The CanEAT pathway for people with cancer and their carers

A guide to optimal cancer nutrition care
Acknowledgements

- This pathway has been developed by patients, carers and health professionals through a project led by Jenelle Loeliger (Project Manager) and Sarah Dewar (Project Officer), with contributions from the project steering committee and Victorian Cancer Malnutrition Collaborative (VCMC) project team as part of the VCMC program of work.
- We thank Cancer Strategy and Development, Victorian Department of Health and Human Services as the funders.
- We also thank and acknowledge:
  - the project steering committee members
  - the VCMC project team
  - those who contributed to the design of the project in any form
  - those who completed the consumer survey
  - those who participated in the consumer focus groups
  - all workshop attendees
  - those who took the time to provide feedback on the pathway
  - the VCMC community
  - the Peter Mac Nutrition and Speech Pathology department.

Note to reader/disclaimer

This resource is intended to provide nutrition information relating to cancer for people with cancer and/or carers. All care is taken to ensure the information in this booklet is accurate at the time of publication. Please note this information may not be suitable for you if you have other medical conditions. If you’re not sure, please ask your doctor or dietitian.

Suggested citation


Published November 2019
Background and introduction

This pathway has been developed by a project team within the Victorian Cancer Malnutrition Collaborative (VCMC) program of work. The VCMC is a statewide collaboration between Peter MacCallum Cancer Centre (lead), the Victorian Government, Victorian health services and other interested parties working with people with cancer and their caregivers. The VCMC program of work aims to increase understanding and knowledge about cancer malnutrition and to promote strategies for action to address it. Visit the Peter Mac website for more information.

How to use the pathway

This pathway aims to help you achieve optional nutrition during your cancer journey. It’s intended as a basic guide that links you with reliable nutrition and cancer information, resources and tools such as websites, fact sheets, booklets and podcasts. It includes practical tips that include things to aim for but also things to watch out for. It also lets you know when you should ask for more help.

The pathway is not intended to be read cover to cover – read only what’s useful to you. It’s not designed to be printed; it’s designed to be used as a PDF document with interactive links used both within the document and for accessing external information.

How do you navigate the pathway?

- There are two main parts to the pathway:
  1. What you need to know
  2. What you can do
- The section of the pathway you’re in will appear at the top of each page.
- If you can’t find what you’re looking for, click on ‘Return to index’ at the top right of the page or ‘Return to pathway’ for the overall pathway image.

“It really is an excellent compilation of all aspects of diet and other ongoing issues in respect to most types of cancer.”

– Person with cancer
You can choose how to look up resources under the following sections:

Links within the pathway

1. Why is nutrition important?
2. Who can help with your nutrition care?
3. How can carers help with nutrition care?
4. Nutrition and your cancer diagnosis
5. Nutrition and issues in your cancer path
6. Nutrition and your cancer treatment
7. Nutrition and steps in your cancer path
8. Nutrition information for everyone
9. Nutrition if you don’t speak English
10. Common questions about nutrition and cancer
11. Learn more about a dietitian

What is the cancer nutrition pathway?

- This pathway has been developed for you by people with cancer, carers of people with cancer and cancer health professionals.
- The pathway aims to aid and improve nutrition care for you and your carer by:
  - describing nutrition-related actions or treatments that may occur at specified time points
  - creating one place to find relevant information, resources and tools
  - helping you (and your carer) to adopt self-management strategies and provide some practical tips
  - helping to prompt members of a healthcare team to provide you with the information you need and want, at the right time.
- The pathway is not:
  - a replacement for individual dietary advice from your dietitian, doctor or cancer specialist
  - intended to cover all aspects of nutrition care relating to cancer – it covers information from the point of being diagnosed with cancer onwards
o a complete list of all cancer and nutrition-related resources that exist, although we have tried our best to include as many credible resources as possible at the time of publication – updates will be completed periodically
o always appropriate for children with cancer. If you’re under 18 years of age, ask your doctor or dietitian for relevant nutrition information.

Your nutrition needs

Everyone’s cancer experience is different. However, there are some aspects of your nutrition care that are more likely with certain cancer diagnoses, nutrition issues, treatments, timing (before, during or after treatment) or other factors. The following is a model that helps highlight your nutrition needs, risks and possible nutrition care:

- **SOME** people with cancer will have complex needs and risks requiring specialised nutrition care from a dietitian.
- **MANY** people with cancer have moderate needs and risks requiring specific nutrition care.
- **ALL** people with cancer will have some needs and risks that the person will need to manage themselves.

The CanEAT pathway: model of optimal nutrition cancer care
Depending on your cancer diagnosis, your treatment, any side effects and other health issues, you may move between categories.

At particular times within your cancer path, you can expect to have the support of a specialised team that will guide you to achieve your nutrition goals. You may or may not see a dietitian. Either way, it’s important for you to learn what you can do yourself regarding nutrition and to know how to find support through a dietitian, doctor or other health professional both within and outside of a hospital.

No matter what your nutrition experience, be reassured that:

- Help and resources are available regardless of what part of the cancer path you’re on.
- Any changes to your eating and drinking can be ‘normal’, but everyone is a little different.
- It’s okay to say ‘I can’t do this’ when a health professional gives you a recommendation.
- It’s okay to ask for more information if what you’ve received hasn’t met your needs.

**Cancer prevention**

Following a healthy, well-balanced diet as part of a healthy lifestyle can help prevent a cancer diagnosis. What you need to know and what to do about cancer prevention is not included in this pathway. For more information on cancer prevention visit the [Cancer Council website](https://www.cancer.org.au/).
Goals and key principles of the CanEAT pathway

Goals

1. To guide and improve the provision of consistent evidence-based nutrition care throughout the cancer care continuum and reduce unwanted variation
2. To enable optimal nutrition care to be met and implemented through increasing awareness and supporting patients, carers and health professionals
3. To be used as a tool to identify gaps in cancer nutrition services and inform quality improvement and research initiatives

Key principles

1. Optimal nutrition care will be:
   - patient-centred and tailored to meet patient & carer needs
   - coordinated and multidisciplinary
   - integrated and consistent
   - evidence-based
   - easily accessible
   - equitable
   - timely
   - from the right person
   - safe
   - effectively communicated
   - proactive

2. Shared responsibility for optimal nutrition care among patients, carers and health professionals across the continuum in all settings through:
   - increasing awareness and knowledge through information, education and training
   - promoting collaboration, coordination and allocation of responsibility for nutrition care
   - empowering all to be active participants

3. The right information at the right time from the right person:
   - reputable/credible information and resources
   - appropriate to those of all levels of health literacy
   - practical and useful
THE CanEAT PATHWAY

NUTRITION AND CANCER: WHAT YOU NEED TO KNOW

1. Why is nutrition important?

2. Who can help with your nutrition care?

3. How can carers help with nutrition care?

NUTRITION AND CANCER: WHAT YOU CAN EXPECT AND DO

4. Nutrition and your cancer diagnosis

5. Nutrition and issues in your cancer path

6. Nutrition and your cancer treatment

7. Nutrition and steps in your cancer path

8. Nutrition information for everyone

9. Nutrition if you don’t speak English

10. Your common questions about nutrition and cancer

11. Learn more about a dietitian

The CanEAT pathway for people with cancer and their carers
Nutrition and cancer: What you need to know

1. Why is nutrition important?

Nutrition is the food and drink you need for your health and wellbeing. Good nutrition is always important, but it’s especially important if you have cancer.

Food is your body’s fuel. What you eat and drink gives you energy, protein, carbohydrates, fat, water, vitamins and minerals. These are all needed to make sure your body works well. If you don’t give your body enough fuel (food and drink), this can cause unintentional muscle and weight loss, which can lead to health issues such as malnutrition.

Following a cancer diagnosis, good nutrition can lead to better results for you at all stages from your cancer diagnosis onwards (see figure on the following page). Your nutritional needs change over time; for example, a high-protein and high-energy diet is needed for many before, during and after treatment, with a shift in focus to healthy eating and achieving a healthy weight following active treatment once the side effects from treatment have settled.
Following a cancer diagnosis, your body is working hard to stay well. Eating well and optimising your nutrition is essential to help your body work at its best. Prioritising food and having support from your carers, family members and friends to eat well will help you get through your cancer path as strong and as well as possible. Optimising nutrition is crucial for you to achieve your best, both physically and mentally.

<table>
<thead>
<tr>
<th>Preparing for treatment</th>
<th>During treatment</th>
<th>Immediately after treatment</th>
<th>Long-term survivorship</th>
<th>Living with advanced cancer and end-of-life care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Keeps you strong</td>
<td>• Keeps you strong</td>
<td>• Keeps you strong</td>
<td>• Obtains a healthy weight for you</td>
<td>• Enhances your quality of life</td>
</tr>
<tr>
<td>• Maximises your physical and mental health before treatment</td>
<td>• Prevents malnutrition</td>
<td>• Prevents malnutrition</td>
<td>• Maintains your strength</td>
<td>• Helps you enjoy food</td>
</tr>
<tr>
<td>• Increases your quality of life</td>
<td>• Combats fatigue</td>
<td>• Combats fatigue</td>
<td>• Increases your quality of life</td>
<td></td>
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<tr>
<td></td>
<td>• Reduces side effects and helps you cope with treatment better</td>
<td>• Increases your quality of life</td>
<td>• Keeps you out of hospital</td>
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<td></td>
<td>• Increases your quality of life</td>
<td>• Keeps you out of hospital</td>
<td>• Reduces your risk of infections and other health issues</td>
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<td></td>
<td>• Keeps you out of hospital</td>
<td>• Reduces your risk of infections and other health issues</td>
<td>• Speeds up your recovery</td>
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<td></td>
<td>• Reduces your risk of infections and other health issues</td>
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</tbody>
</table>

The CanEAT pathway for people with cancer and their carers
2. Who can help with your nutrition care?

There are many people who can help you in some way with your nutrition care (eating and drinking) when you have cancer. These include:

- carers, friends, family
- dietitians
- doctors – general practitioners (GPs), oncologists
- cancer nurses
- other health professionals.

Nutrition care is not one person’s responsibility – it should be shared by everyone listed above. Everyone has a role to play.

The following table describes the roles of each person regarding your nutrition care when you have cancer. The health professionals involved in your care will most likely change over time depending where you’re at in your cancer journey. You can read more about how they might be able to help and where/how to find them in the table below or speak to someone in your healthcare team if you want to see one of these health professionals. Please note that there may be other health professionals or groups not listed here that may play a role in supporting optimal nutrition cancer care.

**Roles in nutrition care following a cancer diagnosis**

<table>
<thead>
<tr>
<th>Who</th>
<th>What they can do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient: the person with cancer</strong></td>
<td>This is you! Be informed about what to do to improve your eating depending on your own circumstances. Communicate your needs clearly with carers, friends, family and health professionals.</td>
</tr>
<tr>
<td><strong>Carer, friends, family</strong></td>
<td>This is your personal support network – the people who will support you by being informed about nutrition, understanding your needs and views about nutrition and by helping communication with other carers, friends, family and health professionals.</td>
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<tr>
<td><strong>Dietitian, accredited practising dietitian</strong></td>
<td>Your nutrition and diet expert. They specialise in understanding what food you need with different medical conditions such as cancer.</td>
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<tr>
<td><strong>General practitioner or GP</strong></td>
<td>Your local doctor.</td>
</tr>
<tr>
<td><strong>Oncology doctor (may include surgeon, medical oncologist, radiation oncologist)</strong></td>
<td>Doctor specialising in cancer. Read more on the <a href="https://www.cancercouncil.com.au">Cancer Council website</a>.</td>
</tr>
</tbody>
</table>
### Nurse
Provides medications, cancer drugs and support.

### Speech pathologist
Diagnoses and treats people who are having difficulties with communication, voice and problems swallowing food and drinks. Read more on the [Speech Pathology Australia website](https://www.speechpathology.com.au).

### Occupational therapist
The role of this health professional is to maximise your independence, safety, comfort and personal satisfaction and, in doing so, improve your sense of wellbeing and quality of life. They can provide equipment to assist with daily living (your self-care tasks). Read more on the [Occupational Therapy Australia website](https://www.ota.org.au).

### Exercise physiologist and physiotherapist
Helps with physical issues such as movement and mobility. Uses exercise as medicine to support you with your fitness, strength, independence, recovery and returning to normal functioning. Read more about an [accredited exercise physiologist](https://www.aer.com.au) and/or [physiotherapist](https://www.ota.org.au) here.

### Social worker
Helps connect you to services for support such as cleaning and meal delivery. Read more on the [Australian Association of Social Workers website](https://www.aasw.asn.au).

### Nutrition assistant / allied health assistant / menu monitor or coordinators
Their role varies within a health service, but usually works with a dietitian to support your nutrition care or to help you order meals.

### Psychologist / social worker / counsellor
Provides emotional support [Australian Psychological Society](https://www.asps.org.au).

### Dentist or oral medicine specialist
Evaluates and treats the mouth and teeth, which can be affected by cancer treatment.

### Pharmacist
Helps with your medications. Pharmacists work in hospitals and at your local pharmacy.

### Care coordinator
Coordinates your cancer care, speaks with other health professionals and your family. You may have a person at your community health centre who coordinates who you see. This is usually a nurse.
3. How can carers help with nutrition care?

Carers are very important to people with cancer. The following information is for people (friends, family) who help support and care for a person throughout their cancer journey.

- It can be normal and common to worry that the person you care for isn’t eating well or is losing weight. If you have concerns, you can learn more about supporting them with their nutrition issue.
- It’s important to look after yourself and eat well too.
- If the person you care for agrees, it can be helpful to go with them to appointments. Encourage the person you care for to bring questions and bring your own. It’s common to not be able to remember everything that is said in an appointment, so having more than one person can help enormously, even by taking notes.
- Your role as a carer is important. You may support the person you care for regarding nutrition by:
  - gently encouraging eating, drinking and exercise
  - preparing meals, snacks and drinks
  - having ‘ready-to-go’ foods available
  - bringing snacks and drinks when you leave the house
  - encouraging social eating, family meals and helping to make meal times enjoyable
  - shopping for food or arranging others to help with this
  - monitoring and managing symptoms and side effects
  - helping to manage medicines.

Resources

- Cancer Council
  - Read more about [caring for someone with cancer](#) on the website or order the booklet
- Carers Australia
  - [Carers Victoria](#) provides advice for all carers to support their needs and the people they care for
Nutrition and cancer: what you can expect and do

Nutrition is the food and drink you need for your health and wellbeing. Good nutrition is always important, but it’s especially important if you have cancer. Read more about why nutrition is important at different time points.

Nutrition is important while your body is fighting cancer. Although there will challenges at various times (which this pathway will support you through) it’s important to try to:

- enjoy food
- maintain a healthy weight
- keep your strength and fitness up.

Whether or not you feel nutrition is a focus for you, this pathway can help give you the tools needed to get the best bang for your buck regarding eating and drinking. There are many high-quality resources available to help guide your nutrition needs and give you tips to improve your eating and drinking during the cancer path. The information included in this pathway is designed to link those resources considered best clinical practice (to the best ability of the project team).

The CanEAT pathway for people with cancer: navigation

You can choose how to look up resources under the following sections:

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10. Common questions about nutrition and cancer
11. Learn more about a dietitian
4. Nutrition and your cancer diagnosis

Nutrition is important for all cancer diagnoses. Everyone’s cancer experience is a little different; however, in general, your cancer diagnosis can tell health professionals a lot about your likely nutritional needs, risks and nutrition care (see figure below).

The CanEAT pathway: model of optimal nutrition cancer care plus cancer diagnosis

The following table provides you with an overview of cancer diagnoses. You can read about how each cancer diagnosis may affect your nutrition in this section and also what you can do about it.

*This is intended as a predictive guide only and may not necessarily be the case for you. Many factors will influence what care you need. Note that circumstances may also change over time for you.

Click on your cancer diagnosis on the next page to be taken to another page for more information.

‘I wish I had had this while I was going through my treatment.’

– Person with cancer
Common cancer diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Type included</th>
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<tbody>
<tr>
<td>Breast cancer</td>
<td>– All</td>
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<tr>
<td>Lung cancer</td>
<td>– Malignant mesothelioma</td>
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<td></td>
<td>– Thymoma</td>
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<tr>
<td>Genitourinary cancer</td>
<td>– Bladder</td>
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<td><em>Cancer in the urinary tract and male reproductive system</em></td>
<td>– Kidney</td>
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<td></td>
<td>– Prostate</td>
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<td></td>
<td>– Testicular</td>
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<td></td>
<td>– Penis</td>
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<tr>
<td>Head and neck cancer</td>
<td>– Mouth</td>
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<td></td>
<td>– Nose</td>
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<td>– Throat</td>
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<td></td>
<td>– Thyroid</td>
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<td></td>
<td>– Voice box</td>
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<td></td>
<td>– Eye</td>
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<tr>
<td>Melanoma and skin cancer</td>
<td>– Melanoma</td>
</tr>
<tr>
<td></td>
<td>– Skin</td>
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<tr>
<td>Neuro-oncology cancer</td>
<td>– Brain</td>
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<td></td>
<td>– Spine</td>
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<tr>
<td>Upper gastrointestinal cancer</td>
<td>– Oesophagus</td>
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<td></td>
<td>– Stomach</td>
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<td></td>
<td>– Liver</td>
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<td></td>
<td>– Small intestine</td>
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<td></td>
<td>– Pancreatic</td>
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<td>– Gall bladder</td>
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<td></td>
<td>– Bile duct</td>
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<td></td>
<td>– Neuro-endocrine</td>
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<td>Lower gastrointestinal cancer</td>
<td>– Bowel (colorectal)</td>
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<td></td>
<td>– Pelvic</td>
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<td>– Peritoneal</td>
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<td>– Rectal</td>
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<td>– Anal</td>
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<td>– Appendix</td>
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<tr>
<td>Haematology/blood cancer</td>
<td>– Lymphoma</td>
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<td></td>
<td>– Leukaemia</td>
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<td></td>
<td>– Multiple myeloma</td>
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<tr>
<td>Gynae-oncology cancer</td>
<td>– Cervical</td>
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<tr>
<td><em>Cancer of the female genitals and reproductive system</em></td>
<td>– Ovarian</td>
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<td></td>
<td>– Vulvar</td>
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<td></td>
<td>– Vaginal</td>
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4. Nutrition and your cancer diagnosis
Breast cancer

What is it?

- Breast cancer is the abnormal growth of the cells lining the breast lobules or ducts.

What you can expect:

- With a breast cancer diagnosis, you can expect to have nutrition needs and risks that you can mostly self-manage. You are unlikely to need help from a dietitian.
- Not many people going through breast cancer will experience nutrition issues that will affect their eating. However, if you do experience nutrition issues they may be to do with:
  - preparing for, during or immediately after treatment
    - fatigue
    - nausea
    - poor appetite or increased appetite
    - weight gain or weight loss
    - bowel issues such as constipation
  - long-term survivorship
• fatigue
• weight gain.

- You should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.

What you can do:

- If you’re finding it hard to self-manage your nutrition issues you may need help from a dietitian. Find a dietitian.
- Preparing for, during or immediately after treatment:
  - It’s important to keep your weight stable and prevent muscle loss.
  - If you think you might be losing weight, read more about malnutrition.
  - Most people will need to eat and drink more protein and energy during this time.
  - Ask for help with meals.
  - Keep as active as possible.
- Long-term survivorship
  - Maintain a healthy weight and prevent muscle loss.
  - It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  - Keep as active as possible.

