CLINICAL SCIENCE OF NUTRITION
Original Article
DOI: 10.62210/ClinSciNutr.2024.99

Patient perspectives on dietitians' role in nutrition management among cancer patients: Implications for proactive care and communication

Melis Nur Ece[1], Birsen Demirel[1,2], Vedat Bayoğlu[3], Meral Uluköylü Mengüç[4], Beste M. Atasoy[5]

[1]Department of Nutrition and Dietetics, Faculty of Health Science, İstanbul Bilgi University, İstanbul, Türkiye
[2]Department of Nutrition and Dietetics, Faculty of Health Science, Ondokuz Mayıs University, Samsun, Türkiye
[3]Division of Medical Oncology, Department of Internal Medicine, Marmara University School of Medicine, İstanbul, Türkiye
[4]Division of Hematology, Department of Internal Medicine, Marmara University School of Medicine, İstanbul, Türkiye
[5]Department of Radiation Oncology, Marmara University School of Medicine, İstanbul, Türkiye

Cite this article as: Ece MN, Demirel B, Bayoğlu V, Uluköylü Mengüç M, Atasoy BM. Patient perspectives on dietitians' role in nutrition management among cancer patients: Implications for proactive care and communication. *Clin Sci Nutr*. 2024;6(3):160-167.

ABSTRACT

Objective: This study aimed to determine patients' perspectives regarding the role of dietitians in nutrition management.

Methods: This study was conducted at our hospital's oncology outpatient clinics. It used a questionnaire previously reported in the literature. One hundred sixty-two adult volunteers were included in this study. Patients' knowledge of nutritional information, preferences for nutrition care, and perspectives on the dietitian's role were measured. Descriptive statistics were used to describe the continuous variables. The degree of agreement was assessed using a 5-point Likert scale.

Results: Nutritional care was a high priority for most volunteers (74.7%). Almost half of the patients expressed a need for dietitians to address their dietary challenges proactively. Most patients (64.2%) first met with a dietitian during ongoing treatment. They emphasized the need for frequent meetings and were willing to be referred to a dietitian earlier in their treatment.

Conclusions: Most patients are referred to a dietitian after malnutrition, indicating the need for earlier intervention. Patients strongly desire improved communication among the healthcare team members regarding their nutritional concerns. Proactive nutritional management can reduce the incidence of malnutrition and enhance patient outcomes.

Keywords: Cancer treatment, dietitian counseling, nutrition management, patient perspective

INTRODUCTION

Malnutrition has a significant and negative impact on cancer treatment, which may increase treatment toxicities, decrease quality of life, and worsen outcomes.[1-5] Preventing malnutrition in cancer patients requires a multidisciplinary approach integrating nutritional assessment, intervention, and support into cancer care.[5-9] Dietitians may provide individualized dietary counseling to achieve energy and nutrient balance based on the patient's energy estimate, lifestyle, disease state, current intake, and food intake.[6,7] Nutritional intervention by a dietitian may establish individualized patient counseling, increase weight gain, and decrease treatment-related toxicities, especially in gastrointestinal or head and neck cancer patients.[10-18] Dietitian interventions in patients with a high malnutrition risk may also improve energy and protein intake and nutritional status and enhance quality of life scores.[3,14] Dietitian referral practices for cancer patients have changed for several reasons in different countries.[19-22] Early intervention from the time of diagnosis is recommended in the literature to prevent adverse effects

Corresponding author: Beste M. Atasoy
Email: bmatasoy@yahoo.com

Received: September 25, 2024 Accepted: November 24, 2024
Published: December 9, 2024

of malnutrition.[5,7,23] In our country, due to the regulations in the state hospitals, nutritional screening was performed at least once on all cancer patients in surgery and/or chemotherapy units during their cancer journey. Almost every hospital, regardless of state or private status, has dietitians and/or nutrition nurses in their routines. However, cancer patients may be referred by physicians to dietitians when they become malnourished or are at a high risk of malnutrition. Therefore, early nutritional screening and adequate nutritional intervention are underrepresented in clinical practice.[20,21,24]

Patients also have a high interest in nutritional recommendations.[25] Although guidelines recommend multidisciplinary, high-quality dietary care for cancer patients, more evidence still requires their thoughts on individualized needs and advice for their nutrition.[26-30] Therefore, this study aimed to determine patients' perspectives regarding the role of dietitians in nutrition management throughout cancer treatment.

