A Retrospective Review of a Standardised Dietetic Care Pathway for Oesophageal Cancer Patients at the Beaumont RCSI Cancer Centre

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INTRODUCTION

Malnutrition in Oesophageal Cancer (OC) is multifactorial and, if untreated, leads to reduced intake, weight loss, and sarcopenia. Establishing Enteral Tube Feeding (ETF) can correct nutritional deficits, optimise patients for oncologic or surgical treatment, and improve clinical outcomes and quality of life.

Outpatient dietetic follow-up for ETF OC patients in the Beaumont RCSI Cancer Service is delivered jointly by the Beaumont surgical centre, St Luke's radiation oncology, and local community dietetic services. Rising demand for ETF has increased pressure on dietetic services. In the absence of a formal pathway across these services, dietetic contact was variable, prompting the development of a standardised dietetic care pathway for these patients.

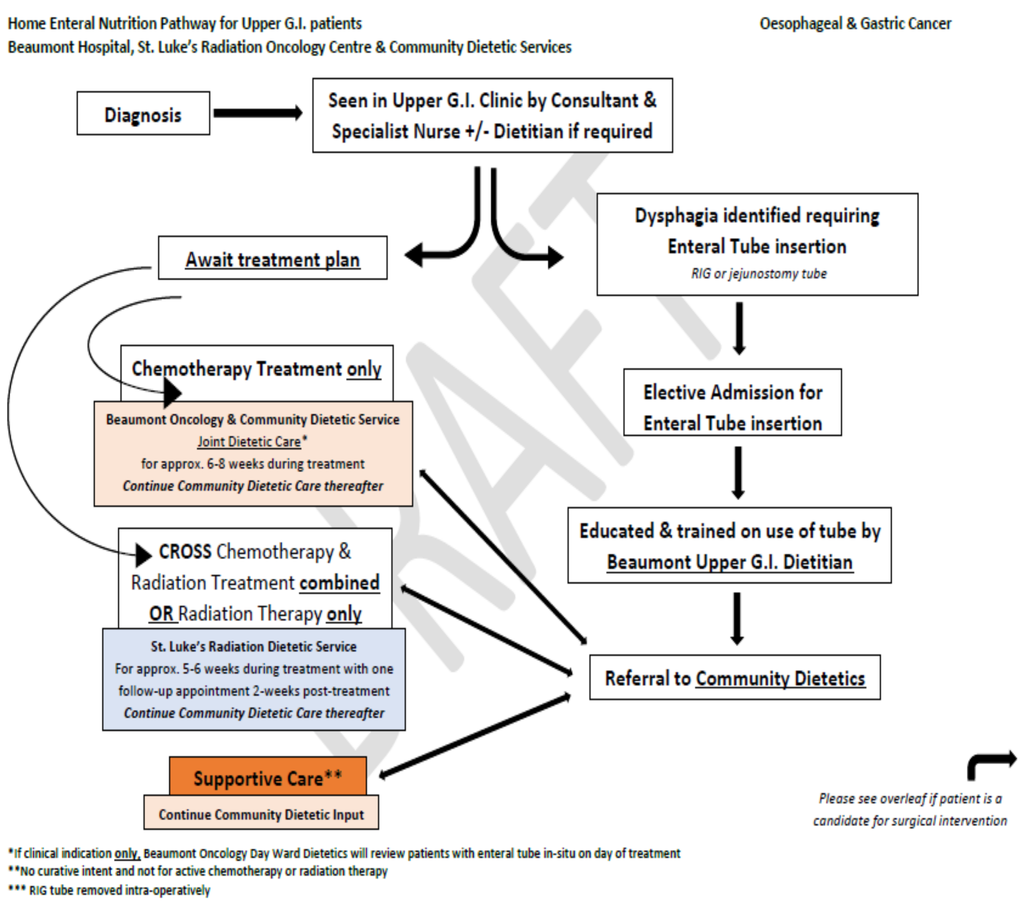
AIM & OBJECTIVE

Assess effectiveness of a standardised dietetic care pathway for ETF OC patients commencing home ETF prior to neoadjuvant or definitive chemotherapy and/or radiotherapy, and the dietetic follow-up of this cohort.