Resources

Cancer Council
- Call 13 11 20 to ask a nurse a question and find out about local support groups
- Breast cancer webpage
- What to expect webpage
- Nutrition and cancer booklet

Breast Cancer Network Australia (BCNA)
- Healthy eating home page
- Healthy eating and breast cancer booklet
- Nutrition for metastatic breast cancer home page

Other organisations
- McGrath Foundation
- National Breast Cancer Foundation
- Think Pink Foundation
- Counterpart
The CanEAT pathway for people with cancer and their carers

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Lung cancer

What is it?

- Lung cancer includes malignant mesothelioma, thymoma and has two main types: non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC).

What you can expect:

- With a lung cancer diagnosis, you can expect to have complex nutrition needs and risks that you can partly self-manage, but you’ll also need help from a dietitian.
- Most people will experience nutrition issues that can affect their eating. If you do experience nutrition issues they may be to do with:
  - preparing for, during or immediately after treatment
    - malnutrition
    - poor appetite
    - weight loss
    - nausea
    - fatigue
    - difficulty swallowing food or drinks
    - breathlessness or shortness of breath
  - long-term survivorship
    - fatigue
    - malnutrition
    - breathlessness or shortness of breath.
• If you’re not already seeing a dietitian, you should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.

What you can do:
• If you’re finding it hard to self-manage your nutrition issues, or are not already seeing a dietitian, it’s best to get specific nutritional advice. Find a dietitian.

• Preparing for, during or immediately after treatment:
  o It’s important to keep your weight stable and prevent muscle loss.
  o If you think you might be losing weight, read more about malnutrition.
  o Most people will need to eat and drink more protein and energy during this time.
  o You may need nutrition supplements.
  o Ask for help with meals.
  o Keep as active as possible.

• Long-term survivorship
  o Maintain a healthy weight and prevent muscle loss.
  o It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  o Keep as active as possible.

Resources
Cancer Council
• Call 13 11 20 to ask a nurse a question and find out about local support groups
• Nutrition and cancer booklet
• What to expect webpage
• Lung cancer
• Mesothelioma
• Thymus cancer

Lung Foundation Australia

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Genitourinary cancer

What is it?

- Genitourinary cancer includes cancer in the urinary tract and male reproductive system: bladder, kidney, prostate, testicular and penis.

What does optimal nutrition care look like?

- **MUST DO**
  - Discuss nutrition with your doctor, nurse or other health professional
  - Consider how you can best maximise your nutrition at every step of the pathway through self-management plus support from family and carers

- **SHOULD DO**
  - Read about optimal nutrition in this pathway and linked resources

- **COULD DO**
  - See a dietitian before, during and after treatment

What you can expect:

- With a genitourinary cancer diagnosis, you can expect to have nutrition needs and risks that you can mostly self-manage. You are unlikely to need help from a dietitian.
- Not many people with genitourinary cancer will experience nutrition issues that can affect their eating. However, if you do experience nutrition issues they may be to do with:
  - preparing for, during or immediately after treatment
    - poor appetite
    - weight loss
    - stomach or bowel issues
    - fatigue
  - long-term survivorship
    - bowel issues
    - fatigue.
- You should expect to be screened for malnutrition before starting treatment and at regular intervals and referred to a dietitian if you’re at risk. You can also screen yourself.
What you can do:

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- Preparing for, during or immediately after treatment:
  - It’s important to keep your weight stable and prevent muscle loss.
  - If you think you might be losing weight, read more about malnutrition.
  - Most people will need to eat and drink more protein and energy during this time.
  - Ask for help with meals.
  - Keep as active as possible.

- Long-term survivorship
  - Maintain a healthy weight and prevent muscle loss.
  - It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  - Keep as active as possible.

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8. Nutrition information for everyone
9. Nutrition if you don’t speak English
10. Common questions about nutrition and cancer
11. Learn more about a dietitian

Resources

Cancer Council

- Call 13 11 20 to ask a nurse a question and find out about local support groups
- Nutrition and cancer booklet
- What to expect webpage
- Bladder cancer
- Prostate cancer

Organisations

- Kidney Health Australia
- Prostate Cancer Foundation of Australia

Links within the pathway

1. Why is nutrition important?
2. Who can help with your nutrition care?
3. How can carers help with nutrition care?
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9. Nutrition if you don’t speak English
10. Common questions about nutrition and cancer
11. Learn more about a dietitian
Head and neck cancer

What is it?

- Head and neck cancer includes cancers in the mouth, nose, throat, thyroid, voice box and eye.

What does optimal nutrition care look like?

✓ MUST DO
  - Discuss nutrition with your doctor, nurse or other health professional
  - Consider how you can best maximise your nutrition at every step of the pathway through self-management plus support from family and carers

✓ SHOULD DO
  - See a dietitian before, during and after treatment
  - Read about optimal nutrition in this pathway and linked resources

What you can expect:

- With a head and neck cancer diagnosis, you can expect to have complex nutrition needs and risks that you can partly self-manage but will need help from a dietitian.
- Most people with a head and neck cancer will experience nutrition issues that can affect their eating. If you do experience nutrition issues they may be to do with:
  - preparing for, during or immediately after treatment
    - malnutrition and other nutrition risks
    - mouth and swallowing issues
      - pain on swallowing and/or ulcers
      - swallowing problems (difficulty swallowing food and/or food going down the wrong way)
    - mouth dryness
      - taste and smell changes
      - nausea
  - long-term survivorship
    - malnutrition
    - swallowing difficulties
    - taste and smell changes
- You might also experience difficulties opening your mouth or not being able to open your mouth as much as normal – You may need a temporary or permanent feeding tube.
If you’re not already seeing a dietitian, you should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.

If you have a head and neck cancer, it’s very likely you’ll need to see a dietitian and speech pathologist (alongside other health professionals) who will work together to guide you through any changes in eating and drinking that might occur before, during and after treatment and provide specific advice for you.

What you can do:

- If you’re finding it hard to self-manage your nutrition issues, or are not already seeing a dietitian, it’s best to get specific nutritional advice. Find a dietitian.

- Preparing for, during or immediately after treatment:
  - It’s important to keep your weight stable and prevent muscle loss.
  - If you think you might be losing weight, read more about malnutrition.
  - Most people will need to eat and drink more protein and energy during this time.
  - You may need nutrition supplements or a feeding tube.
  - A texture-modified diet may be recommended to you and/or thickened fluids.
  - Ask for help with meals.
  - Keep as active as possible.

- Long-term survivorship:
  - Maintain a healthy weight and prevent muscle loss.
  - It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  - Keep as active as possible.

Resources

Cancer Council
- Call 13 11 20 to ask a nurse a question and find out about local support groups
- Nutrition and cancer booklet
- What to expect webpage
- Head and neck webpage

Queensland Health – Nutrition Education Materials Online (NEMO):
- Preparing to eat well during radiotherapy to the head and neck area
- Eating after radiotherapy to the head and neck area

Other organisations
- evIQ: Problems caused by radiotherapy to the head and neck
- Beyond Five: Diet and nutrition homepage
  - Beyond the Blender – Dysphagia made easy. Cookbook – Soft, minced and moist and puree diet
- Australian Thyroid Foundation
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Melanoma and skin cancer

What is it?

- Skin cancer includes basal cell carcinoma, squamous cell carcinoma and melanoma.

What does optimal nutrition care look like?

**MUST DO**
- Discuss nutrition with your doctor, nurse or other health professional
- Consider how you can best maximise your nutrition at every step of the pathway through self-management plus support from family and carers

**SHOULD DO**
- Read about optimal nutrition in this pathway and linked resources

**COULD DO**
- See a dietitian before, during and after treatment

What you can expect:

- With a melanoma and skin cancer diagnosis, you can expect to have nutrition needs and risks that you can mostly self-manage. You are unlikely to need help from a dietitian.
- Not many people diagnosed with skin cancer will experience nutrition issues that affect their eating. However, if you do experience nutrition issues they may be to do with:
  - preparing for, during or immediately after treatment - nausea/vomiting
  - loss of appetite
  - weight loss
  - fatigue
  - bowel issues such as diarrhoea
  - long-term survivorship - fatigue.
  - You should expect to be screened for malnutrition before starting treatment and at regular intervals,

Resources

Cancer Council
- Call 13 11 20 to ask a nurse a question and find out about local support groups
- Nutrition and cancer booklet
- What to expect webpage
- Skin cancer webpage

Organisations

- Melanoma Institute Australia
- Melanoma Patients Australia
The CanEAT pathway for people with cancer and their carers

and referred to a dietitian if you’re at risk. You can also screen yourself.

What you can do:

- If you’re finding it hard to self-manage your nutrition issues, you may need help from a dietitian. Find a dietitian.
- Preparing for, during or immediately after treatment:
  - It’s important to keep your weight stable and prevent muscle loss.
  - If you think you might be losing weight, read more about malnutrition.
  - Most people will need to eat and drink more protein and energy during this time.
  - Ask for help with meals.
  - Keep as active as possible.
- Long-term survivorship:
  - Maintain a healthy weight and prevent muscle loss.
  - It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  - Keep as active as possible.

Links within the pathway

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11. Learn more about a dietitian
Neuro-oncology cancer

What is it?

- Neuro-oncology cancer includes cancer in the brain and spine.

What does optimal nutrition care look like?

- **MUST DO**
  - Discuss nutrition with your doctor, nurse or other health professional
  - Consider how you can best maximise your nutrition at every step of the pathway through self-management plus support from family and carers
- **SHOULD DO**
  - Read about optimal nutrition in this pathway and linked resources
- **COULD DO**
  - See a dietitian before, during and after treatment

What you can expect:

- With a neuro-oncology cancer diagnosis, you can expect to have nutrition needs and risks that you can mostly self-manage. You are unlikely to need help from a dietitian.
- Not many people with neuro-oncology cancer will experience nutrition issues that can affect their eating. However, if you do experience nutrition issues they may be related to:
  - preparing for, during or immediately after treatment
    - increased appetite
    - weight gain
    - swallowing difficulties
  - long-term survivorship
    - swallowing difficulties.
- You should expect to be screened for malnutrition before starting treatment and at regular intervals and referred to a dietitian if you're at risk. You can also screen yourself.

What you can do:

- If you’re finding it hard to self-manage your nutrition issues, you may need help from a dietitian. Find a dietitian.
- **Preparing for, during or immediately after treatment:**
  - It’s important to keep your weight stable and prevent muscle loss.
  - If you think you might be losing weight, read more about malnutrition.
The CanEAT pathway for people with cancer and their carers

- Most people will need to eat and drink more protein and energy during this time.
- Ask for help with meals.
- Keep as active as possible.

**Long-term survivorship**
- Maintain a healthy weight and prevent muscle loss.
- It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
- Keep as active as possible.

**Resources**

**Cancer Council**
- Call 13 11 20 to ask a nurse a question and find out about local support groups
- [Nutrition and cancer booklet](#)
- [What to expect webpage](#)
- [Brain cancer webpage](#)

**Organisations**
- [Brain Tumour Alliance Australia](#)
- [BrainLink](#)
- [Peace of Mind Foundation](#)

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Upper gastrointestinal cancer

What is it?

- Upper gastrointestinal cancer includes oesophagus, stomach, liver, small intestine, pancreatic, gall bladder, bile duct and neuro-endocrine cancers.

What you can expect:

- With an upper gastrointestinal cancer diagnosis, you can expect to have complex nutrition needs and risks that you can partly self-manage but will also need help from a dietitian.
- Most people with upper gastrointestinal cancer will experience nutrition issues that can affect their eating. If you do experience nutrition issues they may be to do with:
  - **Preparing for, during or immediately after treatment**
    - poor appetite
    - weight loss
    - malnutrition
    - nausea
    - vomiting
    - mouth and swallowing issues (mouth ulcers, taste and smell changes)
    - bowel issues such as diarrhoea
  - **Long-term survivorship**
    - malnutrition
    - bowel issues including malabsorption
    - diabetes.
- If you’re not already seeing a dietitian, you should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.
Specific issues you might experience if you have the following upper gastrointestinal cancer:

<table>
<thead>
<tr>
<th>Upper gastrointestinal cancer</th>
<th>Issues you may experience</th>
<th>Resource</th>
</tr>
</thead>
</table>
| Stomach and oesophagus        | ▪ Receive some or all of your nutrition and/or fluid through a feeding tube  
▪ Difficulties swallowing  
▪ Reflux  
▪ Dumping syndrome  
▪ Anaemia | Pancare Foundation |
| Liver                         | ▪ Bowel issues  
▪ Malnutrition  
▪ Poor appetite | Hepatitis Australia  
Pancare Foundation |
| Small intestine               | ▪ Stoma |  
| Pancreatic                    | ▪ Treatment can affect your ability to eat, digest and absorb food  
▪ You may need to take pancreatic enzyme supplements to help digest certain foods  
▪ Receive some or all of your nutrition and/or fluid through a feeding tube | Pancare Foundation  
Dietary handbook – managing dietary symptoms for people with pancreatic cancer  
Pansupport  
Webpage on diet, dietary tips and nourishing foods |
| Neuro-endocrine               | ▪ Gastroparesis  
▪ Dumping syndrome  
▪ Reflux  
▪ High blood sugars  
▪ Fat, vitamin, calcium and iron malabsorption | Unicorn Foundation  
▪ Booklet – Nutrition and neuroendocrine tumours  
▪ Fact sheet – Vitamin and mineral deficiencies  
▪ Fact sheet – Managing diarrhoea  
▪ Food and symptom diary  
▪ Treatment and wellness plan |
What you can do:

- If you’re finding it hard to self-manage your nutrition issues, or are not already seeing a dietitian, it’s best to get specific nutritional advice. Find a dietitian.

- Preparing for, during or immediately after treatment:
  - It’s important to keep your weight stable and prevent muscle loss.
  - If you think you might be losing weight, read more about malnutrition.
  - Most people will need to eat and drink more protein and energy during this time.
  - You may need nutrition supplements.
  - Ask for help with meals.
  - Keep as active as possible.
  - Find out more about feeding tubes.

- Long-term survivorship:
  - Maintain a healthy weight and prevent muscle loss.
  - It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  - Keep as active as possible.
  - If you think you might have nutrient deficiencies talk to your doctor.

Resources

Cancer Council

In addition to resources listed above:
- Call 13 11 20 to ask a nurse a question and find out about local support groups
- Nutrition and cancer booklet
- What to expect webpage
- Liver cancer webpage
- Pancreatic cancer webpage
- Cancer Council Victoria: Gall bladder
- Stomach cancer webpage
- Oesophageal cancer webpage
Lower gastrointestinal cancer

What is it?

- Lower gastrointestinal cancer includes bowel (colorectal), pelvic, peritoneal, rectal, anal and appendix cancer.

What does optimal nutrition care look like?

**MUST DO**
- Discuss nutrition with your doctor, nurse or other health professional
- Consider how you can best maximise your nutrition at every step of the pathway through self-management plus support from family and carers

**SHOULD DO**
- See a dietitian before, during and after treatment
- Read about optimal nutrition in this pathway and linked resources

What you can expect:

- With a lower gastrointestinal cancer diagnosis, you can expect to have some nutrition needs and risks that you can partly self-manage but you may also need help from a [dietitian](#).
- Some people will experience nutrition issues that can affect their eating. If you do experience [nutrition issues](#) they may be to do with:
  - **preparing for, during or immediately after treatment**
    - nausea
    - vomiting
    - bowel issues (wind, diarrhoea)
    - short-term feeding tube
  - **long-term survivorship**
    - stoma (surgically created opening in the abdomen that allows faeces to leave the body)
    - bowel issues.
- If you’re not already seeing a dietitian, you should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also [screen yourself](#).
• Other issues you might experience with a lower gastrointestinal cancer, especially if you’ve had surgery:
  o short and/or long-term vitamin and/or mineral deficiencies
  o malnutrition and dehydration – if you’ve had a lot of your bowel removed you will need advice from a dietitian.

What you can do:

• If you’re finding it hard to self-manage your nutrition issues you may need help from a dietitian. Find a dietitian.

• Preparing for, during or immediately after treatment:
  o It’s important to keep your weight stable and prevent muscle loss.
  o If you think you might be losing weight, read more about malnutrition.
  o Most people will need to eat and drink more protein and energy during this time.
  o You may need to change your diet depending on your bowel habits.
  o You may need nutrition supplements.
  o Ask for help with meals.
  o Keep as active as possible.

• Long-term survivorship:
  o Maintain a healthy weight and prevent muscle loss.
  o It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  o Keep as active as possible.

• Other issues related to lower gastrointestinal cancer:
  o Nutrition with a stoma.
  o If you think you might have nutrient deficiencies talk to your doctor.
  o You may need a feeding tube.
Haematology/blood cancer

What is it?

- Blood cancers include lymphoma, leukaemia and multiple myeloma.

What does optimal nutrition care look like?

✓ MUST DO
- Discuss nutrition with your doctor, nurse or other health professional
- Consider how you can best maximise your nutrition at every step of the pathway through self-management plus support from family and carers

✓ SHOULD DO
- See a dietitian before, during and after treatment
- Read about optimal nutrition in this pathway and linked resources

What you can expect:

- With a haematological or blood cancer diagnosis, you can expect to have some nutrition needs and risks that you can partly self-manage but you may also need help from a dietitian.
- Some people will experience nutrition issues that can affect their eating. If you do experience nutrition issues they may be to do with:
  - preparing for, during or immediately after treatment
    - fatigue
    - loss of appetite
    - weight loss
    - mouth pain or ulcers
    - tube feeding
  - long-term survivorship
    - fatigue.
- Other issues you might experience related to haematology/blood cancer:
  - Neutropenia – little or no neutrophils (white blood cells). With neutropenia, the risk of infection is higher than normal, so

Resources

Cancer Council
- Call 13 11 20 to ask a nurse a question and find out about local support groups
- Nutrition and cancer booklet
- What to expect webpage
- Lymphoma
- Leukaemia
- Myeloma

Leukaemia Foundation
- Cooking for Chemo website page (cookbook and recipe cards)
- Myeloma Foundation of Australia: Nutrition and myeloma
you need to be careful with what you eat and how you prepare food (food safety).

- If you’re not already seeing a dietitian, you should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.

What you can do:

- If you’re finding it hard to self-manage your nutrition issues you may need help from a dietitian. Find a dietitian.
- **Preparing for, during or immediately after treatment:**
  - It’s important to keep your weight stable and prevent muscle loss.
  - If you think you might be losing weight, read more about malnutrition.
  - Most people will need to eat and drink more protein and energy during this time.
  - You may need nutrition supplements.
  - Ask for help with meals.
  - Your health professional may recommend you follow basic food safety rules if your infection risk is higher than usual.
  - You may need particular nutrition care for some treatments: stem cell transplant or monoamine oxidase inhibitors (MAOIs).
  - Keep as active as possible.
- **Long-term survivorship:**
  - Maintain a healthy weight and prevent muscle loss.
  - It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all of your treatment-related nutrition issues are well managed.
  - Keep as active as possible.
Gynae-oncology cancer

What is it?

- This is cancer of the female genitals and reproductive system including cervical, ovarian, vulvar, vaginal and uterine cancer.

What does optimal nutrition care look like?

✓ MUST DO
  - Discuss nutrition with your doctor, nurse or other health professional
  - Consider how you can best maximise your nutrition at every step of the pathway through self-management plus support from family and carers

✓ SHOULD DO
  - See a dietitian before, during and after treatment
  - Read about optimal nutrition in this pathway and linked resources

What you can expect:

- With a gynaecological cancer diagnosis, you can expect to have some nutrition needs and risks that you can partly self-manage but you may also need help from a dietitian.
- Some people will experience nutrition issues that can affect their eating. If you do experience nutrition issues they may be to do with:
  - preparing for, during or immediately after treatment
    - bowel changes (constipation or diarrhoea)
    - nausea/vomiting
    - fatigue
    - loss of appetite
    - weight loss
    - malnutrition
  - long-term survivorship
    - poor appetite
    - weight loss
    - malnutrition.
• If you’re not already seeing a dietitian, you should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.