METHODS

The research was conducted between November and December 2022, during which permission was obtained for the study in the treatment units of the Medical Oncology, Radiation Oncology, Hematology Outpatient Clinics, and the Hospital's Chemotherapy Unit. Volunteers over 18 years of age who had no communication barriers, were diagnosed with cancer, and agreed to participate in the study with written consent were included. The interviews were held face-to-face, and the questions were asked in a clear voice that the participants could understand. The interview time lasted approximately 10 minutes for each patient. The questionnaire contained both open- and closed-ended questions. It was previously conducted in the literature and used with modifications in clear and understandable terms for Turkish patients.[29] The survey included questions to understand the patient's perspectives about the provided nutrition information, its importance, and their satisfaction with the nutrition education and support they received (Table 1).

Main Points

- Most patients are referred to dietitians after malnutrition develops, suggesting earlier intervention is needed.
- Patients desire better communication between healthcare team members regarding nutrition.
- Proactive nutritional management can reduce malnutrition incidence and improve patient outcomes.
- The study highlights that patients believe teamwork is crucial for effective nutrition management.

Levels of agreement were assessed on a 5-point Likert scale (1 = Strongly disagree, 2 = Disagree, 3 = Slightly agree, 4 = Agree, 5 = Strongly agree).[31] Descriptive statistics were used to describe the continuous variables. Mean ± standard deviation values are given for parameters suitable for normal distribution, and median (minimum-maximum) values are given for parameters unsuitable for normal distribution.

RESULTS

Table 2 presents patient, disease, and treatment characteristics. This study included 170 participants. Two patients did not want to complete the survey, and six provided incomplete information; therefore, these participants were excluded from the analysis.

According to their responses, nutrition care was prioritized for most volunteers (74.7%). Even though patients did not expect (70.4%) or specifically request (89.5%) nutritional knowledge, most received it at any stage of their disease. Nutrition information was provided by education nurses (43.8%), dietitians (34.7%), and physicians (21.5%), and most patients received information for ongoing treatment. Sixty-eight percent of the volunteers believed they had received information about their nutritional problems at the right time. About half of the patients had side effects-related dietary difficulties, and about one-fifth had obstacles to nutritional recommendations during treatment (Table 3). They reported financial difficulties (12.3%), loss of appetite and nausea (3.7%), difficulty continuing their work schedule (3%), or cooking problems due to fatigue (2%).

Table 4 summarizes the participants' responses to nutritional issues. Patients answered positively to questions about the immediate detection of dietary concerns (43.2%) and satisfaction (49.4%). However, they stressed that healthcare team members must communicate patients' concerns about nutrition.

Patients who met the dietitian (n=46) were either referred by their physicians (69.5%) or requested an appointment by themselves (6.2%). The rest of the patients stated that although they had an appointment, they could not attend the visit due to personal reasons. Most patients (64.2%) first met with a dietitian during ongoing treatment. Only 3.1% of the patients had their first dietitian counseling at their new diagnosis. Approximately 85% of the patients were satisfied with dietitian counseling. However, there were concerns regarding the frequency and availability of appointments.