METHODOLOGY

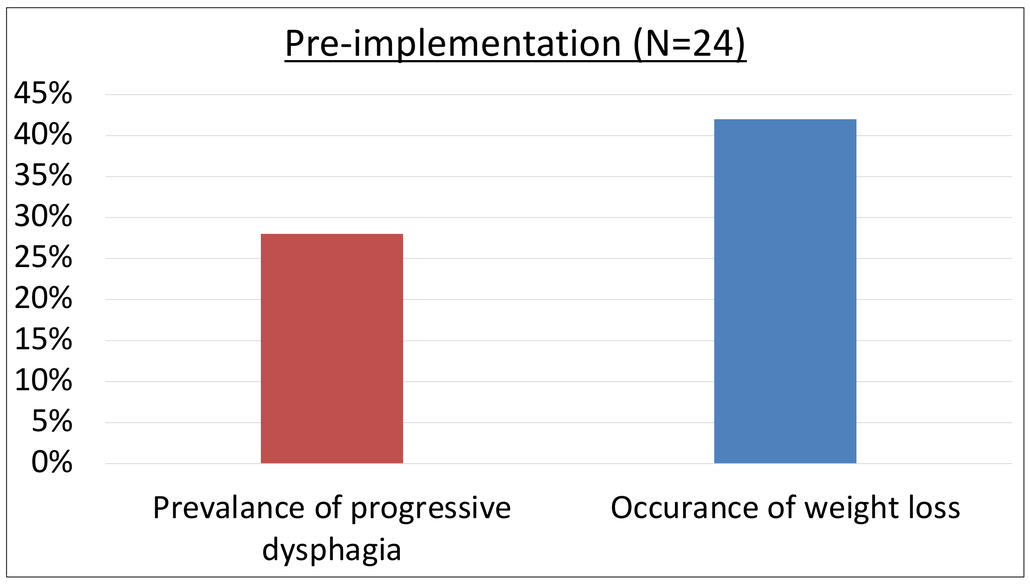
Retrospective data was collected on weight loss, dysphagia, and duration between dietetic consultations, and compared in individuals receiving neoadjuvant or definitive chemotherapy and/or radiotherapy over two separate 12-month periods pre- and post-establishing the pathway.

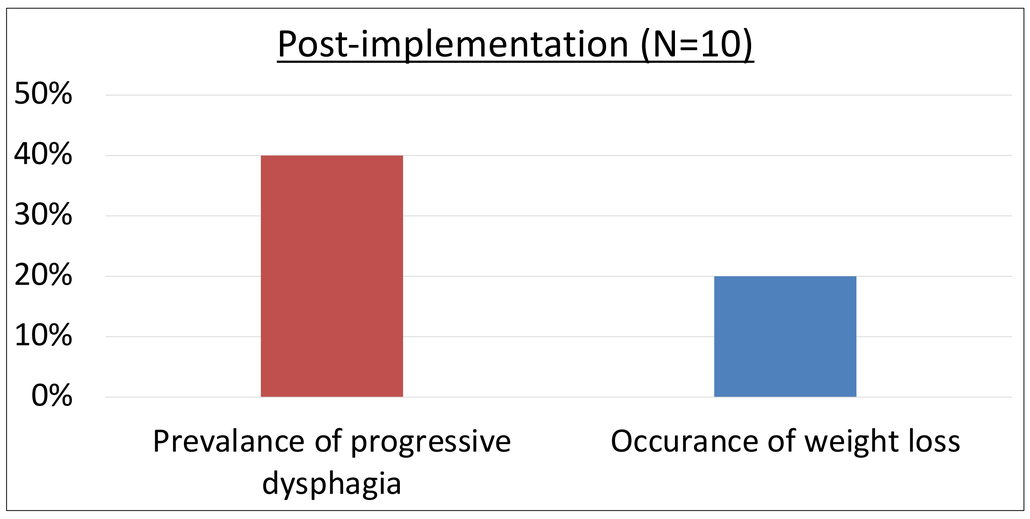
RESULTS



RESULTS

Of the 24 patients included in the pre-pathway implementation phase, 18 had Radiologically Inserted Gastrostomy (RIG) tubes in-situ, and 6 had jejunostomy (JEJ) tubes in-situ. Of the 10 patients included in the post-pathway implementation phase, 7 had RIG tubes in-situ, and 3 had JEJ tubes in-situ.





DISCUSSION

Reduced occurrence of weight loss in the post-pathway implementation group, despite a higher rate of progressive dysphagia, supports the need for regular dietetic contact and the benefit of a standardised dietetic care pathway. Increasing dietetic support in-between enteral tube insertion and commencing chemotherapy and/or radiotherapy stands to improve nutritional status in individuals with OC.

FUTURE RECOMMENDATIONS

Due to a small sample size, further data collection would be useful in determining the impact of this new pathway. Assessment of patient experience is also warranted.

References on request.

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