What you can do:

• If you’re finding it hard to self-manage your nutrition issues you may need help from a dietitian. Find a dietitian.

• Preparing for, during or immediately after treatment:
  o It’s important to keep your weight stable and prevent muscle loss.
  o If you think you might be losing weight, read more about malnutrition.
  o Most people will need to eat and drink more protein and energy during this time.
  o You may need nutrition supplements.
  o Ask for help with meals
  o Keep as active as possible.

• Long-term survivorship:
  o Maintain a healthy weight and prevent muscle loss.
  o It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  o Keep as active as possible.

Resources

Cancer Council
• Call 13 11 20 to ask a nurse a question and find out about local support groups
• Nutrition and cancer booklet
• What to expect webpage
• Cervical cancer webpage
• Vaginal cancer webpage
• Vulvar cancer webpage
• Uterine cancer webpage

Organisations
• Ovarian Cancer Australia
• Webpage on how to care for yourself and healthy lifestyle tips
• Webpage on managing symptoms and side effects
• Counterpart
• Australian Gynaecological Cancer Foundation
• Australian Cervical Cancer Foundation
The CanEAT pathway for people with cancer and their carers

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Sarcoma and bone cancer

What is it?

- This refers to cancers of the bone and soft tissue.

What does optimal nutrition care look like?

**MUST DO**

- Discuss nutrition with your doctor, nurse or other health professional
- Consider how you can best maximise your nutrition at every step of the pathway through self-management plus support from family and carers

**SHOULD DO**

- See a dietitian before, during and after treatment
- Read about optimal nutrition in this pathway and linked resources

What you can expect:

- With a sarcoma cancer diagnosis, you can expect to have some nutrition needs and risks that you can partly self-manage but you may also need help from a dietitian.
- Some people will experience nutrition issues that can affect their eating. If you do experience nutrition issues they may be to do with:
  - preparing for, during or immediately after treatment
    - poor appetite
    - weight loss
    - malnutrition
    - fatigue
    - nausea
    - vomiting
    - mouth ulcers
  - long-term survivorship
    - malnutrition.
- Other issues you might experience with a sarcoma cancer diagnosis:
  - You may get all or some of your nutrition and/or fluid through a feeding tube.
  - If you’re not already seeing a dietitian, you should expect to be screened for malnutrition before starting treatment

Resources

Cancer Council

- Call 13 11 20 to ask a nurse a question and find out about local support groups
- Nutrition and cancer booklet
- What to expect webpage
- Bone cancer webpage
- Soft tissue cancer webpage

Organisations

Australasian and New Zealand Sarcoma Association
and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.

What you can do:

- **If you’re finding it hard to self-manage your nutrition issues** you may need help from a dietitian. [Find a dietitian](#).

  - **Preparing for, during or immediately after treatment:**
    - It’s important to keep your weight stable and prevent muscle loss.
    - If you think you might be losing weight, read more about [malnutrition](#).
    - Most people will need to eat and drink more protein and energy during this time.
    - You may need [nutrition supplements](#).
    - Ask for help with [meals](#).
    - Keep as active as possible.

- **Long-term survivorship:**
  - Maintain a healthy weight and prevent muscle loss.
  - It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  - Keep as active as possible.

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Cancer of unknown primary

What is it?

- Cancer of unknown primary or ‘CUP’ is a term used to describe a cancer that has spread (metastatic cancer) with an unknown starting point.

What does optimal nutrition care look like?

- **MUST DO**
  - Discuss nutrition with your doctor, nurse or other health professional
  - Consider how you can best maximise your nutrition at every step of the pathway through self-management plus support from family and carers

- **SHOULD DO**
  - See a dietitian before, during and after treatment
  - Read about optimal nutrition in this pathway and linked resources

What you can expect:

- With an unknown primary cancer diagnosis, you can expect to have some nutrition needs and risks that you can partly self-manage but you may also need help from a dietitian.
- Some people will experience nutrition issues that can affect their eating. If you do experience nutrition issues they may be to do with:
  - **preparing for, during or immediately after treatment**
    - pain
    - shortness of breath
    - weight loss
    - fatigue
    - poor appetite
  - **long-term survivorship**
    - fatigue.
- If you’re not already seeing a dietitian, you should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.

Resources

Cancer Council

- Call 13 11 20 to ask a nurse a question and find out about local support groups
- Nutrition and cancer booklet
- What to expect webpage
- Cancer of unknown primary webpage
What you can do:

- If you’re finding it hard to self-manage your nutrition issues, you may need help from a dietitian. Find a dietitian.
- **Preparing for, during or immediately after treatment:**
  - It’s important to keep your weight stable and prevent muscle loss.
  - If you think you might be losing weight, read more about malnutrition.
  - Most people will need to eat and drink more protein and energy during this time.
  - You may need nutrition supplements or a feeding tube.
  - Ask for help with meals.
  - Keep as active as possible.
- **Long-term survivorship:**
  - Maintain a healthy weight and prevent muscle loss.
  - It’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.
  - Keep as active as possible.

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5. Nutrition and issues in your cancer path

You may experience nutrition issues or side effects that can affect what and how much you can eat and drink. Nutrition issues can be caused from the cancer itself or from its treatments. Nutrition issues are likely to be different for everyone; some people feel well and can eat normally, whereas other people may not. Cancer treatments kill cancer cells but when doing that they can also damage healthy cells; this can cause side effects. Where a cancer is located can also affect a person’s eating and drinking, and some cancers change the way your body digests food so you don’t get all the nutrients you need.

Remember, everyone’s cancer experience is different. However, in general the nutrition issues or side effects you experience can tell health professionals a lot about your likely nutritional needs, risks and possible nutrition care.

The following table describes the nutrition issues you may experience that can affect eating and drinking. You can read how a nutrition issues may affect your nutrition in this section and also what you can do about it.

Common nutrition issues during your cancer path

<table>
<thead>
<tr>
<th>Nutrition issue</th>
<th>What is it?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Malnutrition and other nutrition risks:</strong></td>
<td></td>
</tr>
<tr>
<td>• malnutrition</td>
<td><strong>Malnutrition</strong> is when your body doesn’t get enough or the right amount of nutrients, weight or fat, and muscle loss also can occur.</td>
</tr>
<tr>
<td>• cancer cachexia</td>
<td><strong>Cancer cachexia</strong> is a type of muscle loss that is hard to reverse. It is also called ‘wasting syndrome’.</td>
</tr>
<tr>
<td>• sarcopenia</td>
<td><strong>Sarcopenia</strong> is the loss of muscle and strength; it often happens with ageing.</td>
</tr>
<tr>
<td><strong>Poor appetite</strong></td>
<td>When you don’t feel like eating or don’t feel hungry. The medical term is ‘anorexia’.</td>
</tr>
<tr>
<td><strong>Weight loss</strong></td>
<td>When you’re losing weight and you aren’t trying to.</td>
</tr>
<tr>
<td><strong>Weight gain</strong></td>
<td>When you’re gaining weight and aren’t trying to.</td>
</tr>
<tr>
<td><strong>Mouth and swallowing problems</strong></td>
<td></td>
</tr>
<tr>
<td>• dry mouth</td>
<td>Less saliva in your mouth or a sticky feeling. The medical term is ‘xerostomia’.</td>
</tr>
<tr>
<td>• sore mouth</td>
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Chewing difficulties are when you’re finding it hard to chew your food.

**Oesophagitis**
Inflammation or irritation of the food pipe.

**Heartburn (indigestion)**
From reflux. What is in your stomach comes back into your oesophagus.

**Changes in taste and smell**
When what you eat or drink doesn’t taste or smell like it did before.

**Nausea and vomiting**
Feeling sick or being sick (vomiting).

**I feel full quickly**
The medical term is ‘early satiety’ and is feeling full after a small amount of food.

### Bowel and stomach issues

- **diarrhoea**
  When you have frequent, loose, watery bowel movements (poo/stools).

- **constipation**
  When you have difficulty or less frequent bowel movements (poo/stools) or your bowel movements are hard, dry or pebble-like.

- **bowel irritation**
  Irritation of the large bowel (colitis) and rectum (proctitis) or small bowel (enteritis)

- **bowel blockage**
  When there is something that gets in the way of waste leaving the body.

- **wind (flatulence)**
  Passing gas.

- **dumping syndrome**
  When what you eat or drink moves through your digestive system (guts) quickly without it being digested.

- **Stoma**
  - **colectomy**
  - **ileostomy**
  Opening to the outside of the body for passing bowel motions / the body’s waste.

**Fatigue**
Feeling tired/weak or having little or no energy.

**Shortness of breath**
Breathlessness or difficulty breathing. The medical term is ‘dyspnoea’.

**Pain**
When something hurts.

**Depression and anxiety**
Depression: When you feel sad or have lost interest. Anxiety: Constant and excessive worry and fear.

**High or low blood sugars**
Also called ‘blood glucose levels’. When you test your blood sugar levels and they are higher than what is recommended for you. The medical term is ‘hyperglycaemia’. When your blood sugar levels are lower than recommended the medical term is ‘hypoglycaemia’.

**Other nutrition issues**

- **poor/low immunity**
  When your body’s fighting system isn’t in full working order.
• **gastroparesis** Also called ‘delayed gastric emptying’. A condition where the stomach doesn’t empty as well as it should.

• **vitamin and mineral deficiency** When your body doesn’t get enough or can’t store enough vitamin or minerals.

• **anaemia** When your red blood cell counts drop.

• **weight above a healthy weight** Also called ‘overweight’ or ‘obesity’.

• **GVHD (graft-versus-host disease)** A reaction from the body that sometimes occurs after a bone marrow or stem cell transplant.

**What I feel is not listed** If what you feel is not listed, speak to someone in your healthcare team for more advice.

Links within the pathway

1. Why is nutrition important?
2. Who can help with your nutrition care?
3. How can carers help with nutrition care?
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5. Nutrition and issues in your cancer path
6. Nutrition and your cancer treatment
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10. Common questions about nutrition and cancer
11. Learn more about a dietitian
Malnutrition and other nutrition risks

What is it?

- **Cancer cachexia** is a type of muscle loss that is hard to reverse. It can also be called ‘wasting syndrome’.
- **Sarcopenia** is the loss of muscle and strength. It often happens with ageing but is also common in people with cancer.
- Food is your body’s fuel. What you eat and drink gives you energy, protein, vitamins and minerals. These are all needed to make sure your body works well. If you don’t give your body enough fuel (food and drink) this can cause weight loss. If this happens you’re at risk of **malnutrition**.
- If you’re at risk of becoming malnourished (or at risk of malnutrition), this means that you’re likely to need some specific nutrition advice to reduce your risk, ideally from a dietitian. If you don’t have malnutrition, you’re considered well-nourished.
- Sometimes it’s hard to tell if you have malnutrition. Some signs are:
  - you have lost weight without trying – you need to tighten your belt or your clothes feel loose.
  - you’re eating less than usual.

Check using an online calculator ([Malnutrition Screening Tool or MST](#))

What you can expect:

- Malnutrition is common in people with cancer but is not always a side effect of cancer.
- Malnutrition should be prevented at all stages of the cancer journey because it can cause problems such as [Side effects from treatment, the chance of infection, time spent in hospital](#).
- Many factors can increase the risk of malnutrition including feeling unwell, stress, worry and feeling tired. Your [cancer](#) and [cancer treatment](#) can:
  - cause your body to use more energy and protein (fuel)
  - make it more difficult to eat.
What you can do:

- It’s important to prevent and manage malnutrition.
- If you have other nutrition issues stopping you eating, speak to your doctor, nurse or other health professional and ask if there are any medications that can help.
- Eat small meals and snacks frequently (every 2–3 hours).
- Make every mouthful count by having a nourishing diet.
- You may need nutrition supplements.

When might you need more help?

- If you’re finding it hard to self-manage your nutrition issues, or are not already seeing a dietitian, it’s best to get help from a dietitian.
- If you have tried the tips here and in the resources box, and you’re losing weight without trying, have other nutrition issues affecting your eating and drinking, or you think you might have malnutrition, or are concerned, it’s important to get help from your healthcare team or dietitian.

Resources

- Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
  - Malnutrition screening tool (interactive online)
  - Preventing weight loss for people with cancer fact sheet – available in 11 languages
- Cancer Council
  - Nutrition and cancer booklet
  - Malnutrition webpage
  - Call 13 11 20 to ask a nurse a question
Poor appetite

What is it?

- Poor appetite means you have no or less interest in food – you just don’t feel like eating.
- You might hear poor appetite being called ‘anorexia’; this is the medical term.

What you can expect:

- Poor appetite is a common issue. Some people say: ‘I can only eat small parcels of food’.
- Other nutrition issues can cause poor appetite. Medication may help with some issues such as nausea, pain, anxiety, bowel or mouth issues.
- If you think you might be losing weight, you might be at risk of malnutrition and other nutrition risks.
- Poor appetite may or may not be fixed, but it’s important to try to manage it.

What you can do:

- Eat small meals and snacks frequently (every 2–3 hours).
- Make every mouthful count by having a nourishing diet.
- You may need nutrition supplements.
- Speak to your doctor, nurse or pharmacist to see if any of your medications can be changed or prescribed to help your appetite.
- Exercise professionals can help suggest some exercises that may help stimulate your appetite.

When might you need more help?

- If you have tried the tips here and in the resources box and your poor appetite is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or diettian.

Resources

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
- Malnutrition screening tool (interactive online)
- Preventing weight loss for people with cancer fact sheet – available in 11 languages

Cancer Council
- Nutrition and cancer booklet
- Appetite loss and nausea podcast
- Treatment side effects and nutrition webpage
- Call 13 11 20 to ask a nurse a question

Queensland Health
- Nutrition Education Materials Online (NEMO): Loss of appetite
Weight loss

What is it?

- Weight loss is when you’re losing weight but you aren’t trying to.

What you can expect:

- Weight loss can be caused by other nutrition issues, your cancer or your cancer treatment.
- If you think you might be losing weight, you might be at risk of malnutrition and other nutrition risks.

What you can do:

- It’s important to keep your weight stable and prevent muscle loss.
- If you have other nutrition issues causing weight loss, read tips and tricks for that issue.
- Eat small meals and snacks frequently (every 2–3 hours).
- Make every mouthful count by having a nourishing diet.
- You may need nutrition supplements.

When might you need more help?

- If you have tried the tips here and in the resources box and you’re still losing weight without trying or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
- Malnutrition screening tool (interactive online)
- Preventing weight loss for people with cancer fact sheet – available in 11 languages

Cancer Council
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Queensland Health
- Nutrition Education Materials Online (NEMO): Loss of appetite
**Weight gain**

**What is it?**

- Weight gain is when you’re gaining weight but aren’t trying to.

**What you can expect:**

- Some [cancer treatments](#) can cause you to gain weight.
- It can also be from a poor diet and/or not being active.

**What you can do:**

- If you’re trying to gain weight, you may need a [nourishing diet](#).
- If you’re gaining weight and are trying to stop it, speak to your doctor about your concerns.
- If you have recovered from cancer treatment and your [nutrition issues](#) have resolved, follow a [healthy eating](#) plan.
- [Keep as active](#) as possible.

**When might you need more help?**

- If you have tried following a healthy lifestyle and you’re still gaining weight without trying or you’re concerned, it’s important to get help from your healthcare team or [dietitian](#).
# Mouth and swallowing problems

This section discusses each of the following mouth and swallowing problems.

<table>
<thead>
<tr>
<th>Mouth and swallowing problems</th>
<th>What is it?</th>
</tr>
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<tbody>
<tr>
<td>• <strong>Dry mouth</strong></td>
<td>Having not much saliva in your mouth or a sticky feeling. The medical term is ‘xerostomia’.</td>
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<tr>
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**What you can expect:**

- Mouth and swallowing problems can be caused from your [cancer](#) or your [cancer treatment](#).
- Mouth and swallowing problems can make it painful to eat and drink.
- If you have mouth and swallowing problems you might be at risk of [malnutrition and other nutrition risks](#).

**What you can do:**

- Practise good mouth care.
- You may find [soft and bite-sized or minced and moist](#) foods easier to eat.
- Eat small meals and snacks frequently (every 2–3 hours).
- Make every mouthful count by having a [nourishing diet](#).
- You may need [nutrition supplements](#).

---

**Resources**

- Cancer Council
  - [Nutrition and cancer booklet](#)
  - [Mouth health and cancer treatment fact sheet](#)
  - Call 13 11 20 to ask a nurse a question
- eviQ
  - [Mouth problems during cancer treatment](#)
  - [Video: Mouth problems during cancer treatment](#)
When might you need more help?

- If you have tried the tips here and in the resource box and your mouth and swallowing problems are still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

‘I saw a dietitian I think weekly to help me identify what foods I might still be able to eat because you lose your sense of taste and swallowing becomes difficult.’

— Person with head and neck cancer

‘I have difficulty swallowing and the size of pieces are most important.’

— Person with head and neck and prostate cancer
**Dry mouth**

What is it?

- Dry mouth is when you don’t have much saliva or a sticky feeling in your mouth.
- The medical term is ‘xerostomia’.

What you can expect:

- A dry mouth can be caused from your cancer treatment or medications.
- A dry mouth can make it harder to eat and cause chewing and swallowing issues.
- If you have a dry mouth you might be at risk of malnutrition and other nutrition risks.

What you can do:

- Sip on fluids over the day and with your meals and snacks.
- You may find soft and bite-sized or minced and moist foods with extra sauces and gravy easier to eat.
- Chew sugar-free gum.
- Talk to your health professional or pharmacist about using mouthwashes, artificial saliva or dry mouth gels – some of these are available from pharmacies.

When might you need more help?

- If you have tried the tips here and in the resources box and your dry mouth is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team, speech pathologist, dentist/dental hygienist, pharmacist or dietitian.

**Resources**

Cancer Council

- Mouth health and cancer treatment fact sheet
- Treatment side effects and nutrition
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question
Sore mouth

What is it?

- Sore mouth includes mouth pain, sores and ulcers.
- The medical term for mouth ulcers is ‘mucositis’ or ‘pharyngitis’ for the pharynx.
- Mucositis is damage to the cells lining your mouth (but can also happen in all your gut – from the mouth to the anus).

What you can expect:

- A sore mouth can be caused from your cancer treatment.
- A sore mouth can make it harder to eat and cause chewing and swallowing issues.
- If you have a sore mouth you might be at risk of malnutrition and other nutrition risks.

What you can do:

- Practise good mouth care.
- Talk to your healthcare team about pain relief such as mouthwashes or gels and take these before eating.
- Talk to your healthcare team or pharmacist if you think you might have a mouth infection such as thrush.
- You may find soft and bite-sized or minced and moist foods with extra sauces and gravy easier to eat.
- Avoid crunchy or sharp foods and acidic or spicy foods.
- You may need nutrition supplements or a feeding tube.

When might you need more help?

- If you have tried the tips here and in the resources box and your sore mouth is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources

Queensland Health
- Nutrition Education Materials Online (NEMO)
- Sore mouth or throat

Cancer Council
- Nutrition and cancer booklet
- Mouth health and cancer treatment fact sheet
- Call 13 11 20 to ask a nurse a question
**Swallowing difficulties/problems**

**What is it?**

- This occurs when it hurts or is hard to swallow.
- The medical term for painful swallow is ‘odynophagia’.
- The medical term for difficulties swallowing is ‘dysphagia’.