All patients who met the dietitian recognized the importance of counseling in their disease journey and

Table 1. Questionnaire of the study					
Did anyone inform/educate you about nutrition at any stage of your disease?				Yes	No
If your answer is yes, from whom did you receive this information?					
Physician	Nurse	Dietitian			
If you met with a dietician, who referred you to them?					
The hospital where my treatment was done	In a private hospital	In a private clinic, the dietician works in			
At what stage of your disease were you when you met with the dietitian?					
Following the diagnosis Between the diagnosis and the treatment Following the treatment At the end of the treatment During the follow-up					
Did you expect to receive nutrition information/education during your disease journey?				Yes	No
Did you request to receive nutrition information/education during your disease journey?				Yes	No
At what stage of your illness did you feel that nutrition was more important to you?					
Following the diagnosis Between the diagnosis and the treatment Following the treatment At the end of the treatment During the follow-up					
Have the treatment's side effects changed your nutrition?				Yes	No
Please rate how important nutrition care was for you compared to other priorities in your life.					
Very important	Important	Moderately Important	Slightly Important	Not Important	
Considering your disease process, was the information/education on nutrition sufficient for you?					
Very sufficient	Somewhat sufficient	Sufficient	Slightly sufficient	Not Sufficient	
If you had nutritional problems during your illness, what could have been done differently to solve these problems?					
What difference would it make to you if your answer (suggestion) to the question above was implemented?					
What obstacles did you experience in implementing the nutritional recommendations given to you?					
Please choose the options below that you think are right for you (one reply for each question):					

	Strongly disagree	**Disagree**	**Slightly agree**	**Agree**	**Strongly agree**
I understood the role of dietitians in my disease process.					
I was able to meet with the dietician as often as I needed.					
I was satisfied with the nutrition information/education I received from the dietician.					
I felt that the nutritional information given to me could be provided in the same way by all dietitians.					
A healthcare professional identified my nutritional concerns.					
I was referred to a dietitian when I needed it.					
I received information at the right time for my nutritional problems					
I could easily access written documents (booklets, etc.) regarding nutrition.					
I observed my medical team was communicating my nutritional concerns to each other.					

Table 2. Characteristics of participants (n=162)	
Characteristics	
	mean±SD
Age (years)	53.1±11.2
	n (%)
Gender	
Female	84 (51.9)
Male	78 (48.1)
Place of residence	
Rural area	18 (11.1)
Urban area	144 (88.9)
Living with	
Family	144 (88.8)
Alone	18 (11.2)
Treatment modalities patients received	
Surgery	105 (63.6)
Chemotherapy	130 (80.2)
Radiotherapy	75 (45.4)
Targeted therapy	6 (3.7)
Hormone therapy	5 (3.1)
Stem cell transplant	5 (3.1)
Treatment or follow-up status	
Treatment recently completed	12 (7.4)
Follow-up	16 (9.9)
Active treatment	123 (75.9)
Newly diagnosed	11 (6.8)
Stage	
Non-metastatic	145 (89.5)
Metastatic	17 (10.5)
Diagnosis	
Gastrointestinal	50 (30.8)
Breast	40 (24.7)
Brain	17 (10.5)
Lung	17 (10.5)
Head and neck	12 (7.4)
Hematological	9 (5.5)
Bone and soft tissue	9 (5.5)
Gynecological	5 (3.1)
Urological	2 (1.2)
Skin	1 (0.8)

highlighted that they were referred to the dietitian when needed. A significant number of patients (42.5%) expressed a desire to seek help from a dietitian for nutritional problems. Furthermore, 6.8% of the volunteers emphasized the need for more frequent dietitian appointments, and 3% stressed the importance of earlier referrals. Less than one-third (26.5%) of our patients mentioned that the medical team communicated their nutritional concerns to each other.

DISCUSSION

To our knowledge, this is the first study on the dietitian's role as a nutrition team member from the perspective of cancer patients in our country. In a survey of cancer survivors, 89% of the respondents rated nutrition as 'very/extremely' important to cancer care, as in our study (74.7%). About 85% of patients were satisfied with dietitian counseling, whereas 74% of survivors rated their advice/care as 'very/extremely' helpful in the same article.[32] Patients also requested more organized information, such as seminars for nutrition, as mentioned in previous studies.[33,34]

