



AnMed Health Cancer Care

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# Major Site Report

## Head and Neck Cancer 2017

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## Registered Dietitian Nutrition Intervention in Head and Neck and Esophageal Patients Undergoing Radiation Treatment

The patient populations of Head/Neck (H/N) and Esophageal cancer undergoing radiation treatment experience unique and challenging nutritional complications from tumor burden and side effects. Maximizing the patient's nutritional status is imperative for improved treatment outcomes, prevented treatment breaks, and unplanned hospitalizations. Nutritional status is reflected by interventions that limit weight loss and prevent loss of lean muscle mass.

The purpose of this study is to determine if and to what extent the Registered Dietitian's (RD) direct nutrition interventions are effective in preventing unintentional weight loss. After collection of data for weight loss study was preformed, additional data was collected for treatment breaks.

Inclusion criteria:

- 1- Diagnosis in either 2014 (prior to routine dietitian intervention) or 2016 (first full year with dietitian intervention)
- 2- Radiation treatment within 3 months of diagnosis
- 3- Radiation therapy received at Blue Ridge Radiation Oncology
- 4- Greater than 10 fractions received

Exclusion: 1 patient was excluded due to inpatient management through entire treatment period. 1 patient excluded due to refusal/decline of RD intervention.

Results: From the data for 2014 and 2016, there were 85 analytical cases diagnosed with H/N and esophageal cancer. Of these 85 patients, 49 patients fit the inclusion criteria and were not excluded for reasons listed. There were 23 patients represented in the 2014 diagnoses group and 26 patients represented in the 2016 diagnoses group.

Percent mean weight loss from start of radiation treatment to end of radiation treatment:

2014 = 7.02%

2016 = 5.65%

The 2 largest subsets of diagnoses for H/N were tonsil and larynx with percent mean weight loss listed below:

Tonsil 2014 = 14.9%

Tonsil 2016 = 11.2%

Larynx 2014 = 5.3%

Larynx 2016 = 3.8%

Treatment breaks included in study were MD ordered treatment breaks or documented "sick days" by patient. Treatment breaks did not include "no shows" or transportation issues:

In 2014 there were 40 days of treatment breaks with 8 patients experiencing treatment breaks (39% of patients). The mean days of treatment breaks was 5.

In 2016 there were 8 days of treatment breaks with 8 patients experiencing treatment breaks (31% of patients). The mean days of treatment breaks was 1.