**What you can expect:**

- Swallowing difficulties can be caused by your cancer or your cancer treatment.
- Swallowing difficulties can make it harder to eat. You may not be able to eat the amount or type of foods you normally do.
- If you have swallowing difficulties or problems you can be at risk of aspiration (food or fluids going down the wrong way), **malnutrition and other nutrition risks**.

**What you can do:**

- Talk to your healthcare team about seeing a speech pathologist. The speech pathologist may recommend changing how you chew or swallow, the consistency/texture of foods you eat or the thickness of fluids you have to make it easier to swallow.
- If you have a sore mouth or painful swallow ask your doctor about medications to help.
- You may need **nutrition supplements** or a **feeding tube**.
- You may need to change the **texture of your diet**.

**When might you need more help?**

- If you’re coughing or choking after eating or drinking or have a change in your ability to eat/drink you should see a speech pathologist.
- If you have tried the tips here and in the resources box and your swallowing difficulties are still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team, speech pathologist or **dietitian**.

**Resources**

**Cancer Council**
- [Treatment side effects and nutrition](#)
- [Nutrition and cancer booklet](#)
- Call 13 11 20 to ask a nurse a question
**Difficulty opening your mouth or chewing difficulties**

What is it?

- If you have difficulty opening your mouth the medical name is ‘trismus’.
- Chewing difficulties are when you’re finding it hard to chew your food.

What you can expect:

- Difficulty opening your mouth can be caused by your cancer (more common in head and neck cancer), your cancer treatment or from severe mucositis (inflammation in the digestive tract).
- If you have difficulty opening your mouth, it can make it harder to eat and you may not be able to eat the amount or type of foods you normally do.
- If you have difficulty opening your mouth you can be at risk of dehydration, malnutrition and other nutrition risks.

What you can do:

- You may need a texture-modified diet or feeding tube to get the nutrition and fluid you need to prevent malnutrition and other nutrition risks.
- If you have difficulty opening your mouth, speak to your healthcare team about a referral to appropriate specialist(s) (dietitian, speech pathologist, dentist).
Oesophagitis

What is it?

- Oesophagitis is the inflammation or irritation of the food pipe.
- It can cause heartburn and pain when trying to swallow.

What you can expect:

- Oesophagitis can be caused from your cancer treatment.
- Oesophagitis can make it harder to eat. You may not be able to eat the amount or type of foods you normally do.
- This can cause weight loss, other mouth and swallowing issues, taste changes, nausea and vomiting.
- If you have an oesophagitis you might be at risk of malnutrition and other nutrition risks.

What you can do:

- Speak to your doctor or pharmacist for medications to help with pain.
- Eat small meals and snacks frequently (every 2–3 hours) and sit up for an hour after eating.
- You may find soft and bite-sized or minced and moist foods with extra sauces and gravy easier to eat.
- Avoid crunchy, sharp, acidic, spicy and very hot or cold foods.
- You may need nutrition supplements or a feeding tube.

When might you need more help?

- If you have tried the tips here and in the resources box and your oesophagitis is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources

- Patient information sheet – oesophagitis
- Pain with swallowing
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question
Heartburn (indigestion)

What is it?

- Heartburn is caused by reflux (what is in your stomach coming up into your oesophagus).
- You will get a burning feeling in your upper chest, oesophagus or throat.

What you can expect:

- Heartburn may be caused by your cancer treatment.
- Heartburn can make it harder to eat. You may not be able to eat the amount or type of foods you normally do.
- If you have heartburn, you might be at risk of malnutrition and other nutrition risks.

What you can do:

- Speak to your doctor or pharmacist about medications that may help you.
- Eat small meals and snacks frequently (every 2–3 hours).
- Eat slowly and sit up for an hour after eating.
- Avoid drinking with your meals; allow a half an hour gap.
- Avoid spicy foods, high-fat foods, citrus, tomato, tea, coffee and alcohol.

When might you need more help?

- If you have tried the tips here and in the resources box and your heartburn is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources
Cancer Council
- Treatment side effects and nutrition
- Heartburn (indigestion)
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question
Changes in taste and smell

What is it?

- This is when your eating or drinking doesn’t taste or smell like it did before.
- Some people say food tastes bland, metallic, really sweet or like cardboard or they have gone off meat.
- The medical term is ‘dysgeusia’.

What you can expect:

- Changes in taste and smell are a common nutrition issue – these are usually temporary (usually during treatment and immediate after).
- Changes in taste and smell can be caused from your cancer treatment.
- Changes in taste and smell can cause you to not enjoy food as much. This may make you eat less than normal and put you at risk of malnutrition and other nutrition risks.
- Changes in taste and smell may or may not be fixed, but it’s important to try to manage it.

What you can do:

- Good mouth care: mouth washes or rinses, brushing teeth.
- Add more flavour to your meals: herbs, lemon, garlic, sauces.
- Experiment with other foods that you may not have liked before.
- If you’ve gone off meat, it’s important you’re having other protein-rich foods.
- If smells bother you, have plain, fresh, cold foods and avoid cooking and cooking smells. Ask for help with meals.
- You may need nutrition supplements. Use a plastic or paper straw to drink these and other fluids.

When might you need more help?

- If you have tried the tips here and in the resources box and the changes in your taste and smell are still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.
Nausea and vomiting

What is it?

- Feeling like being sick (nausea) or being sick (vomiting).

What you can expect:

- Nausea and vomiting may be caused by your cancer treatment.
- If you’re expected to have nausea and vomiting with your cancer treatment you should be prescribed anti-sickness medication (called anti-emetics or anti-nausea medication).
- If you have a nausea and vomiting, you might be at risk of dehydration (loss of too much water from the body), malnutrition and other nutrition risks.

What you can do:

- Take anti-nausea medication half an hour before you eat. If the medication doesn’t work, you may need more or a different kind – ask your doctor or pharmacist.
- Eat small meals and snacks frequently (every 2–3 hours). Having food in your stomach can help with nausea, so keep grazing.
- Choose bland, dry, salty and cold foods. Ginger or peppermint may also help.
- Avoid fatty or spicy foods.
- Get some fresh air and be active.

When might you need more help?

- If you have severe vomiting or can’t keep fluids or medications down, contact your healthcare team or go to an emergency department.
- If you have tried the tips here and in the resources box and your nausea and/or vomiting is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources

Cancer Council
- Treatment side effects and nutrition
- Nutrition and cancer booklet
- Appetite loss and nausea podcast
- Video on nausea and vomiting
- Call 13 11 20 to ask a nurse a question

Queensland Health – Nutrition Education Materials Online (NEMO):
- Nausea and vomiting

‘Once I went onto the chemo I was concerned because the nausea was something and I was sort of making sure I had plenty stuff, but also treating it like it was morning sickness, which made it a lot easier to do.’

– Person with breast cancer
I feel full quickly

What is it?

- The medical term is ‘early satiety’ and it is a full feeling in your stomach after a small amount of food.
- You often feel like eating (you may also get hungry), but this follows with you not being able to eat, or only able to eat small amounts due to feeling full.

What you can expect:

- Feeling full quickly can be caused by your cancer or your cancer treatment.
- Feeling full quickly may happen from other nutrition issues. Medication may help with some issues such as poor appetite, nausea or constipation.
- If you feel full quickly you might be at risk of malnutrition and other nutrition risks.
- Speak to your doctor about medications that may help.

What you can do:

- Eat small meals and snacks frequently (every 2–3 hours).
- Make every mouthful count by having a nourishing diet.
- You may need nutrition supplements.

When might you need more help?

- If you have tried the tips here and in the resources box and your feeling full quickly is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.
Bowel and stomach issues

This section contains information about the following bowel and stomach issues:

<table>
<thead>
<tr>
<th>Bowel and stomach issues</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diarrhoea</td>
<td>When you have frequent, loose, watery bowel movements (poo/stools).</td>
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<tr>
<td>• Constipation</td>
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<td>Passing gas.</td>
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<td>• Dumping syndrome</td>
<td>When what you eat or drink moves through your digestive system (guts) quickly without it being digested.</td>
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<td>• Stoma</td>
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<td></td>
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8. Nutrition information for everyone
9. Nutrition if you don’t speak English
10. Common questions about nutrition and cancer
11. Learn more about a dietitian
**Diarrhoea**

**What is it?**

- Diarrhoea is when you have frequent, loose, watery bowel movements (poo/stools).

**What you can expect:**

- Diarrhoea can be caused by your cancer, cancer treatment, medications or other nutrition issues such as anxiety. It may also be from a bug or food poisoning.
- If you have diarrhoea you might be at risk of dehydration (loss of too much water from the body), malnutrition and other nutrition risks.
- You may not be absorbing all the vitamins and minerals you need (called ‘malabsorption’). This can cause nutrient deficiencies.

**What you can do:**

- Speak to a health professional about medications that can help diarrhoea or about medications you’re on that may be making it worse.
- Drink enough fluids. Oral rehydration drinks may help and are available from a pharmacy.
- Eat small meals and snacks frequently (every 2–3 hours).
- Make every mouthful count by having a nourishing diet.
- You may need nutrition supplements.

**When might you need more help?**

- If you’re losing weight very fast this may be from dehydration. See your doctor urgently.
- Talk to your doctor or dietitian if you’re concerned about malabsorption.
- Sometimes people have what appears to be diarrhoea but is actually constipation (can be referred to as ‘overflow’ diarrhoea) – you should seek advice from your doctor if you think this might be the case for you.
• If you have tried the tips here and in the resources box and your diarrhoea is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.
**Constipation**

What is it?

- Constipation is when you have difficulty or less frequent bowel movements (poo/stools) or your bowel movements are hard, dry or pebble-like.

What you can expect:

- Constipation can be caused by your cancer, cancer treatment or medications but also from what or how much you eat or drink, or not moving much.
- Constipation can cause other nutrition issues such as poor appetite.
- If you think you might be losing weight you might be at risk of malnutrition and other nutrition risks.

What you can do:

- Speak to a health professional about medications that can help constipation or about medications you’re on that may be making it worse.
- Drink more fluids.
- Include more fibre in your diet. Do this gradually.
- Keep as active as possible.

When might you need more help?

- Severe constipation together with stomach pain and swelling, nausea and vomiting can indicate a bowel blockage (bowel obstruction) and needs urgent medical attention.
- If you have tried the tips here and in the resources box and your constipation is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

**Resources**

Cancer Council
- Treatment side effects and nutrition
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question
eviQ
- Constipation during cancer treatment

Queensland Health – Nutrition Education Materials Online (NEMO)
- Constipation: managing different causes

Australian Government
- Bladder and bowel website
Bowel blockage

- When there is something in the way of waste leaving the body.
- The medical term is ‘bowel obstruction’.
- A bowel blockage may cause nausea, vomiting or stomach pain.
- Some people will need an operation to fix a bowel blockage.
- If you think you have a bowel blockage you should seek urgent medication attention.

Other types of bowel irritation

- Irritation of the large bowel (colitis) and rectum (proctitis) or small bowel (enteritis).
- Some cancer treatments can cause a bowel irritation.
- Eat slowly and chew your food well.
- You may need to change the fibre in your diet.
- Avoid fatty, spicy or fried foods or wind-producing foods (see below).
- Resource: Cancer Council Victoria – treatment side effects and nutrition.

Wind (flatulence)

- Means passing gas.
- Can be caused by cancer treatments or some foods.
- Reducing foods that produce wind may help.
- Resources:
  - Cancer Council: Coping with wind
  - Australian Government: Bladder and bowel website.

Dumping syndrome

- When what you eat or drink moves through your digestive system (guts) quickly without it being digested.
- Can cause nausea, stomach pain, diarrhoea, fast heartbeat or dizziness.
- If you think you might have dumping syndrome you might be at risk of malnutrition and other nutrition risks.
- Resource: Cancer Council: Dumping syndrome.
Stoma

- A stoma is an opening to the outside of the body for passing bowel motions / the body’s waste.
- A colostomy connects to a part of the large bowel or large intestine (colon).
- An ileostomy connects to a part of the small bowel or small intestine (small intestine).
- A stoma is made during some surgeries that remove parts of the bowel or intestine.

Colostomy

- A stomal therapist can show you how to manage a colostomy.
- You don’t need to change your diet. The main job of the large bowel is for hydration and to reabsorb fluid and salts, so make sure you drink enough fluids.
- Your small intestine will absorb nutrients and finish digestion in the body.
- Eat a variety of healthy foods.
- Passing gas is normal. Some foods such as cabbage or broccoli can increase wind.
- Resources:
  - Queensland Health – Nutrition Education Materials Online (NEMO): Colostomy information
  - Better Health Channel: Colostomy and ileostomy.

Ileostomy

- A stomal therapist can show you how to manage an ileostomy.
- You will often see a dietitian to explain how diet and fluids can affect an ileostomy.
- Having an ileostomy can increase your risk of dehydration and malnutrition.
- If you have a large amount (more than 1 litre) coming out of your stoma you’re at risk of dehydration. See your doctor or a dietitian.
- You may not be absorbing all the vitamins and minerals you need (called ‘malabsorption’). This can cause nutrient deficiencies.
- Continue to eat a healthy diet and chew your foods well.
- Drink plenty of fluids. You may need oral rehydration drinks.
- In the first couple of months limit fibrous fruits (e.g. raspberries, blackberries) and vegetables (e.g. peas, broccoli). You can then slowly reintroduce them but check with your surgeon or dietitian first.
- Resources:
  - Queensland Health – Nutrition Education Materials Online (NEMO): Ileostomy information
  - Cancer Council: Bowel and diet changes
  - Better Health Channel: Colostomy and ileostomy.
Fatigue

What is it?

- Fatigue is when you feel very tired or weak or have no or little energy.

What you can expect:

- Fatigue is a common issue at many steps in your cancer path and can be caused by your cancer or cancer treatment.
- Other nutrition issues can also cause fatigue. Medication can help with some issues such as anaemia, pain, nausea, vomiting and anxiety.
- Fatigue can affect your appetite and ability to shop/prepare food. It can be caused from not eating well but also cause you to not eat well.
- If you think you might be losing weight you might be at risk of malnutrition and other nutrition risks.

What you can do:

- Ask for help, especially with your meals. Consider delivered meals or easy-to-prepare meals and snacks.
- Eat small meals and snacks frequently (every 2–3 hours).
- Make every mouthful count by having a nourishing diet.
- You may need nutrition supplements.
- Keep as active as possible.

When might you need more help?

- If you have tried the tips here and in the resources box and your fatigue is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources

Cancer Council
- Fatigue and cancer webpage
- Fatigue and cancer fact sheet
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question

eviQ
- Feeling tired (fatigue) during cancer treatment fact sheet
- Video on feeling tired (fatigue) during cancer treatment
Shortness of breath

What is it?

- This refers to breathlessness or difficulty breathing.
- The medical term is ‘dyspnoea’.

What you can expect:

- Shortness of breath can be caused by your cancer (lung cancer) or cancer treatment.
- Shortness of breath can make it hard to eat enough (it is hard work to breathe, eat, chew and swallow!).
- If you think you might be losing weight, you might be at risk of malnutrition and other nutrition risks.

What you can do:

- Ask for help with meals – preparing meals can use up all your energy then you may not have enough energy to eat. Have quick and easy or premade meals and snacks.
- Eat small meals and snacks frequently (every 2–3 hours).
- You may find soft and bite-sized or minced and moist foods easier to eat if you’re finding it hard to chew and breathe when you eat.
- Make every mouthful count by having a nourishing diet.
- You may need nutrition supplements.

When might you need more help?

- If you have tried the tips here and in the resources box and your shortness of breath is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.
Pain

What is it?

- Pain is when something hurts.

What you can expect:

- Depending where the pain is, it may affect your eating and drinking.
- Pain can be caused by your cancer or cancer treatment.
- If you have pain in your mouth or throat you may have a nutrition issue such as swallowing problems. Pain in your stomach can make you eat less.

What you can do:

- Speak to your doctor about pain medication.
- If you’re eating less than normal or you think you might be losing weight, you might be at risk of malnutrition and other nutrition risks.

When might you need more help?

- If you have tried the tips here and in the resources box and your pain is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources

Cancer Council
- Overcoming cancer pain booklet
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question

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Depression and anxiety

What is it?

- Depression: When you feel sad or have lost interest.
- Anxiety: Constant and excessive worry and fear.

What you can expect:

- Depression and anxiety can be a common issue at many steps in your cancer path and can be caused by your cancer diagnosis or cancer treatment.
- Depression and anxiety can cause nutrition issues such as a poor appetite, which can affect how much you eat and drink.
- If you think you might be losing weight, you might be at risk of malnutrition and other nutrition risks.

What you can do:

- Speak to your healthcare team about medications that may help or about a referral to a psychologist, psychiatrist, social worker or spiritual care worker for more support.
- Eat a healthy diet.
- If you’re losing weight without trying you may need a nourishing diet.
- If you gaining weight without trying, try to eat as healthy as you can.

When might you need more help?

- If you have tried the tips here and in the resources box and your depression and/or anxiety is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources

Cancer Council
- Understanding your feelings
- Your coping toolbox
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question

Australian Cancer Survivorship Centre (ACSC)
- Emotional impact of cancer
- See the ACSC webpage for more international resources
High or low blood sugar levels

What is it?

- Blood sugar levels can also be called ‘blood glucose levels’.
- When you test your blood sugar levels and they are higher than what is recommended for you, the medical term is hyperglycaemia.
- When you test your blood sugar levels and they are a lower than recommended, the medical term is hypoglycaemia.

What you can expect:

- It can be more difficult to control your blood sugar levels when you’re having cancer treatment.
- During treatment, often the first nutrition priority is that you’re getting enough protein and energy in your diet and maintaining your weight. The second priority is to control your blood glucose.

What you can do:

- Eat healthy foods.
- Include regular low glycaemic index (GI) carbohydrates regularly.
- Avoid sugary drinks.
- Have a hypoglycaemia action plan: Baker IDI: Treating hypoglycaemia.
- If you have been prescribed nourishing drinks because you aren’t eating enough but are avoiding them because you’re worried about high blood sugar levels, speak to your doctor about blood sugar medications. You might be at risk of malnutrition and other nutrition risks.

When might you need more help?

- If you have tried the tips here and in the resources box and your high or low blood sugar levels is still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources

Also see diet and diabetes section in this pathway.

Diabetes Victoria has several fact sheets on diet and diabetes.

Baker IDI (heart and diabetes institute)

- Glycaemic index
- Convenience meals
- Dietary fats
- Dietary fibre
- Healthy snacks
Other nutrition issues

Poor/low immunity

- Poor immunity is when your body’s fighting system isn’t in full working order.
- Poor or low immunity can be caused by your cancer or cancer treatment.
- If your immunity is poor and you need to be more careful with food hygiene, your healthcare team will let you know.
- Try to include healthy food options as much as you can.

Gastroparesis

- This is a condition where the stomach doesn’t empty as well.
- It is also called ‘delayed gastric emptying’.
- You may feel full or feel sick (nausea).
- Gastroparesis can make you at risk of malnutrition and other nutrition risks.
- If you have gastroparesis it’s important to see your doctor and dietitian regularly.

Vitamin and mineral deficiency

- Vitamin and mineral deficiency is when your body doesn’t get enough or can’t store enough vitamins or minerals.
- It can be caused by some cancer treatments such as surgery when parts of the body that absorb a vitamin or mineral are removed.
- Poor diet can also be a cause.
- If you think you might have a vitamin or mineral deficiency see your doctor or dietitian.
- If you’re taking any nutrition, vitamin or herbal supplements, tell your doctor or nurse. This is important because they can affect how your medications and treatments work.