We have collected comments from our patients. They may not distinguish their nutritional needs and are unsure which products suit them. In a study, 56% of patients felt confused by the often-conflicting dietary information available in the media and offered by people around them.[32] Hence, our patients expect their confusion about nutrition to diminish with dietitian counseling. They also emphasized that their physicians and dietitians should follow a multidisciplinary approach to patient follow-up. Studies have been conducted using an interdisciplinary approach to the nutritional management of patients with cancer. In a randomized controlled study on cachexia and nutritional treatment, it was observed that patients newly diagnosed with cancer were not defined as cachectic and that there were significant deficiencies in nutritional therapy due to insufficient guidance from doctors and dietitians. Significant barriers to initiating successful nutritional treatment have been identified among oncologists and dietitians.[35] A breast and prostate cancer survey was conducted to determine patients' perceptions of interprofessional collaboration. All surveyed patients reported that cooperation between healthcare professionals is essential.[36] A study investigated the effect of nutritional monitoring in partnership with a training nurse and dietitian on the nutritional status of patients receiving chemotherapy. Therefore, nutritional management should be performed multidisciplinary.[8]

In the literature, approximately 15% of hospital patients are referred to dietitians, and most already have malnutrition.[37] In our country, patients are mainly referred

Table 3. Participants' responses about nutritional information they received	
	n (%)
Please rate how important nutrition care was for you, then compare it to other priorities in your life.	
Very important	60 (37.0)
Important	61 (37.7)
Moderately important	26 (16)
Slightly important	10 (6.2)
Not important	5 (3.1)
Did you expect to receive nutrition information during your disease journey?	
Yes	48 (29.6)
No	114 (70.4)
Did you request to receive nutrition information during your disease journey?	
Yes	17 (10.5)
No	145 (89.5)
Did anyone inform/educate you about nutrition at any stage of your disease? (n=162)	
Yes	121 (74.7)
No	41 (25.3)
If your answer is yes, from whom did you receive this information? (n=121)	
Nurse	53 (43.8)
Dietitian	42 (34.7)
Physician	26 (21.5)
At what stage of your illness did you feel that nutrition was more important to you?	
During the treatment	129 (79.6)
At diagnosis	26 (16.1)
At the end of all treatments	5 (3.1)
During follow-up	2 (1.2)
Have the side effects of the treatment you received changed your nutrition?	
Yes	86 (53.1)
No	50 (30.9)
Occasionally	26 (16.0)
Considering your disease journey, was the nutritional support you received sufficient?	
Very sufficient	34 (21.1)
Somewhat sufficient	47 (29.0)
Sufficient	20 (12.3)
Slightly sufficient	19 (11.7)
Not sufficient	42 (25.9)
Considering your treatment journey, was there any obstacle against applying the nutrition suggestions? (n=162)	
Yes	35 (21.6)
No	127 (78.4)
If you met with a dietician, who referred you? (n=46)	
Physicians	36 (78.3)
I requested an appointment by myself	10 (21.7)
Considering your disease journey, when did you meet the dietitian? (n=46)	
During treatment	31 (64.2)
At the diagnosis	14 (33.4)
During follow-up	1 (2.4)

Table 4. Participants' responses to their nutritional concerns

	n (%)				
	Strongly disagree	Disagree	Slightly agree	Agree	Strongly agree
When I had nutritional concerns, they were detected immediately.	10 (6.2)	34 (21)	48 (29.6)	50 (30.9)	20 (12.3)
My nutritional concerns were identified by a healthcare professional.	12 (7.4)	28 (17.3)	32 (19.8)	43 (26.5)	47 (29)
I received information about my nutritional problems at the right time.	15 (9.3)	35 (21.6)	38 (23.5)	50 (30.9)	24 (14.8)
I was referred to a dietitian when I needed to.	17 (10.5)	33 (20.4)	32 (19.8)	32 (19.8)	48 (29.6)
I could easily access written documents (booklets, etc.) regarding nutrition.	69 (42.6)	8 (4.9)	3 (1.9)	10 (6.2)	72 (44.4)
I observed my medical team was communicating my nutritional concerns to each other.	22 (13.6)	49 (30.2)	48 (29.6)	23 (14.2)	20 (12.3)

