivors experience are related to treatment including gastrointestinal issues, peripheral neuropathy, malnutrition, loss of lean body mass and fatigue as well as increased risk for other chronic health issues such as heart disease and osteoporosis.<sup>2,3,4,5</sup> Nutrition intervention can have a have a positive impact on each of these conditions. Nevertheless, despite it being part

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<sup>1</sup> 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.

<sup>2</sup> Hertlein L, Kirschenhofer A, Fürst S, Beer D, Lenhard M, Friese K, et al. Malnutrition and clinical outcome in gynecologic patients. *Eur J Obstet Gynecol Reprod Biol.* 2014;174:137-140.

<sup>3</sup> Kathiresan A, Brookfield K, Schuman S, Lucci J. Malnutrition as a predictor of poor postoperative outcomes in gynecologic cancer patients. *Archives of Gynecology and Obstetrics.* 2011;284(2):445-451.

<sup>4</sup> Boyd LR, Muggia FM. Carboplatin/Paclitaxel Induction in Ovarian Cancer: The Finer Points. *Oncology.* 2018; 32(8):418-20, 422-4.

<sup>5</sup> Xu X, Jones M, Mishra GD. Age at natural menopause and development of chronic conditions and multimorbidity: results from an Australian prospective cohort. *Hum Reprod.* 2020; 35(1):203-211.

of the standard of care in cancer centers throughout the country, many cancer centers still do not have an RDN.<sup>6</sup>

## **B. Recommendations for Survey Content**

The Academy believes this survey should also include questions intended to identify what percentage of ovarian cancer survivors had access to MNT during or directly after treatment. -In addressing barriers to access to appropriate care from diagnosis to treatment and post-treatment, we suggest the CDC consider including detailed questions to determine what follow-up care is provided beyond access to an oncologist. This should include whether the patient was offered referrals to an RDN or whether such referrals were only provided upon request. Additionally, the survey should determine whether such services were provided at the same facility providing overall cancer care or at another facility. Types of providers may vary, depending on individual patient needs, but follow up care should include a team approach preferably with an RDN who is a certified specialist in oncology nutrition with an understanding of how MNT can effectively manage or reduce the usual barriers impacting quality of life after treatment.

The Academy appreciates the opportunity to comment on the “Understanding the Needs of Ovarian Cancer Survivors” docket. Please contact either Jeanne Blankenship at 312-899-1730 or by email at [jblankenship@eatright.org](mailto:jblankenship@eatright.org) or Mark Rifkin at 202-775-8277 ext. 6011 or by email at [mrifkin@eatright.org](mailto:mrifkin@eatright.org) with any questions or requests for additional information.

Sincerely,

  
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<sup>6</sup> Trujillo, EB, Claghorn K, Dixon, SW, et al. Inadequate Nutrition Coverage in Outpatient Cancer Centers: Results of a National Survey. *J Oncology*. 2019: 7462940. doi: 10.1155/2019/7462940.