Anaemia

- Anaemia is when your red blood cell counts drop.
- Anaemia can be caused by cancer or cancer treatment.
- You may need to be given a blood transfusion to make your blood cell count levels higher.
• Your doctor will advise if you need to change your diet to get more iron. See a dietitian for more advice on this.

**Weight above a healthy weight**

• This is also called ‘overweight’ or ‘obesity’.
• It is best **not** to lose weight before or during cancer treatment.
• If you’ve finished treatment, it’s important to optimise your eating depending on your needs – this may include eating a healthy, balanced diet if all your treatment-related nutrition issues are well managed.

**Graft-versus-host disease**

• GVHD is a reaction from the body that sometimes occurs after an allogeneic or donor stem cell transplant (treatment for some blood/haematological cancers).
• It can cause problems with your gut.
• If this happens you may need a feeding tube inserted into your blood stream.
• As you get better you may need to have a nourishing diet and nourishing drinks.
• You will most likely need to see a dietitian, who can give you more help.
6. Nutrition and your cancer treatment

You can expect different nutrition issues and side effects depending on the treatment you receive and they will affect your eating and drinking in different ways. You may receive one or more different treatments; some at the same time or perhaps one type of treatment followed by another. The aim of cancer treatment is to make the cancer disappear.

Remember, everyone’s cancer experience is different. However, in general the cancer treatment you receive can tell health professionals a lot about your likely nutritional needs, risks and possible nutrition care (see figure below).

The CanEAT pathway: model of optimal nutrition cancer care plus cancer treatment

The following table describes the common cancer treatments available. You can read how a cancer treatment may affect your nutrition in this section and also what you can do about it.

Summary of common cancer treatments

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<td>- can be oral, intravenous or combined with other treatments</td>
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<tr>
<td><strong>Radiation therapy or radiotherapy</strong></td>
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Stem cell transplant

Other treatments:
- immunotherapy
- steroid therapy
- hormone therapy
- targeted therapy
- monoamine oxidase inhibitor (MAOI) medications
- medicinal cannabis

Palliative care (best supportive care)

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**Surgery**

What is it?

- Surgery is an operation to take out or fix a part of your body that has cancer.

Importance of nutrition for surgery:

- Being well nourished is very important before having surgery. Read more about [malnutrition](#) and [check if you’re malnourished](#).
- Good nutrition can reduce complications, optimise wound healing and improve functional recovery.
- Some hospitals have a program called the Enhanced Recovery After Surgery (ERAS) program. This program is targeted at particular surgeries where you will follow a set care pathway to optimise your health after surgery. This means:
  - You will drink special nutrition drinks before surgery.
  - After surgery, you will be eating/drinking quite quickly (compared with previous practices).
  - Your body will work as well as possible and without food and drink for only a short amount of time.
  - You should recover and get out of hospital faster.

What you can expect:

- If you’re having surgery to the head and neck or gastrointestinal area or are in hospital for more than 3 days and/or also having chemotherapy or radiation therapy, you can expect to have a moderate to complex level of nutrition needs and risks that you can partly self-manage but you may need help from a [dietitian](#).
- You may experience nutrition issues such as:
  - bowel problems
  - nausea
  - vomiting
  - pain.
- Some people need a [feeding tube](#) before or after surgery, particularly if the operation is in or close to the gastrointestinal system.
- Some people have a [stoma](#) after bowel surgery.
- You may need a special diet after surgery.
- Ask your healthcare team what nutrition issues to expect for your surgery.

What you can do:

- It’s important to keep your weight stable and prevent muscle loss.
• If you think you might be losing weight, you might be at risk of malnutrition and other nutrition risks.

• If you feel sick after surgery (nausea) and are allowed to eat or drink, try sipping on cold fluids slowly and eating cold, dry, bland foods. Ask for medications to help.

• If you need to have a special diet after surgery for a longer time (tube feeding, liquid-only or puree), see a dietitian to make sure you’re getting enough nutrition.

When might you need more help?

• If you’ve tried the tips here, in the resource box and under your nutrition issue and your side effects from your treatment are still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

Resources
Cancer Council
• Nutrition and cancer booklet
• Surgery
• Surgery (includes a video)
• Question checklist for surgery
• Call 13 11 20 to ask a nurse a question

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Radiation therapy

What is it?

- Radiation therapy is also called ‘radiotherapy’.
- Using a targeted machine, radiation destroys your cancer cells so they stop growing.

What you can expect:

- Some people will experience nutrition issues that can affect their eating. If you do experience nutrition issues they may be to do with:
  - fatigue
  - poor appetite
  - nausea
  - mouth, swallowing and chewing problems
  - taste changes
  - bowel issues (such as diarrhoea).
- You should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.
- If you’re having radiation therapy to the head and neck, lung, gastrointestinal or pelvic area, or you’re also having chemotherapy, you can expect to have moderate to complex level of nutrition needs and risks that you can partly self-manage and you may need help from a dietitian.

What you can do:

- It’s important to keep your weight stable and prevent muscle loss.
- Weigh yourself weekly, record it and let your healthcare team if you’re losing weight.
- If you think you might be losing weight, you might be at risk of malnutrition and other nutrition risks.
- If you have any side effects affecting your eating, read about tips and tricks for your nutrition issue.
- You may need a nourishing diet, soft moist foods or nutrition supplements.
- You may need a feeding tube.

Resources

Cancer Council
- Nutrition and cancer booklet
- Radiotherapy
- Video: radiation therapy
- Call 13 11 20 to ask a nurse a question

Queensland Health – Nutrition Education Materials Online (NEMO)
- Eating advice during radiotherapy
- eviQ
- A guide to radiotherapy
When might you need more help?

- If you’ve tried the tips here, in the resource box and under your nutrition issue and the side effects from your treatment are still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

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Chemotherapy

What is it?

- Chemotherapy is anti-cancer drugs/medications that kill your cancer cells or slow down how fast they are growing.

What you can expect:

- Some people on chemotherapy will experience nutrition issues that can affect their eating. If you do experience nutrition issues they may be to do with:
  - weight loss
  - poor appetite
  - nausea/vomiting
  - fatigue
  - mouth, swallowing and chewing problems
  - taste and smell changes
  - bowel issues and changes (constipation or diarrhoea).
- You should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.
- If you’re having chemotherapy for head and neck, lung, upper gastrointestinal cancer, or you’re also having radiation therapy, you can expect to have a moderate to complex level of nutrition needs and risks that you can partly self-manage and you may need help from a dietitian.
- Other issues you might experience:
  - neutropenia – little or no neutrophils (white blood cells)
  - infection – the risk is higher than normal with neutropenia, so you need to be careful with what you eat and how you prepare food (food safety).

What you can do:

- It’s important to keep your weight stable and prevent muscle loss.
- Weigh yourself weekly, record it and let your healthcare team if you’re losing weight.

Resources

Cancer Council
- Nutrition and cancer booklet
- Chemotherapy: website
- Call 13 11 20 to ask a nurse a question

eviQ
- Understanding chemotherapy
- Common questions about chemotherapy
- Managing side effects of chemotherapy
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- If you think you might be losing weight, you might be at risk of malnutrition and other nutrition risks.
- If you have any side effects affecting your eating, learn some tips and tricks for your nutrition issue.
- You may need a nourishing diet or nutrition supplements.

When might you need more help?

- If you’ve tried the tips here, in the resource box and under your nutrition issue and your side effects from your treatment are still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

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Stem cell transplant

What is it?

- A stem cell transplant can also be known as a ‘bone marrow transplant’.
- This treatment may be recommended for people with blood cancers such as leukaemia, myeloma or lymphoma.
- The type of transplant will be recommended by your healthcare team and either use your own stem cells (autologous transplantation) or stem cells from a donor (allogeneic transplantation).

What you can expect:

- If you have a stem cell transplant, you will most likely stay in hospital for at least two weeks and potentially up to 4 weeks. This depends on the type of stem cell transplant you have and your individual needs and response to treatment.
- You can expect to have complex nutrition needs and risks that you can partly self-manage but will also need help from a dietitian.
- You’re likely to experience symptoms that effect your eating and drinking.
- Common nutrition issues are:
  - poor appetite
  - weight loss
  - gastrointestinal issues such as nausea, vomiting, stomach pains, watery diarrhoea, taste and smell changes
  - mouth issues such as ulcers (mucositis), pain, low saliva.
- You can expect to see a dietitian before and during this treatment. The dietitian will discuss how to eat well.
- You should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.

What you can do:

- It’s important to keep your weight stable and prevent muscle loss.
- It’s very important not to lose weight before a transplant. You may have to gain weight if you’re underweight.
- Before a transplant, continue usual healthy eating.

Resources

Cancer Council
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question
- Stem cell transplant for Hodgkin’s lymphoma, myeloma, non-Hodgkin’s lymphoma, acute myeloid leukaemia (AML)

Leukaemia Foundation
- Stem cell transplants
- You will need to eat and drink more protein and energy during this treatment. Consider bringing in foods you like from home that are high in protein and energy. Your dietitian will let you know when you can go back to usual healthy eating after your treatment.
- You may need a temporary feeding tube.
- You may be suitable for, and have access to, prehabilitation – an exercise and nutrition program to build your strength before your stem cell transplant.
- When your white blood cells are low (neutropenic) you should be more careful with food safety.

When might you need more help?

- If you’ve tried the tips here, in the resource box and under your nutrition issue and your side effects from your treatment are still affecting your eating and drinking or you’re concerned, it’s important to get help from your healthcare team or dietitian.

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Other treatment types

**Immunotherapy**

- Immunotherapy treats cancer using a substance that can change the immune system’s response.
- Common nutrition issues you may get that affect your eating and drinking include fatigue, bowel issues (abdominal pain/diarrhoea), nausea/vomiting, weight loss or weight gain.
- You should expect to be screened for malnutrition before starting treatment and at regular intervals, and referred to a dietitian if you’re at risk. You can also screen yourself.
- It’s important to keep your weight stable and prevent muscle loss.
- Eat a usual healthy diet. If you aren’t eating well, try some tips under your nutrition issue. If these don’t help speak to your healthcare team or a dietitian.
- Resources: Cancer Council website – immunotherapy, NSW – immunotherapy, podcast on New treatments – Immunotherapy and targeted therapy.

**Hormone therapy**

- Also called ‘endocrine therapy’, hormone therapy is used when cancer is growing as a response to hormones and blocks the body’s natural hormones.
- Common nutrition issues you may get that affect your eating and drinking include fatigue, nausea, weight gain, increased appetite and loss of muscle mass.
- Hormone therapy can also weaken bones, making them break more easily, so you will need to eat more calcium-containing foods. The medical term for this is ‘osteoporosis’.
- Continue eating a usual healthy diet.
- Keep as active as you can to prevent muscle loss.
- If you aren’t eating well, try some tips under your nutrition issue. If these don’t help speak to your healthcare team or a dietitian.
- Resource: Cancer Council website – hormone therapy.

**Targeted therapy**

- This is a type of drug treatment that attacks molecular targets (specific features of cancer cells) to stop the cancer growing and spreading.
- Also called ‘biological therapy’ or ‘molecular targeted therapy’, it can include treatments such as rituximab, trastuzumab and pertuzumab.
- Some common nutrition issues include bowel issues (diarrhoea), nausea and tiredness.
- Continue a usual healthy diet and keep as active as you can.
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• If you aren’t eating well, try some tips under your nutrition issue. If these don’t help speak to your healthcare team or a dietitian.
• Resources: Cancer Council Victoria webpage – Targeted therapy, podcast on New treatments – Immunotherapy and targeted therapy.

Steroid therapy

• Steroid therapy is often given with chemotherapy to increase how well they work.
• Common side effects include increased appetite, weight gain, skin issues, high or unstable blood sugars and diabetes.
• Steroid therapy can also weaken bones, causing them to break more easily (called ‘osteoporosis’).
• You will need to eat more calcium-containing foods to minimise osteoporosis.
• Continue a usual healthy diet and keep as active as you can.
• If you’re having trouble controlling your blood sugar levels, read some tips.

Monoamine oxidase inhibitor (MAOI) medications

• These can include procarbazine, phenelzine (sold as ‘Nardil’) or tranylcypromine (sold as ‘Parnate’).
• Tyramine naturally occurs in certain foods. Most people are able to process tyramine, but if taking MAOI medications you will need a low-tyramine diet.
• Foods high in tyramine have been aged, fermented, matured or are overripe or are past their expiry date.
• Talk to your doctor, pharmacist or dietitian if you have questions or concerns.

Medicinal cannabis

• Cannabis is derived from a plant, also known as ‘marijuana’.
• Medicinal cannabis may help side effects from cancer treatment such as weight loss, muscle wasting, nausea and poor appetite.
• Talk to your doctor or see the link below for more information.
• Resource: Cancer Council webpage on medicinal cannabis.
Palliative care (best supportive care)

- You may meet the palliative care team for many reasons including for pain control or in a situation when remission is unlikely.
- You may still receive some types of treatment such as chemotherapy or radiotherapy (at a dose specific for you), which can help relieve symptoms to help you feel as comfortable as possible and may allow you to live longer. You may receive help from the palliative team with symptoms only. You may not be receiving any treatment.
- The role of palliative care is to allow you to live as comfortably as possible. This can include managing your issues such as pain or nausea and helping you live your fullest and do the things you enjoy doing.
- You can be supported by palliative care specialists such as doctors, nurses and allied health professionals. This team can also be supported by your GP or other people in the community.
- You can be at home or in a palliative care hospital or residential facility.
- Regarding nutrition:
  - Quality of life is the focus.
  - Eat what you can and what you enjoy.
- You may be able to eat normally or you may have nutrition issues affecting your eating and drinking.
- If you can, maintain your weight. This may help your strength and energy levels to do the things you enjoy.
- You may be interested in having smaller meals and snacks (grazing), a nourishing diet or nutrition supplements to make every mouthful count.
- Talk to your doctor, dietitian or healthcare or palliative care team about your questions and concerns.

Resources

Cancer Council
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question
- Webpage – palliative care

Queensland Health Nutrition Education Materials online (NEMO)
- Nutrition and palliative care

See ‘Living with advanced cancer and end-of-life care’ in this pathway for more resources.
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7. Nutrition and steps in your cancer path

Nutrition should be a talking point throughout your cancer path. However, your nutrition needs will change over time.

Remember, everyone’s cancer experience is different. However, in general, the timing or step of where you’re at in your cancer path can reveal a lot about your likely nutritional needs, risks and possible nutrition care. The following table provides a summary of what the focus or goals of nutrition should be in each step of your cancer path. The transition points between each step are quite important and often mark a change in your nutrition focus or who (and where) you may get nutrition advice from. These details are covered in this section, broken down by each step in the cancer path.

The focus of nutrition throughout steps in the cancer path

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<tr>
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<td>• Keep strong&lt;br&gt;• Prevent malnutrition&lt;br&gt;• Combat fatigue&lt;br&gt;• Reduce side effects and cope with treatment better&lt;br&gt;• Increase your quality of life&lt;br&gt;• Keep you out of hospital&lt;br&gt;• Reduce your risk of infections and other health issues</td>
</tr>
<tr>
<td>Immediately after treatment</td>
<td>• Keep strong&lt;br&gt;• Prevent malnutrition&lt;br&gt;• Combat fatigue&lt;br&gt;• Increase your quality of life&lt;br&gt;• Keep you out of hospital&lt;br&gt;• Reduce your risk of infections and other health issues&lt;br&gt;• Speed up your recovery</td>
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<tr>
<td>Long-term survivorship</td>
<td>• Obtain a healthy weight&lt;br&gt;• Maintain your strength&lt;br&gt;• Manage effects of cancer treatment&lt;br&gt;• Increase your quality of life</td>
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<tr>
<td>Living with advanced cancer and end-of-life care</td>
<td>• Enhance your quality of life&lt;br&gt;• Enjoy your food</td>
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</table>
Transition of care

Major transitions of care include:

1. Preparing for treatment → during treatment
2. During treatment
3. During treatment → immediately after treatment
4. Immediately after treatment → long-term survivorship.

What is it?

- Transitions of care are time points when your health care moves between locations. Locations include hospital, rehabilitation facilities and GP clinics. Transitions can also include moving between public or private hospitals.

What you can expect:

- During these times your nutrition care may be transferred (you may receive care from another dietitian or from another location outside of the hospital).
- Your healthcare team may change (you may not need to see the doctors at the hospital anymore so your GP now supports you with your health).
- Your nutrition goals may change.

What you can do:

- Ask to see the dietitian before you leave hospital.
- Ask where your nutrition care will be provided next (if you’re leaving hospital, ask for a referral to a dietitian and get the number for the community centre).
- Ask for a copy of your nutrition discharge summary or information of your nutrition recommendations (e.g. type of food and drinks you need, how you can purchase any nutrition drinks you have had in hospital).
- Find out how you can continue to look after yourself (what you can monitor).
- Find out who to call if you have any nutrition questions.
Preparing for treatment

You should prepare yourself physically and mentally for treatment. You will see better results if you’re fitter and stronger before starting cancer treatment.

Why is nutrition important?

Good nutrition helps you:
- keep strong
- maximise your physical and mental health before treatment
- increase your quality of life.

What you can expect:

- When you have cancer, and when you’re going through treatment, your body’s nutrition needs increase.
- Ask your doctor what nutrition issues you should expect during treatment.
- Expect to be screened for malnutrition before starting treatment and referred to a dietitian if you’re found to be at risk.

What you can do:

- It’s important to keep your weight stable and prevent muscle loss.
- If you think you’re losing weight, you may be at risk of malnutrition and other nutrition risks.
- Most people will need to eat and drink more protein and energy during this time.
- If you feel well, you may like to start preparing and freezing meals.
- Keep as active as possible to build your muscle strength.

Resources

Cancer Council
- Nutrition and cancer booklet
- What to expect
- Call 13 11 20 to ask a nurse a question

Programs

Call the Cancer Council or ask your health professional about local programs in your area.
- Prehabilitation
- Workshops: Living with Cancer Education Program (Victoria) – empowers people affected by cancer with useful skills and helpful information

NEMICS: A common path (advice videos for people who have been newly diagnosed with cancer)

American Cancer Society: Preparing for treatment with good nutrition
• Ask your GP, at your hospital and/or your community provider if they have a prehabilitation program that includes a dietitian or nutrition advice – ask to be referred to it. A prehabilitation program typically involves exercise, nutrition and psychological support to prepare you before you start treatment, both physically and mentally. You would be more likely to access such a program if preparing for complex treatments such as a major surgery or a stem cell transplant.

‘I think that … from when you have your surgery to when you start the next step, that gap there is the perfect window to do all that, you know, gather all that information, recipes, or even like you say prepared food.’

– Person with breast and ovarian cancer

Links within the pathway

1. Why is nutrition important?
2. Who can help with your nutrition care?
3. How can carers help with nutrition care?
4. Nutrition and your cancer diagnosis
5. Nutrition and issues in your cancer path
6. Nutrition and your cancer treatment
7. Nutrition and steps in your cancer path
8. Nutrition information for everyone
9. Nutrition if you don’t speak English
10. Common questions about nutrition and cancer
11. Learn more about a dietitian
During treatment

Once your treatment starts, your ability to eat and drink is likely to change. Your nutrition focus should be on eating and drinking a nourishing diet to give your body the right fuel during a challenging time. Different treatment side effects will crop up depending on your treatment, diagnosis and other health issues. This is not a time for losing weight; it’s time to focus on keeping strong.

Why is nutrition important?

