



Editorial

Integrating Nutritional Care to Maintain the Quality of Life in People With Cancer

Malnutrition and nutrition-related problems during and after cancer treatment are significant issues in cancer nursing practice. Malnutrition affects more than 50% of cancer patients and is present in more than 80% of patients with advanced disease or metastases.¹ Regardless of the cancer type, the overall prevalence of malnutrition is about 40%.² It has also been estimated that up to 10 to 20% of people with cancer die due to the consequences of malnutrition rather than the disease itself.³ However, cancer-related malnutrition is still largely unrecognized, underestimated, and undertreated in clinical practice.³ While healthcare is becoming more person-centered, evidence-based nutrition interventions are still not accessible to all people with cancer.⁴ It is critical for nurses caring for patients with cancer to understand their important role in nutrition care.

In malnutrition, the presence of reduced food intake and metabolic derangements is consistently acknowledged.^{5,6} Poor food intake is an independent risk factor for malnutrition in people with cancer, and achieving adequate nutrition is essential for optimal clinical and health outcomes.⁷ Common side effects of cancer treatments causing nutrition-related problems include loss of appetite, nausea/vomiting, sore mouth or throat, mucositis, taste changes, dry mouth/thick saliva, diarrhea, and constipation.⁸ Cancer nurses are in a great position to identify and alleviate these treatment side effects.

Malnutrition causes a negative effect on many clinical outcomes as well.⁹ Therefore, cancer nurses need to acknowledge the importance of nutrition screening, assessment, and care and recognize their role in ensuring that all patients with cancer have access to sound nutrition advice while also considering cultural differences that might impact nutrition care.

Nursing and nutrition intervention goals should always aim to prevent malnutrition, identify malnutrition, maintain or improve food intake, alleviate metabolic derangements, maintain skeletal muscle mass and physical performance, reduce the risk of recurrence, and minimize reductions and/or interruptions of scheduled anticancer treatments.^{5,9} Additionally, these goals should optimize energy balance¹⁰ and improve quality of life.^{5,10}

Achieving optimal clinical and health outcomes for people with cancer requires adequate nutrition,⁷ making it a shared mission for the multidisciplinary team. When nutrition is integrated into clinical cancer care pathways as standard practice, it broadens the current medical focus, leading to greater multidisciplinary team awareness of its role.¹¹ Therefore, it is important to establish a systematic and validated approach to cancer nursing that proactively supports patients' nutrition needs throughout treatment.¹² Such an approach also highlights the important front-line role that nurses have in organizing nutrition care and reinforces the multidisciplinary mission.^{3,5,9}

By working together with the multidisciplinary team and the person with cancer, the best outcomes can be achieved. When key

players in the team collaborate, it becomes more evident that appropriate care of malnutrition and nutrition-related problems is a multi-professional challenge in which cancer nurses are essential. Moreover, cancer nurses focus on a holistic, person-centered approach in care. Person-centered nutrition assessment and guidance are therefore important elements of nursing practice when supporting people with cancer and in the provision of care.^{8,12}

Cancer nurses are on the front line and in constant contact with people with cancer. They reinforce recommendations, administer treatment and medications in tandem with the nutrition regimen. People with cancer need support and individualized education on nutrition and self-management. These topics play a key part in cancer-related patient education provided regularly by cancer nurses. However, nurses need to raise awareness of their role in nutrition support¹³ and their knowledge.^{14–16}

We are privileged to serve as Guest Editors for *Seminars in Oncology Nursing's* special issue on "Nutrition in Cancer Care." This issue features nine contributions discussing various aspects of cancer-related malnutrition and nutritional concerns throughout the cancer care continuum. The issue begins with an overview by Erickson et al., highlighting the importance of assessing and managing patients' nutritional status, often overlooked in daily practice. The authors emphasize that cancer nurses are key professionals in securing nutrition care.

The second article by Sulosaari et al. reviews evidence on the GLIM-defined malnutrition association with clinical outcomes, concluding that early detection and timely diagnosis are fundamental components of cancer nursing practice. Cloconi et al. detail non-pharmacological interventions for managing cancer-related cachexia in adults, indicating the need for more standardized approaches.

The next three research articles focus on special groups of people with cancer or phases of the cancer journey. de la Torre-Montero et al. assessed the nutritional status of outpatients with locally advanced or metastatic cancer treated with immunotherapy either as a single therapy or in combination with other targeted regimens. The study shows that treatment strategy, duration, and patients' performance status are associated with malnutrition. Cancer nurses, often the primary caregivers for outpatients, play a crucial role in nutritional assessment and prevention of malnutrition.

Jin et al. present the impact of nutrition symptom clusters in lung cancer patients during chemotherapy, identifying a core cluster includes fatigue, lack of appetite, and emotional change. This can guide nurses in developing targeted interventions to reduce symptoms and improve quality of life of lung cancer patients. Kyung Lee et al. focus on postoperative dietary interventions in gastric cancer patients, showing improvements in self-efficacy, fatigue levels, and self-care activity, with positive feedback on nursing practice. Rong

et al. highlight the experiences and challenges of lung cancer patients and healthcare professionals in nutrition management during chemotherapy.

The issue continues with two reviews on breast cancer survivors' nutritional care. Rodriguez Matesanz et al. discuss strategies to individualize care by identifying barriers and solutions to improve adherence, emphasizing the role of enhanced training, remote interventions, family involvement, and a multidisciplinary approach. Phothikul et al. report on adherence to dietary and physical activity recommendations, stressing the crucial role of nurses in comprehensive survivorship care.

The final article by Ferrell et al. addresses nutrition in advanced disease and end-of-life care, discussing barriers faced by patients, families, and clinicians. Decision-making should be guided by ethics, disease status, and patient preferences. Cancer nursing practice can help navigate nutritional decisions and provide support to ensure quality of life.

We would like to take this opportunity to express our immense gratitude to the Editor-in-Chief of *Seminars in Oncology Nursing*, Dr Grigorios Kotronoulas, for his support and confidence in leading this special issue. We are truly delighted to work towards this aim and enjoyed editing this important topic. We truly believe that the papers in this issue will enrich the available evidence and lead to better practice guidance. As cancer nurses are on the frontlines of nutritional care, we hope they will benefit from the implications for their practice presented in the current issue.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

CRedit authorship contribution statement

Virpi Sulosaari: Conceptualization, Writing – original draft, Writing – review & editing. **Dimitrios Protogiros:** Conceptualization, Writing – original draft.

Disclaimer

Virpi Sulosaari was a Guest Editor for the “Nutrition in Cancer” Special Issue of *Seminars in Oncology Nursing*. As an author of this article, she did not participate in any editorial process or decision-making, which was handled by another editor.

Dimitrios Protogiros was a Guest Editor for the “Nutrition in Cancer” Special Issue of *Seminars in Oncology Nursing*. As an author of this article, he did not participate in any editorial process or decision-making, which was handled by another editor.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

During the preparation of this work, the authors used Copilot to improve language and detect errors in references and formatting.

After using this tool, the authors reviewed and edited the content as needed and took full responsibility for the content of the published article.

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