Nutrition helps you:

- keep strong
- prevent malnutrition
- combat fatigue
- reduce side effects and cope with treatment better
- increase your quality of life
- stay out of hospital
- reduce your risk of infections and other health issues.

What you can expect:

- You should expect to be screened for malnutrition regularly during treatment and referred to a dietitian if you’re at risk.
- During cancer treatment you may experience one or more nutrition issues that can affect your eating and drinking.

What you can do:

- It’s important to keep your weight stable and prevent muscle loss.
- If you think you’re losing weight, you may be at risk of malnutrition and other nutrition risks.
- Most people will need to eat and drink more protein and energy during this time.
- Healthy eating can help you cope with treatment and its side effects.
- Ask for help with meals, including preparation.
- Keep as active as possible.
- If you’re taking any nutrition, vitamin or herbal supplements, tell your doctor or nurse. This is important because these can affect how your medications and treatments work.
Resources

Cancer Council
- Nutrition and cancer booklet
- Nutrition and exercise webinars
- What to expect
- Treatment
- Call 13 11 20 to ask a nurse a question

Programs

Call the Cancer Council and/or ask your health professional about local programs in your area. This is a Victorian example:

- Workshops: Living with Cancer Education Program (Victoria) – empowers people affected by cancer with useful skills and helpful information
- NEMICS: A common path (advice videos for people who have been newly diagnosed with cancer)
- American Cancer Society: Benefits of good nutrition during cancer treatment
- CancerAid App: record and track your symptoms, side effects and complications

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Immediately after treatment

In the weeks following treatment, your recovery time will vary. For those who have experienced some or many nutrition issues during treatment these are likely to continue for some weeks following treatment. In this case, your nutrition focus should remain the same as for the ‘during treatment’ step. For others, treatment side effects and nutrition issues will be settling down and the focus will be on returning to usual healthy eating.

Why is nutrition important?

Nutrition helps you:
- keep strong
- prevent malnutrition
- combat fatigue
- increase your quality of life
- stay out of hospital
- reduce your risk of infections and other health issues
- speed up your recovery.

What you can expect:

- It may take some time for your nutrition issues from treatment that affected your eating and drinking to go away.

What you can do:

- It’s important to keep your weight stable and prevent muscle loss.
- If you think you’re losing weight, you may be at risk of malnutrition and other nutrition risks.
- Most people will need to eat and drink more protein and energy during this time.
- If your nutrition issues are settling down, return to usual healthy eating.
- Ask for help with meals, including preparation.
- Keep as active as possible to maintain or rebuild your muscles.
- If you saw a dietitian during treatment, you may need to continue seeing one.
- You may be interested in a cancer rehabilitation program.
Resources

Cancer Council
- Nutrition and cancer booklet
- Nutrition and exercise webinars
- Call 13 11 20 to ask a nurse a question

Programs

Call the Cancer Council and/or ask your health professional about local programs in your area. Here are some Victorian examples:

- Oncology Rehabilitation: ICAN – West Gippsland Healthcare Group, Eastern Health, St Vincent’s
- Workshops: Cancer Wellness Program (Victoria) – empowers people affected by cancer with useful skills and helpful information

Links within the pathway

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Long-term survivorship

Survivorship in this section refers to those who have completed active cancer treatment or remain on maintenance therapies. The focus of nutrition changes at this time. For most people, treatment side effects and nutrition issues should settle. However, for some people certain side effects can be long term, experienced weeks and months after treatment. Some are permanent.

You’re likely to have fewer appointments or may not be in the hospital where you received treatment anymore and may have more contact with your GP or community-based health professionals. Nutrition remains really important during this time and, for most people, it’s recommended to switch from a focus on a nourishing diet (high protein and energy) back to usual healthy eating principles. It’s important to get the necessary support through your GP or community-based health professionals.

You’re likely to still have as many questions as you had when you were first diagnosed. Your GP can help you manage any issues and ensure you’re seeking the right services and professionals to help you to continue to live your life to the fullest.

Why is nutrition important?

Nutrition helps you:
- obtain a healthy weight for you
- maintain your strength
- increase your quality of life
- reduce the risk of more cancers.

What you can expect:

- Side effects from treatment often go away after treatment ends, but for some people they can continue for weeks or even months, or for some remain permanent.
- You may or may not see a dietitian. If you saw a dietitian during treatment and have ongoing nutrition issues it’s likely you may need to continue seeing one.
- Speak to your GP for advice and referrals to community-based health professionals if you need to.

What you can do:

- Try to maintain a healthy weight for you.
- If your nutrition issues have settled or are settling down, return to usual healthy eating.
- If you still have nutrition issues and you’re finding it hard to self-manage them, you may need help from a dietitian. Find a dietitian.
• **Keep as active** as possible to maintain or rebuild your muscles.
• You may be interested in programs for after cancer treatment.
• Speak with your GP and request a management plan for referral to community professionals. A referral may make you eligible for Medicare rebates.

**Key healthy lifestyle tips:**

• Having cancer may encourage you to make changes to your lifestyle, and research suggests that a healthy lifestyle can reduce your risk of more cancers.
• Important healthy lifestyle modifications include maintaining a healthy body weight, being physically active, quitting smoking, using sun protection and reducing your alcohol intake.
• Speak with your GP or health professional for more information and strategies to help you achieve these goals.

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11. Learn more about a dietitian
Resources

Cancer Council
- Nutrition and cancer booklet
- Nutrition and exercise webinars
- Life after treatment: Question checklist – includes questions you may want to ask your doctor about living well after cancer treatment
- Staying healthy after cancer – webpage
- Living well after cancer
- Nutrition and physical activity – position statements
- Call 13 11 20 to ask a nurse a question

Programs
Call the Cancer Council and/or ask your health professional about local programs in your area. Here are some examples:
- Cancer/Oncology Rehabilitation: ICAN – West Gippsland Healthcare Group, Eastern Health, St Vincent’s
- Cancer Wellness Program (Victoria)
- ENRICHing Survivorship (NSW)

Queensland Health – Nutrition Education Materials Online (NEMO)
- Diet and nutrition after cancer treatment

Australian Cancer Survivorship Centre (ACSC)
- How your general practice can support you to live well

Further survivorship information:
- WeCan – an Australian supportive care website for people affected by cancer
- My Care Plan
- Advance Care Planning Australia
- eviQ: Cancer survivorship introductory course

International
- Springboard beyond cancer (American survivorship website)
- UK: What to do after cancer treatment ends
Living with advanced cancer and end-of-life care

Nutrition remains an important factor during this time; however, there is less focus on you trying to get enough nutrition in. The focus switches to enjoying food and aiming to enhance your quality of life. Individual needs and wants regarding food are essential during this time.

Why is nutrition important?

Nutrition helps you:
- enhance your quality of life
- enjoy food.

What to expect:
- Problems with eating and drinking may get worse. Speak to your healthcare team about medications to help if you still have nutrition issues.
- People with advanced cancer often experience a poor appetite, which can cause malnutrition and other nutrition risks.
- You may or may not see a dietitian, depending on your individual needs and wants.

What to do:
- Focus on your quality of life.
- Eat what you can and what you enjoy.

Resources

Cancer Council
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question
- Nutrition and advanced cancer webpage

Queensland Health – Nutrition Education Materials Online (NEMO)
- Nutrition in palliative care

Useful websites about palliative care in general:
- Care Search
- Palliative Care Victoria
- Advance Care Planning Australia
- Palliative Care Australia – national peak body for palliative care
• Eating and drinking well can improve quality of life by:
  o keeping your strength up
  o giving you strength to look after yourself
  o helping you do the things you enjoy doing.
8. Nutrition information for everyone

In this section you’ll find nutrition information that might apply to you across different cancer diagnoses, treatments and steps in the cancer path that is not covered in other sections.

Summary of nutrition information for everyone

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<td><strong>Disability and aged care</strong></td>
<td>How to get more support</td>
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</table>
General nutrition and cancer resources

There are a huge amount of resources available for you. Here are some we recommend:

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac

- The CanEAT pathway for people with cancer and their carers, November 2019 (this document)
- Preventing weight loss for people with cancer fact sheet – available in 11 languages
- Malnutrition screening tool: online and interactive – available in 11 languages

Cancer Council

- Nutrition and cancer booklet, June 2019
- What to expect guides
- Nutrition

Other

- Queensland Health Nutrition Education Materials Online (NEMO): Cancer care – variety of resources for people with cancer and their carers
- eviQ: Patient and carer fact sheets

International

- American Cancer Society: Nutrition for people with cancer
- National Cancer Institute (US): Nutrition in cancer care
- McMillan Cancer Support (UK)

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9. Nutrition if you don’t speak English
10. Common questions about nutrition and cancer
11. Learn more about a dietitian
What diet do I follow?

There are many different diets you could follow. Some that are commonly recommended by health professionals include:

- nourishing diet
- healthy eating
- low-tyramine diet
- different texture
- tube feeding / feeding tube
- diet and diabetes (refer to next section).

If you have questions about other types of diets, you may find information in the Common questions about nutrition and cancer section.
**Nourishing diet**

**What is it?**

- A nourishing diet can also be called a ‘high energy high protein (HEHP) diet’, ‘high protein high energy (HPHE) diet’, or referred to as improving your nutrition.
- It is about trying to make every mouthful count.

**Often recommended if you’re:**

- underweight
- malnourished, or at risk of malnutrition
- losing weight without trying
- not eating or drinking enough – this could be from nutrition issues such as poor appetite, nausea or shortness of breath
- in need of more protein and energy from cancer treatment or from your cancer itself.

**What to do:**

- Eat small meals and snacks frequently (every 2–3 hours).
- High-energy foods help to fuel the body. Add high-energy foods to your meals and snacks, such as:
  - full cream dairy products including butter and cream
  - fats and oils including vegetable oil, margarine, mayonnaise, avocado and peanut butter.
- Protein foods help your body to build and repair muscle during treatment and recovery.
  - Eat the protein part of your meal first and try to snack on protein foods between meals.

**Resources**

- Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
  - Preventing weight loss for people with cancer fact sheet – available in 11 languages
- Cancer Council
  - Nutrition and cancer booklet
  - Malnutrition webpage
  - Call 13 11 20 to ask a nurse a question
- Queensland Health – Nutrition Education Materials Online (NEMO)
  - High protein, high energy diet
  - Quick tips for a high protein high energy diet
  - Pictorial guide to high protein high energy foods
  - Nourishing convenience foods
- Queensland Health – Princess Alexandra Hospital
  - Video: High protein high energy ways to gain weight – Part 1 and Part 2
• See the pictures to the right for high protein foods.
• You may be interested in quick and easy meals or oral nutrition support (nourishing drinks or supplements).
• Keep as active as you can.
• If you have been recommended a nourishing diet, talk to your dietitian or healthcare team about when you should stop it and return to usual healthy eating or if you need it long term.

When might you need more help?
• If you have tried the tips here and in the resources box, and you’re losing weight without trying, have other nutrition issues that affect your eating and drinking, or you think you might have malnutrition, or are concerned, it’s important to get help from your healthcare team or dietitian.

### High protein foods include:

<table>
<thead>
<tr>
<th>Meat</th>
<th>Poultry</th>
<th>Fish and seafood</th>
<th>Eggs</th>
<th>Dairy</th>
<th>Nuts and seeds</th>
<th>Beans</th>
<th>Tofu</th>
</tr>
</thead>
<tbody>
<tr>
<td>(beef, lamb, pork, goat, kangaroo, veal)</td>
<td>(chicken, turkey, duck)</td>
<td>(fish, prawns, crab)</td>
<td></td>
<td>(full cream milk, cheese, yoghurt, custard, ice cream, milkshakes, smoothies, and soy based products)</td>
<td>(whole nuts/seeds, peanut butter)</td>
<td>(lentils, kidney beans, baked beans, chick peas)</td>
<td></td>
</tr>
</tbody>
</table>
Healthy eating

Eating well is good for health and wellbeing. It can:

- help give you energy and strength and help your mood
- help you keep or get to a healthy weight
- prevent some cancers and other medical conditions such as type 2 diabetes and heart disease.

What you can do:

- The Australian dietary guidelines recommend including foods from the different food groups:
  - Eat lots and a variety of vegetables. Aim for half your plate to be vegetables – make it a rainbow.
  - Eat the fruit you enjoy.
  - Have legumes (beans) in your meals (e.g. lentils, baked beans).
  - Include wholegrain breads and cereals, rice, pasta, noodles, quinoa and other grains.
  - Include eggs, fish, tofu, lean meats and poultry (try to keep servings to the size of your palm).
  - Snack on nuts and seeds.
  - Include milk, cheese, yoghurt or their alternatives.
- Drink plenty of water.
  - Depending on what your body needs get advice from a health professional on how much water this should be.
- Limit foods high in saturated fat (e.g. cakes, biscuits, pastries, chips).
- Limit food and drinks with added salt or added sugars (e.g. soft drink).
- Limit alcohol.
- Keep as active as you can. Try to exercise most days of the week.
- Learn more and find some links to recipes in the resources box.

When might you need more help?

- If you have tried the tips here and in the resources box and you would like more help with healthy eating it’s important to get help from your healthcare team or diettian.
Resources
Australian dietary guidelines
Australian guide to healthy eating (picture)
Heart Foundation: Healthy eating

Cancer Council
• Nutrition and cancer booklet
• Call 13 11 20 to ask a nurse a question
• Following a healthy lifestyle tips and tricks
• Eat for health
• Nutrition and exercise webinars
• Staying healthy after cancer – webpage
• Nutrition and physical activity – position statements
• Living well after cancer

Recipes on healthy eating
• Eat for health: Healthy recipes
• Nutrition Australia: Recipes
• Australian Healthy Food Guide magazine
• Heart Foundation
• Queensland Government: Recipes
Different texture

- This is also called a ‘texture-modified diet’.
- This diet can include:
  - Easy to chew (level 7)
  - Soft and bite-sized (level 6)
  - Minced and moist (level 5)
  - Pureed (level 4).
- Some cancer diagnoses and cancer treatments can make it harder to chew or swallow or can cause a sore mouth.
- Your speech pathologist, dietitian or doctor will recommend a diet that’s best for you.
- Talk to your speech pathologist if you have been recommended thickened fluids.
- Texture-modified diets can place you at risk of malnutrition and other nutrition risks. See a dietitian to make sure you’re getting enough nutrition and fluid. Check to see if you’re at risk of malnutrition.
- The food textures below are based on the International Dysphagia Diet Standardisation Initiative (IDDSI).

Easy to chew (level 7)

- Foods that can be broken apart easily with the side of a fork or spoon
- Avoid hard, tough, chewy, fibrous or stringy textures, pips/seeds, bones or gristle
- Includes foods such as tender meat, soft cooked fish, steamed vegetables and rice

Soft and bite-sized (level 6)

- Soft, tender and moist but with no thin liquid dripping from the food
- Bite-sized pieces no bigger than 1.5 cm × 1.5 cm in size
- Foods that can be mashed/broken down with the pressure of a fork
- A knife is not required

Minced and moist (level 5)

- Soft and moist with no liquid dripping from the food
- Biting is not required; minimal chewing required
- Foods that can be easily mashed with just a little pressure from a fork
- Lumps are 4 mm in size, which is about the gap between the prongs of a standard dinner fork

Pureed (level 4)

- Foods are usually eaten with a spoon and do not need chewing
- Foods have a smooth texture with no lumps
- A blender or food processor is required
8. Nutrition information for everyone

Resources

Cancer Council
- Nutrition and cancer booklet (page 26)
- Call 13 11 20 to ask a nurse a question

International Dysphagia Diet Standardisation Initiative (IDDSI)
- Level 4 Pureed
- Level 4 Pureed – Foods to avoid
- Level 5 Minced and Moist
- Level 5 Minced and Moist – Food examples
- Level 5 Minced and Moist – Food to avoid
- Level 6 Soft and Bite Sized
- Level 6 Soft and Bite Sized – Food examples
- Level 6 Soft and Bite Sized – Food to avoid
- Level 7 Easy to Chew – page 1 of 2
- Level 7 Easy to Chew – page 2 of 2
- Level 7 Easy to Chew – Food examples
- Level 7 Easy to Chew – Food to avoid

Beyond Five
Beyond the Blender – Dysphagia made easy. Cookbook – Soft, minced and moist and puree diet*

Queensland Health – Nutrition Education Materials Online (NEMO)
- High protein high energy diet for minced-moist and puree textures*
- Snack ideas on a texture modified diet*

* Discuss the recipes in these resources with your speech pathologist to make sure they are safe for you.
Tube feeding

- A feeding tube can help provide food and/or fluids before, during and after cancer treatment to prevent dehydration, malnutrition and other nutrition risks.
- A feeding tube can be temporary or permanent.
- There are two kinds of feeding tubes: enteral and parenteral.
  - Enteral feeding tubes go into your stomach or small bowel.
    - Types of tubes include nasogastric or nasojejunal tubes, gastrostomy, percutaneous endoscopic gastrostomy, radiologically inserted gastrostomy or jejunostomy.
  - Parenteral feeding is feeding into your bloodstream, or intravenous feeding. It’s used when your gastrointestinal system or gut can’t digest (break down) and absorb nutrition and food like it normally does. You may hear it called ‘TPN’ or ‘total parenteral nutrition’.
    - You will be in a hospital to get this type of feeding (at least at the beginning) and you will most likely see a dietitian.
- Expect to see a dietitian if you need an enteral feeding tube. The dietitian will explain:
  - how to care for your tube
  - what to put down the tube (fluid and nutrition formula and the volume)
  - when (time of day) to put fluid or formula down
  - what to do if something goes wrong.
- You will work closely with the dietitian, who will prescribe the formula and fluid that you need to get all your nutrition and hydration needs.

Resources
Nutrition and Speech Pathology Peter Mac, WCMICS
- Vodcasts (videos): How to administer feed via NGT PEG

Cancer Council
- Nutrition and cancer booklet (page 26)
- Call 13 11 20 to ask a nurse a question
- Tube feeding for head and neck cancer (page 57)

Chris O’Brien Lifehouse:
- Video: ‘Your gastrostomy tube’

Queensland Health – Nutrition Education Materials Online (NEMO):
- A guide to gastrostomy tubes
- Caring for your gastrostomy tube
- Parenteral nutrition
**Low-tyramine diet**

- You may need to follow a low-tyramine diet if taking monoamine oxidase inhibitor (MAOI) medications.
- Foods high in tyramine have been aged, fermented, matured or are overripe or are past their expiry date.
- Talk to your doctor, pharmacist or dietitian if you have questions or concerns.

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9. Nutrition if you don’t speak English
10. Common questions about nutrition and cancer
11. Learn more about a dietitian
Oral nutrition support (nourishing drinks or supplements)

- Oral nutrition support may be recommended to you if you’re unable to get enough protein and energy from food (or a nourishing diet), or if you’re underweight, malnourished or are losing weight without trying.
- Nourishing drinks can help you get more energy and protein.
- They are generally recommended in addition to eating, not to replace eating. Try to have them between meals.
- You can also sip smaller amounts over the day if this is easier for you.
- You can buy them premade or make your own (recipes in resource box).
- You can buy some varieties from the supermarket or pharmacy. Your dietitian can let you know about more brands and varieties and sometimes give you a prescription to get them for a lower price.
- There are heaps of flavours and ones with no flavour. Some come as a powder that you can sprinkle on food or mix with milk or juice. There are also ready-to-go options (drinks, puddings, custards, jelly forms).
- They can meet a variety of nutrition needs: immunonutrition, before surgery, diabetes, gluten-free, no fibre, low glycaemic index.

Purchase oral nutrition support from:

- your local hospital
- a pharmacy
- a supermarket
- the Independence Australia website
- the NestleHealthScience: NCare website
- Sustagen webpage (contains recipes)
- the Nutricia Cancer Care website
- Abbott Oral Nutritional Supplements
- Ensure website.

Resources
Cancer Council
- Nutrition and cancer booklet (recipes on page 48)
- Nourishing drinks
- Call 13 11 20 to ask a nurse a question

Queensland Health – Nutrition Education Materials Online (NEMO):
- Making the most of nutrition supplements
- High protein and energy drinks – fact sheet

- Ask your healthcare team about which oral nutrition support product is best for you.
Nutrition and your other medical conditions

- Diabetes
- Cardiovascular disease (heart disease)
- High cholesterol
- Osteoporosis

**Diabetes**

- Before, during and immediately after cancer treatment:
  - It’s important to maintain your weight and keep your muscles strong.
  - It can be more difficult to control your blood sugar levels.
  - Often the nutrition priority is that you’re first getting enough protein and energy and maintaining your weight. The second priority is controlling your blood sugar.
  - During treatment, you might be able to relax any dietary restrictions, but speak to a health professional first.

- Long-term survivorship:
  - Return to usual healthy eating and follow a diet for diabetes. Aim to keep your blood sugar levels in a normal range for you.

**What you can do:**

- Eat healthy foods.
- Include regular low glycaemic index (GI) carbohydrates regularly.
- Avoid sugary drinks.
- Have a hypoglycaemia action plan: [Baker IDI: Treating hypoglycaemia](#).
- If you have been prescribed nourishing drinks because you aren’t eating enough but are avoiding them because you’re worried about high blood sugar levels, speak to your doctor about blood sugar medications. You may be at risk of malnutrition and other nutrition risks.

**Resources**

- [Diabetes Victoria](#) has several fact sheets on diet and diabetes
- [Baker IDI (heart and diabetes institute)](#)
  - Glycaemic index (GI)
  - Convenience meals
  - Dietary fats
  - Dietary fibre
  - Healthy snacks

Queensland Health – Nutrition Education Materials Online (NEMO)
  - High protein/high energy eating and diabetes

[Macmillan (UK): Diabetes and cancer treatment](#)
help on diet and diabetes it’s important to get help from your healthcare team or a dietitian.

**Cardiovascular disease (heart disease)**

- During treatment, you might be able to relax previous dietary restrictions, but speak to your healthcare team first.
- Follow a healthy diet if you have cardiovascular disease.
- You can read about a healthy diet at the Heart Foundation website or in the healthy eating section of this pathway.
- Keep as active as you can. Try to exercise most days of the week.

**High cholesterol**

- Before, during and immediately after cancer treatment:
  - It’s important to maintain your weight and keep your muscles strong.
  - Often the nutrition priority is that you’re first getting enough protein and energy and maintaining your weight before changing your diet for high cholesterol.
  - During treatment, you might be able to relax previous dietary restrictions, but speak to your healthcare team first.
- Long-term survivorship:
  - Return to usual healthy eating.
- You can read about a healthy diet at the Heart Foundation website, Better Health Channel or in the healthy eating section of this pathway.
- Keep as active as you can. Try to exercise most days of the week.

**Osteoporosis**

- Hormone therapy or steroid therapy can weaken bones, meaning they can break more easily. The medical term for this is ‘osteoporosis’.
- You may need to take medication to stop your bones becoming weak.
- Keep as active as you can. Try to exercise most days of the week.
- Include more high-calcium foods in your diet – yoghurt, milk and cheese.
- Resource: Osteoporosis Australia: Calcium and diet.
Help with meals

This section includes information about:

- meal delivery services
- food security (when you can’t afford food)
- recipes (including phone apps to help coordinate meals)
- quick and easy meals
- social aspects.

**Meal delivery services**

- These services provide ready-to-eat meals.
- Meal delivery services can be useful if you don’t have the energy to cook but want to still have healthy meals, particularly during cancer treatment.
- Phone your local hospital or ask a health professional about other local meal delivery services. You can also speak to a social worker or local council to find out more about delivered meals.

Examples of meal delivery services

- **Meals on Wheels**: Australian wide, contact your local council for more information
- **Tender Loving Cuisine**: Caters for minced moist and soft diet, gluten-free, diabetes (Sydney, Melbourne and Gold Coast)
- **Meals in a Moment** (Victoria only)
- **Katrina’s Kitchen** (Melbourne metropolitan area)
- **Choice Fresh Meals** (Victoria and Tasmania)
- **Lite n’ Easy**
- **Youfoodz** (Australia-wide)
- Find more options in this Queensland Nutrition Education Materials Online resource: [Home meal and grocery delivery options](#)

**Food security**

- Food security means a person finds it hard to afford and/or access nutritious food.
- It’s important to eat well and maintain your weight when you have cancer. If you’re finding it hard to afford food, this can place you at risk of [malnutrition and other nutrition risks](#).
- If you’re unable to afford food, there may be support in your area such as food banks.
- You can speak to your health service about seeing a social worker.
The CanEAT pathway for people with cancer and their carers

- Call your local council to find out about help near you.
- Call Cancer Council on 13 11 20 for more support and to access financial assistance.

**Recipes**

This section will help you with links to recipe ideas, but you may also like to give it to friends and family who have offered to help you.

Cancer Council

- [Recipe and snacks](#) – simple meals, soup recipes, marinades
- [Cancer Council NSW: Recipes and snacks](#)
- [Recipes for healthy family meals](#)

Recipes on healthy eating

- [Eat for health: Healthy recipes](#)
- [Nutrition Australia: Recipes](#)
- [Australian Healthy Food Guide magazine](#)
- [Heart Foundation](#)
- [Queensland Government: Recipes](#)
- [NSW Government: Healthy eating recipes](#)

Beyond Five

- [Beyond the Blender – Dysphagia made easy. Cookbook – Soft, minced and moist and puree diet](#)

Cooking classes

- Call your local community health centre – they may be able to let you know about cooking classes close to you.

Other

- [OnCore Nutrition: Recipes](#)

**Phone apps to help coordinate meals**

- If your friends and family want to help with your meals, you might find these apps useful to coordinate the help:
  - Lovist – an online tool friends and family can use to volunteer for tasks such as shopping and cooking
  - CanDo phone app
  - Take them a meal.

‘What I probably would’ve found helpful if there were some basic recipes for me.’  
— Carer to a person with brain cancer
• See some recipe ideas below for your friends and family.

*Quick and easy meals*

Quick and easy meals are important if you feel unwell or are too tired to cook or shop. It’s important to not miss meals, especially during treatment. You may also be interested in ready-to-eat meals under the delivered meals section. Ask your dietitian for more ideas.

**Resources**

• [Cancer Council NSW: Recipes and snacks](#)
• Queensland Health – Nutrition Education Materials Online: [Nourishing convenience foods](#)
• [Tasmanian Government: Quick easy meals](#)

**Social aspects**

• Nutrition issues such as poor appetite, nausea, bowel issues and more can make eating with friends, family and going out more difficult.
• If you’re experiencing nutrition issues you might feel left out from family occasions and a carer may be unsure how to help.
• If you want to socialise, it may help to plan ahead.
• If you need to have changes to your meals, speak to the restaurant or friend/family member in advance to see what might be available. You could also bring something (food or drinks) with you that you know you can tolerate.
• There may be other ways that don’t involve food to socialise, such as going to the park or beach, playing music or going to see a movie.
• If you get more tired in the evening, suggest socialising earlier in the day.
• If you know you may feel better at certain times in your cancer treatment (between chemotherapy cycles) plan to catch up then.
• [Beyond Five: A guide to eating socially](#) – tips for socialising with friends and family for people living with head and neck cancer and their caregivers.
Complementary and alternative medicine (CAM)

- Complementary medicine or therapy is used in addition to conventional treatment or medicine and can be used to help tolerate side effects. Many complementary medicines are being researched for their use in people with cancer.
- Alternative medicines are often not backed up by research. Some alternative medicines have been tested and shown to not work and may be harmful.
- It’s important to discuss complementary or alternative medicines with your healthcare team because some are unsafe and cause harmful side effects.

Resources

- Cancer Council Victoria: [Complementary therapies](#)
- Better Health Channel: [Complementary therapies](#)
- Memorial Sloan Kettering Cancer Centre: [Integrative Medicine: About herbs, botanicals and other products](#)
  - Database with expert advice and information on supplements, integrative medicine treatments and more. Also in an app version – About Herbs.

Medications

It’s important to ask questions about what your medications are, what they help with, and what the potential side effects can be. You should discuss any concerns about your medications with your doctor or pharmacist.

Food safety

- Food safety and good food hygiene is important for everyone.
- Most people having cancer treatment will not need to change their diet.
- Cancer or some treatments can lower your immunity and increase your risk of infection.
- Your health professional will advise you if you need to be more careful with food.
Keeping active

- Keeping active can mean exercising or taking part in any physical activity.
- Moving your body and making your heart rate and breathing faster is beneficial for:
  - maintaining or improving your muscle strength
  - strengthening your bones
  - helping to improve your energy levels
  - helping with your appetite or other nutrition issues such as nausea, fatigue and weight changes.
- Aim to keep active for at least 30 minutes on most if not all days of the week.
- Aim for moderate–intense exercise and strength training (resistance) twice a week (get a bit puffed and do some weights).
- Try not to sit for too long.
- Physiotherapists and exercise physiologists specialise in exercise and can give you personalised advice.
- Read more on the Cancer Council webpage: Exercise.
- Prehabilitation and rehabilitation programs may be available to you. Read more in section 7: Nutrition and steps in your cancer path.

Aboriginal and Torres Strait Islander people

- The following resources are provided to assist and support Aboriginal people affected by cancer.

Resources: food safety

Cancer Council
- Nutrition and cancer booklet
- Call 13 11 20 to ask a nurse a question
- Lowered immunity

Queensland Health – Nutrition Education Materials Online (NEMO)
- Food safety and Safe eating for poor immune function

Myeloma Foundation of Australia
- Nutrition and myeloma
- Food safety home page and Food safety guide (1 page infographic to put on your fridge)
If you have any concerns talk to your doctor or nurse first. You can also talk to your hospital’s social worker or Aboriginal liaison person.

Read more from Cancer Australia – resources.

Cancer Council:
- Aboriginal and Torres Strait Islander cancer information
- Checking for cancer: What to expect while you’re getting checked out
- What to expect before, during and after your cancer treatment.

Disability and aged care

Some types of cancer cause disability in which diet and nutrition play an important role.

You can find how to get more support by speaking to a social worker.

My Aged Care: where you can go to find information about getting more help around the house or if you’re looking into aged care homes.

National Disability and Insurance Scheme (NDIS): provides people who have a permanent and significant disability with funding for supports and services.
- You might be eligible for subsidies for nutrition care and or products via this scheme/program.

Links within the pathway

1. Why is nutrition important?
2. Who can help with your nutrition care?
3. How can carers help with nutrition care?
4. Nutrition and your cancer diagnosis
5. Nutrition and issues in your cancer path
6. Nutrition and your cancer treatment
7. Nutrition and steps in your cancer path
8. Nutrition information for everyone
9. Nutrition if you don’t speak English
10. Common questions about nutrition and cancer
11. Learn more about a dietitian
9. Nutrition if you don’t speak English

Below is translated nutrition-related information in different languages. If you have specific cultural beliefs/practices about health and health care, it’s important to let your healthcare team know.

Resources

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
- The [Malnutrition screening tool](https://www.vcmc.org.au) helps us learn more about your weight and the food you eat
- [Preventing weight loss for people with cancer fact sheet](https://www.versity.org.au) – available in 11 languages

Cancer Council
- Talk with a cancer nurse with the help of an interpreter: [Support in your own language](https://www.cancercouncil.com.au)

eviQ
- [Information for people with cancer](https://www.eviq.org.au)

International

MacMillan Cancer Support (UK)
- Eating problems, cancer and healthy eating, side effects of cancer treatment

Ελληνικά (Greek)

ΕΛΛΗΝΙΚΑ | GREEK

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
- Preventing weight loss for people with cancer
- Malnutrition screening tool

eviQ
- Information for people with cancer
• Ναυτία και έμετος κατά τη διάρκεια της καρκινικής θεραπείας (Nausea and vomiting during cancer treatment – Greek)
• Διάρροια κατά τη διάρκεια της καρκινικής θεραπείας (Diarrhoea during cancer treatment – Greek)
• Κατανοώντας τη χημειοθεραπεία Πληροφορίες για ασθενείς (Understanding chemotherapy – Greek)
• Στοματικά προβλήματα κατά τη διάρκεια της καρκινικής θεραπείας (Mouth problems during cancer treatment – Greek)
• Συνηθισμένες ερωτήσεις σχετικά με τη χημειοθεραπεία (Common questions about chemotherapy – Greek)

Italiano (Italian)

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
• Preventing weight loss for people with cancer
• Malnutrition screening tool
eviQ
• Information for people with cancer

简体中文 Chinese (Mandarin)

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
• Preventing weight loss for people with cancer
• Malnutrition screening tool
eviQ
• Information for people with cancer

• 什么是化疗 病人须知 (Understanding chemotherapy – simplified Chinese)
• 化疗常见问题 (Common questions about chemotherapy – simplified Chinese)
• 癌症治疗期间的口腔问题 (Mouth problems during cancer treatment – simplified Chinese)
• 癌症治疗期间的恶心和呕吐 (Nausea and vomiting during cancer treatment – simplified Chinese)
• 癌症治疗期间的腹泻 (Diarrhoea during cancer treatment – simplified Chinese)

繁體中文 Chinese (Cantonese)

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
• Preventing weight loss for people with cancer
• Malnutrition screening tool

eviQ
• Information for people with cancer

• 什麼是化療 病人須知 (Understanding chemotherapy – traditional Chinese)
• 化療常見問題 (Common questions about chemotherapy – traditional Chinese)
• 癌症治療期間的口腔問題 (Mouth problems during cancer treatment – traditional Chinese)
• 癌症治療期間的噁心和嘔吐 (Nausea and vomiting during cancer treatment – traditional Chinese)
• 癌症治療期間的腹瀉 (Diarrhoea during cancer treatment – traditional Chinese)

Breast Cancer Network Australia (BCNA)
• 健康飲食 和乳癌： Healthy eating and breast cancer booklet – find it on the BCNA website.
The CanEAT pathway for people with cancer and their carers

Tiếng Việt (Vietnamese)

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
• Preventing weight loss for people with cancer
• Malnutrition screening tool
eviQ
• Information for people with cancer

• Buồn nôn và bị nôn ùi trong khi điều trị ung thư (Nausea and vomiting during cancer treatment – Vietnamese)
• Hiểu biết về về hóa trị (Understanding chemotherapy – Vietnamese)
• Những câu hỏi thường gặp về hóa trị (Common questions about chemotherapy – Vietnamese)
• Những vấn đề ở miệng trong khi điều trị ung thư (Mouth problems during cancer treatment – Vietnamese)
• Tiêu chảy trong khi điều trị ung thư (Diarrhoea during cancer treatment – Vietnamese)

Arabic

العربية

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
• Preventing weight loss for people with cancer
• Malnutrition screening tool
eviQ
• Information for people with cancer

• أسئلة عامة عن العلاج الكيميائي (Common questions about chemotherapy – Arabic)
• الإسهال والعلاج الكيميائي (Diarrhoea during cancer treatment – Arabic)
• الغثيان والتقيؤ عند علاج السرطان (Nausea and vomiting during cancer treatment – Arabic)
• توضيح العلاج الكيميائي (Understanding chemotherapy – Arabic)
• مشاكل الفم عند علاج السرطان (Mouth problems during cancer treatment – Arabic)

Македонски (Macedonian)

Македонски | MACEDONIAN
Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
- Preventing weight loss for people with cancer
- Malnutrition screening tool

eviQ
- Information for people with cancer

Турец (Turkish)

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
- Preventing weight loss for people with cancer
- Malnutrition screening tool

Хрватски (Croatian)

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
- Preventing weight loss for people with cancer
- Malnutrition screening tool

Español (Spanish)

Victorian Cancer Malnutrition Collaborative (VCMC) and Peter Mac
- Preventing weight loss for people with cancer
- Malnutrition screening tool

eviQ
- Information for people with cancer
9. Nutrition

- Cómo entender la quimioterapia (Understanding chemotherapy – Spanish)
- La diarrea durante el tratamiento contra el cáncer (Diarrhoea during cancer treatment – Spanish)
- Los problemas de la boca durante el tratamiento contra el cáncer (Mouth problems during cancer treatment – Spanish)
- Náuseas y vómitos durante el tratamiento contra el cáncer (Nausea and vomiting during cancer treatment – Spanish)
- Preguntas comunes de la quimioterapia (Common questions about chemotherapy – Spanish)

Français (French)

eviQ: Information for people with cancer

- Nausées et vomissements pendant le traitement anticancéreux (Nausea and vomiting during cancer treatment – French)
- Questions fréquemment posées sur la chimiothérapie (Common questions about chemotherapy – French)
- Traitement anticancéreux et diarrhée (Diarrhoea during cancer treatment – French)
- Traitement du cancer et problèmes de bouche (Mouth problems during cancer treatment – French)

한국어 (Korean)

eviQ: Information for people with cancer

- 암 치료 기간 중 발생하는 감염 (Infection during cancer treatment – Korean)
- 암 치료 기간 중 발생하는 구강 문제 (Mouth problems during cancer treatment – Korean)
- 암 치료 기간 중 발생하는 메스꺼움과 구토 (Nausea and vomiting during cancer treatment – Korean)
- 암 치료 기간 중 발생하는 설사 (Diarrhoea during cancer treatment – Korean)
- 항암화학요법 이해하기: 환자들을 위한 정보 (Understanding chemotherapy – Korean)
- 화학요법에 관한 흔한 질문들 (Common questions about chemotherapy – Korean)

ไทย (Thai)

eviQ: Information for people with cancer

เข้าใจคณิตพัสด (Understanding chemotherapy – Thai)
10. Common questions about nutrition and cancer

You’re still likely to have many questions about nutrition and cancer. The following information may help provide answers to some of those questions and link you to other useful resources. In addition, you should discuss any concerns or questions with your dietitian, doctor, nurse or other health professional.

Click on the following topics to find common frequently asked questions:

- General
- Diet-specific questions
- Malnutrition and weight changes
- Nutrition and cancer treatment
- Questions about dietitians
- For carers.

Resources

Cancer Council
- [iheard](https://iheard.cancer.org.au) website – Heard a story, rumour or fanciful claim about cancer?
- Common questions
- Nutrition and cancer booklet
- Cancer myths and controversies

Queensland Health
- [Cancer and diet theories](https://www.qldhealth.qld.gov.au/)

International
- [American Cancer Society (Cancer Risk): Common questions about diet and cancer](https://www.cancer.org/cancer/content/154453.xml?linkType=common-questions-page)
- [Memorial Sloan Kettering Cancer Centre (MSKCC): 6 Frequently Asked Questions](https://www.mskcc.org/about-us/what-you-should-know/6-frequently-asked-questions)
- About Herbs App: information on diet components, herbs, supplements made by MSKCC
General

How do I compare with other patients?

This answer will depend on how you respond to treatment (individual responses to treatment vary), changes in your weight, your cancer diagnosis and lots more. Speak to your healthcare team for more advice.

Am I coping?
This depends on your individual goals. If you have concerns about how you’re going with your nutrition, ask to see a registered dietitian.

What do I need to do at this stage to optimise nutrition? Is it different at different phases?
Refer to section 7: Nutrition and steps in your cancer path.

How important is exercise?
Click on the question above for a link to information from Cancer Council.

How do medications interact with my diet?
This will depend on what medication you’re on. For example, if your medication is chemotherapy, this may cause symptoms that can cause nutrition issues. If you’re on anti-nausea medication, take it half an hour before you eat. Talk to your health professional (doctor or pharmacist) about your medications.

Why are medications important and how should I take them?
It’s very important to manage your symptoms to keep you eating and drinking. Medications can be fundamental in this. If you don’t feel that the medication you’re taking is working, there are alternatives. If you can’t take a medication in its prescribed form, ask your doctor or pharmacist for an alternative (e.g. smaller tablets or liquid form).

How do I know what is normal or if I need extra help?
If you’re concerned about what is normal, ask a health professional. It’s always okay to ask for help or to check if something is normal.

When should I talk about nutrition and to who? Can I bring up my nutrition concerns at any time with any health professional?

Nutrition can be discussed at all steps in your cancer path and with any health professional. Some health professionals might direct you to more specialised advice, such as from a dietitian. If you have concerns, you can find more guidance within sections of this pathway. This may relate to your nutrition issues, cancer treatment or cancer diagnosis.

How does a speech pathologist and dietitian overlap?
Some people with cancer may see both a dietitian and a speech pathologist. They often work together. They differ in that a speech pathologist may make recommendations about what textures of food or thickness of fluid someone may find easier. A dietitian will recommend ways to meet energy, protein and fluid needs with this recommendation. A speech pathologist may recommend not eating or drinking because it isn’t safe (e.g. if cancer is in the throat); a dietitian or doctor will then discuss how else to get nutrients and fluids. This may be through a feeding tube.
Diet-specific questions

**Does sugar feed cancer?** (Cancer Council NSW)

*Find the answer by clicking on the hyperlinked question above.*

**Is a fasting diet beneficial to cancer patients?** (iheard) / **Is fasting a good idea?** (Cancer Council NSW)

*Find the answer by clicking on the hyperlinked questions above.*

**When does the quality of my diet matter (quality vs quantity of kilojoules)? Is it okay to indulge every now and then?**

*Quality is always important, regardless of whether you’re going through cancer treatment or not. It may depend on your nutrition goals and what step you’re at. Your dietitian or healthcare team may wish for you to focus on weight maintenance (keeping it the same), gain or loss. Talk to them for an answer best for you.*

**Is it okay to drink wine/alcohol?**

*Most probably. Alcohol may help to increase your appetite and food enjoyment in moderate amounts; however, please check with your doctor to make sure there will not be any interactions with your treatment or medications.*

**What about caffeine?**

*Most probably. If you normally have caffeine and it doesn’t affect you negatively, you should be fine to continue your usual amount. If you’re concerned about the amount of caffeine you’re having, speak to your health professional.*

**How do my diet habits affect treatment? What do I need to change?**

*This will depend on what habits these are. You can find more about nutrition and your cancer treatment [here](#), but speak to your healthcare team about your specific diet habits.*

**What shouldn’t I be eating? Are there foods that people with cancer should avoid?**

*Generally there are no ‘good’ or ‘bad’ foods or foods you ‘should’ or ‘shouldn’t’ be eating. A dietitian will take into account many factors to help provide more explanation to this question. For example, if you’re [malnourished or at risk of malnutrition](#), you may need a [nourishing diet](#). If you have completed [cancer treatment](#), and your [nutrition issues](#) have resolved, adopt a [usual healthy diet](#). What you might find helpful is reading through [different sections of this pathway](#) that are relevant to your cancer diagnosis, treatment, step or nutrition issue and speak to a member in your healthcare team or your GP for more advice, or to be referred to a dietitian. A dietitian can give you advice to ensure you’re getting the right amount and type of nutrients for you. You can find a dietitian [here](#).*

**Can eating according to a strict diet or eliminating certain foods cure cancer?** (iheard)

*Find the answer by clicking on the hyperlinked question above.*
How will my treatment affect my diet? Will there be side effects?

Some cancer treatments may cause side effects or nutrition issues that may have an impact on your eating and drinking. Speak to your healthcare team about nutrition issues specific to your treatment. Ask about when you can expect them and what you can do (or medications to you can take) to help manage these. You can also find tips in this pathway and more resources related to your cancer treatment and nutrition issues.

What food will make my side effects better or worse?

Refer to nutrition issues section.

I have diabetes as well as cancer, do I need to change my diet?

You can read more about diabetes in this pathway. A one-on-one appointment with a dietitian can help you manage different diet needs, and the information here can help you find a dietitian.

Does organic food prevent or cure cancer? (iheard) / Is organic food better? (Cancer Council NSW)

Find the answer by clicking on the hyperlinked questions above.

Does the type of diet I am following matter? (e.g. vegetarian, Asian)

It’s important that you’re getting all the nutrients you need depending on your nutrition goals for the diet you’re following.

You can read more about the type of diet you might be following in the questions below. This pathway also includes information on a nourishing diet, different texture diet, healthy eating diet and diet for diabetes.

Should people with cancer follow a special diet? (Cancer Council NSW)

Find the answer by clicking on the hyperlinked question above.

Should I follow a specific diet (ketogenic, anti-inflammatory, paleo, Mediterranean, vegan or vegetarian)?

There is not one diet that will cure or stop your cancer growing. The step in the cancer path you’re in will determine on how much support you will need to get what your body requires. Most important when preparing for, during and immediately after treatment will be maintaining your weight, getting enough protein, energy and all the nutrients your body needs. If you’re committed to following a specific diet, get support from a dietitian to make sure you get all the nutrients you need to meet your nutrition goals.

- High protein high energy diet for vegans / High protein high energy diet for vegetarians (Queensland Health Nutrition Education Materials Online)

Should I eat more antioxidant-containing foods?
There is limited evidence to support increasing intake of antioxidant-containing foods for cancer patients. Eat a wide variety of foods from all five food groups (healthy eating). No one food can provide all of your nutrient needs.

Do acidic foods increase cancer cell growth? (Queensland Health)

Answer in the above link from Queensland Health.

Why is carbohydrate important in our diet? (Queensland Health)

Answer in the above link from Queensland Health.

Does turmeric prevent cancer growth? (iheard)

Answer in the above link from iheard.

Can eating apricot kernels cure cancer? (iheard)

Answer in the above link from iheard.

Do higher alkaline diets protect against cancer? (iheard)

Answer in the above link from iheard.

Can food cause cancer? (Cancer Council NSW)

Answer in the above link from Cancer Council NSW.

Should I avoid processed meats and red meat? (Cancer Council NSW)

Answer in the above link from Cancer Council NSW.

Does a diet rich in grapes prevent and treat cancer? (iheard)

Answer in the above link from iheard.

Should I be juicing?

There’s no harm in including juice; however, before, during and immediately after cancer treatment the focus is on protein and energy, adequate nutrients and maintaining weight. You could try a fruit smoothie (with protein) as an alternative.

When my appetite is poor, what can I do to get energy?

See poor appetite in this pathway for some tips.

My blood sugar levels are high, can I have nutrition supplements?

You can read more about high blood sugars in this pathway. Protein and energy are important during cancer treatment. If you have been recommended nutrition supplements (nourishing drinks) it’s important to not restrict food/energy. You may need supplements to meet your protein and energy requirements. There are many reasons for increased blood sugar levels such as stress and the treatment itself. Your doctor could consider adjusting your medications or insulin to help keep your blood sugar levels stable. You can drink
nourishing fluids or supplements in between meals or choose a lower glycaemix index (GI) drink if appropriate.

**Should I start/stop taking vitamin and mineral supplements?**

Read more about this on the Cancer Council NSW website – [Vitamin supplements and cancer](#).

I’ve been told I need a nutrition drink (high-energy and protein) supplement, how do I know what to take?

Read more about [nutrition supplements](#) in this pathway.

**How much protein do I need?**

Preparing for, during and immediately after treatment your body needs more protein. The amount can vary depending on your cancer diagnosis and cancer treatment, but can be up to 150% more than normal. If you have kidney problems you may need to be careful with how much and the type of protein you have. Your dietitian can explain how much protein you need, if you’re getting enough or too much, and provide you with advice on how to meet your protein requirements.

**Can I have dairy or calcium foods with the medication?**

If you need to avoid a food with any medication, your doctor or pharmacist will let you know about this when you’re given the prescription.

**More resources**

- [Cancer Council: Nutrition and physical activity](#)
  - position statements:
    - Meat and cancer prevention
    - Fruit, vegetables and cancer prevention
    - Fibre, wholegrain cereals and cancer
    - Dairy foods, calcium and cancer prevention
    - Soy, phyto-oestrogens and cancer prevention
    - Salt and cancer risk
    - Sugar-sweetened beverages
    - Tea and cancer prevention
    - Omega-3 fatty acids, fish and cancer prevention
    - Beta-carotene and cancer risk
    - Folate and reducing cancer risk
    - Selenium
    - Benefits of healthy diet and physical activity for cancer survivors
    - Front of pack food labelling
    - Food marketing to children
    - Food taxes
Malnutrition and weight changes

I would like some tips on checking my weight. What does it mean when my weight changes?

- Scales should be available at your local health service (hospital or where you have treatment), GP office or pharmacy. If you have home scales, make sure they are accurate.
- Weigh yourself at around the same time of the day each time.
- Check your weight when you’re first diagnosed with cancer.
- During treatment check your weight at least weekly.
- How often you check your weight in the longer term will depend on your goals.
- Record or write it down in a place that works for you – some people have a diary or journal or record it in their phone or calendar. Bring this with you to appointments.
- Inform your healthcare team about any changes in your weight.
- What does it mean if your weight goes down or up?
  - Often a dietitian or trained health professional will calculate your weight loss based on a percentage. Depending on the period this occurred over, they can work out if your weight loss of gain is significant and if for more help.
  - It’s important to be aware that changes in weight can also be due to fluid changes (such as dehydration or swelling). Let your health professional know if you think you might have this.

Why is everyone asking me what my weight is?

Health professionals ask you questions about your weight regularly to know if you’re at risk of malnutrition. Some medications may be based on what you weigh, including chemotherapy. It’s also important to know if your weight may be changing due to fluid, which can happen with some cancer treatments.

When I am losing weight is there a point when I should be concerned?

You should seek help with weight loss or take action to change how and what you’re eating and drinking for weight loss that:

- is unintentional, even if it’s 2–3 kg
- continues over time.

If you’re losing weight you may be at risk of malnutrition. You can check if you’re at risk with an online screening tool. You can also read about malnutrition. It’s very important to not lose weight during treatment.

I am overweight, should I be trying to lose weight?

Overweight and obese people with cancer can still be at risk of malnutrition and become malnourished or at risk of sarcopenia (the loss of muscle and strength). If you have
completed treatment and are in the step of long-term survivorship, discuss your weight goals with your healthcare team.

10. Common questions about nutrition and cancer
Nutrition and cancer treatment

Why is nutrition important during cancer treatment?

Read more about this here.

Do all cancer patients lose a lot of weight? (iheard)

Answer in the above link from iheard.

Isn’t it normal to lose weight during cancer treatment anyway? I am looking forward to losing weight during treatment.

Yes, it’s common to lose weight during cancer treatment; however, malnutrition is common and can affect your quality of life and treatment. Minimising weight and muscle loss is the goal during treatment.

Why should I see a dentist before starting treatment? (Cancer Council NSW)

Answer in the above link from Cancer Council NSW.

I have been told I need a feeding tube or TPN, what does this mean?

You can read more about feeding tubes here.

Questions about dietitians

How does a nutritionist or naturopath differ from a dietitian?

Some dietitians call themselves nutritionists. Nutritionists help people to reach optimal health through food and nutrition. A nutritionist may be accredited or registered. You can read more on the Nutrition Australia or Dietitians Association of Australia website.

Naturopathy is a complementary or alternative medicine. To be a naturopath you do not need a university qualification. Always check with your doctor before taking any new medication, herb or supplement because they can affect your treatment.

How is a nutrition assistant different from a dietitian?

Nutrition assistants:

- determine the next step to make sure you receive the right advice
- screen for malnutrition
- check you’re eating and drinking enough
- check your weight to see if you have lost or gained weight
- refer you to a dietitian if you’re at risk of malnutrition
- can recommend more advice and provide counselling.
For carers

The person I care for with cancer isn’t eating. What can I do?

- *Speak to a health professional and the person with cancer about your concerns.*
- *Find out what is stopping them eating (symptoms or side effect), and then look up this under nutrition issues to find tips that may help.*
- *Check the person with cancer’s weight regularly. If the person is losing weight without trying, they may be at risk of malnutrition. You can check their risk [here](#)*.
- *If they are at risk of malnutrition, see a dietitian for more advice. You will find information about how to locate a dietitian [here](#).*
11. Learn more about a dietitian

You may be referred to a dietitian during your cancer path. This section tells you a little more about what a dietitian is and what they might help you with.

This section includes:

- What is a dietitian?
- Find a dietitian
- What could a cancer dietitian help with?
- Dietitian appointment
  - What may happen at your dietitian appointment and what questions may you get asked?
  - Cost of a dietitian
  - How can I prepare for my dietitian appointment?

You may have other questions such as the below – click to read the answer in section 10.

- How does a nutritionist or naturopath differ from a dietitian?
- How does a speech pathologist and dietitian overlap?
- How does a nutrition assistant and dietitian differ?

What is a dietitian?

- In Australia dietitians must complete a university-level dietetics program that is accredited by the Dietitians Association of Australia (DAA).
- If a dietitian has completed a university qualification and is registered with the DAA, they are called an accredited practicing dietitian.
- An accredited practising dietitian is a health professional with a university qualification in science, nutrition and dietetics.
- Qualified dietitians are experts in understanding what food you need with different medical conditions.
- Dietitians work in hospitals, community health centres and in some medical centres.
- Dietitians can provide evidence-based, expert advice on optimal diets for people with cancer.
- Just like doctors, dietitians specialise in different medical areas.
- You may see a dietitian at any time throughout your cancer path, and for different reasons. Most commonly you will see a dietitian immediately before, during and immediately after cancer treatment.
What could a cancer dietitian help with?

Dietitians can:

- help you to eat and drink better when you are experiencing symptoms and side effects from cancer and/or treatment
- help with solutions to problems and with tips and tricks if you’re experiencing dietary problems as a result of cancer
- give advice on what you can eat and drink to get the nutrition/fluid you need
- work with you to maintain your weight and keep strong (stay well nourished and prevent malnutrition)
- prescribe specialised nutrition drinks (nourishing drinks)
- prescribe nutrition and fluid to be used through a feeding tube
- provide practical information on foods to choose and fluids to drink to get more energy
- provide tips to conserve your energy when preparing food, shopping and eating/drinking
- help you make informed decisions about your diet and nutrition and work with you to think about what you want to achieve.

Find a dietitian

If you’re currently having treatment for cancer, you can ask your doctor or nurse to refer you to a dietitian in your hospital or health service.

If you’re not currently having treatment, you can find a dietitian at your local community centre (which may be linked to your local health service), or in your community. You could also ask your doctor to refer you.

You may find the following links useful to find a dietitian yourself:
- Find a dietitian on the Dietitians Association of Australia website.
- Find a dietitian via the Better Health Channel using your postcode.
- If you live in NSW you might find a dietitian through the CanRefer website.
- Check individual community centres in Victoria.
- Try the Directory of Victorian Oncology Dietetic Services – this directory provides options for where you can see a dietitian in Victoria, specifically for people with cancer.

If you’re seeing a dietitian outside of a hospital, it’s recommended to call ahead to make sure they can help with your particular issue.
The figure below is from the VCMC and Peter Mac Directory of Victorian Oncology Dietetic Services.

Options for nutrition care for people with cancer beyond hospital

- **Cancer rehabilitation**
  - Public and private providers
  - Centre-based programs:
    - Usually 6–8 week program
    - Weekly exercise + education component
    - Most programs include dietitian (either group or 1:1 consults)
  - Virtual programs: (via telehealth for regional areas)
    - Cancer Council programs
    - 8-week program
    - Weekly exercise + education component (nutrition included)

- **Community rehabilitation**
  - Centre or home-based
  - Program built around the client’s goals
  - Short-term therapy (usually 6–8 weeks)
  - Intensity – usually weekly
  - Some services are free; some will have a cost

- **Community health service**
  - Centre or home-based
  - Long-term goals (not time-limited)
  - Intensity – usually monthly
  - Income-based fee structure (~$10–$120)
  - Local community health service initiatives may be available to support cancer survivorship

- **Private practice dietitians**
  - Private clinics or within general practice
  - Fees may be subsidised by:
    - Private health insurance
    - Chronic disease management plan (5 subsidised sessions per year for allied health)
    - The practitioner’s discretion

- **Cancer Council Healthy Living After Cancer or equivalent**
  - Health coaching with experienced cancer nurses
  - Adults who have completed treatment for non-metastatic cancer
  - Generalised healthy eating and exercise support for behaviour change
  - Free
**Dietitian appointment**

**What may happen at your dietitian appointment and what questions might you get asked?**

A dietitian may ask the following questions:

- What do you weigh? (this is to help work out the amount of nutrients you need)
- Have you noticed changes in your weight? In what timeframe?
- What is your height?
- What nutrition issues are stopping you eating and/or drinking (e.g. poor appetite, feel sick, vomiting (being sick), sore mouth)?
- What physical activity are you managing?
- What do you normally eat and drink?
- Have you experienced changes in your eating and drinking?
- What medications are you taking? (If you’re having nutrition, vitamin or herbal supplements, tell your doctor or nurse. This is important because they can affect how your medications and treatments work.)
- What are your lifestyle goals?
- What matters to you in life?

They may also:

- check the muscles in some parts of your body by looking and/or touching (This is to check your nutrition status. If you don’t feel comfortable with this you can decline this assessment)
- use specialised equipment to help monitor your muscle strength
- weigh you – this is to work out how much nutrition or fluid you need.

If you or someone you care for needs an **interpreter**, it’s important to mention this when booking your appointment.

**Cost of a dietitian**

- The cost of a dietitian will vary. Ask when making your appointment.
- Medicare covers dietitian fees for up to 5 visits if you’re eligible under the **Chronic Disease Management (CDM) program**. A chronic medical condition includes cancer so you’re covered under this program. Read more **here**.
- If you see a dietitian in a public hospital, it’s free. If you visit a community health centre there may be a small charge.
How can I prepare for my dietitian appointment?

- Before you see the dietitian, make a list of questions with a box next to them (which you can tick once you have asked them). Leave room underneath the questions to write the answer.
- Bring someone with you to help you take notes.
- If you have records of your weight or what you’re eating, bring this along.

Links within the pathway

1. Why is nutrition important?
2. Who can help with your nutrition care?
3. How can carers help with nutrition care?
4. Nutrition and your cancer diagnosis
5. Nutrition and issues in your cancer path
6. Nutrition and your cancer treatment
7. Nutrition and steps in your cancer path
8. Nutrition information for everyone
9. Nutrition if you don’t speak English
10. Common questions about nutrition and cancer
11. Learn more about dietitians
Glossary

A glossary hasn’t been included in this pathway, but see the following websites for a dictionary and meanings of common words regarding cancer.

Cancer Council:

- Cancer Council Victoria: Glossary
- Cancer Council Glossary – what does this word mean?

Australian Cancer Survivorship Centre (ACSC):

- Multilingual Cancer Glossary – a glossary of more than 700 cancer terms in nine different languages
The CanEAT pathway for people with cancer and their carers

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If you have noticed an error or a missing link or have any other feedback please refer to the CanEAT pathway webpage for the link to provide feedback.