to dietitians by physicians. Similarly, the daily practice of physicians working in medical or radiation oncology generally refers to cancer patients' symptoms that occur during treatment. Therefore, this practice may lead to a late referral, as previously reported.[38] In a phase III randomized, controlled trial, authors showed that early integration of nutritional intervention may improve survival outcomes in metastatic esophageal cancer patients.[39] It may also be criticized that dietitians play a crucial role in treatment response with their counseling. In another prospective randomized study, breast cancer patients who did home-based exercise and had nutrition intervention with counseling sessions delivered by oncology-certified registered dietitians had significantly more pathological complete tumor response.[40]

In some countries, about half of ambulatory oncology settings screen for malnutrition, and oncology clinics do not routinely employ dietitians. Moreover, medical nutritional therapy may not be reimbursed.[41] Our country's reimbursement covers cancer patients' nutritional counseling and treatment costs. However, our study revealed that the number of patients referred to dietitians was relatively low. Patients who met dietitians mentioned that talking to someone about nutrition would benefit them psychologically. Their motivation increased, and eating regularly reduced stress. Moreover, dietitians may identify nutritional deficiencies and tailor interventions to individual patient needs. They may track progress, adjust interventions, and address emerging dietary issues throughout the cancer journey.[42] One of the most critical issues in cancer treatment today is the availability of individualized treatment options. The importance of individualized nutritional recommendations for cancer patients is seen because nutrition is a part of cancer treatment. Therefore, constant dietitian control emerges to prevent malnutrition and cachexia and combat obesity, i.e., breast cancer patients.[43]

We modified the original questionnaire to clarify the meanings of questions in Turkish. However, a validity and reliability study for Turkish is still required. These issues may be considered limitations.

CONCLUSION

Although the guidelines recommend dietary counseling for cancer patients during diagnosis, there may still be barriers to detailed and experienced nutritional counseling. Most patients with cancer are referred to a dietitian following the start of treatment and after malnutrition occurs. Our study shows that from the patient's perspective, teamwork is highly beneficial for nutrition management. Patients also desire enhanced communication among healthcare team members regarding their nutritional concerns. Since dietitians play a crucial role in providing personalized dietary guidance and monitoring nutrition, it would be helpful for cancer professionals to pay more attention to dietitian visits.

Ethical approval: The study was approved by the Ethics Committee of Marmara University School of Medicine (09.2022.1454/04.11.2022).

Informed consent: Written informed consent was obtained from all patients who participated in this study.

Author contributions: Concept – B.M.A., M.N.E.; Design – B.M.A., M.N.E., B.D.; Supervision – B.M.A., B.D., V.B., M.U.M.; Materials – V.B., M.U.M., M.N.E.; Data Collection and/or Processing – M.N.E., V.B., M.U.M.; Analysis and/or Interpretation – M.N.E., B.M.A., B.D.; Literature Search – M.N.E., B.M.A., B.D., V.B., M.U.M.; Writing Manuscript – B.M.A., B.D.; Critical Review – M.N.E., B.D., V.B., M.U.M., B.M.A.

Funding: The authors declare the study received no funding.

Conflict of interest: The authors declare that there is no conflict of interest.

REFERENCES

1. Bossi P, Delrio P, Mascheroni A, Zanetti M. The Spectrum of Malnutrition/Cachexia/Sarcopenia in Oncology According to Different Cancer Types and Settings: A Narrative Review. *Nutrients*. 2021;13:1980. [Crossref]
2. van der Meij BS, Teleni L, McCarthy AL, Isenring EA. Cancer cachexia: an overview of diagnostic criteria and therapeutic approaches for the accredited practicing dietitian. *J Hum Nutr Diet*. 2021;34:243-254. [Crossref]
3. Ravasco P, Monteiro-Grillo I, Camilo ME. Does nutrition influence quality of life in cancer patients undergoing radiotherapy? *Radiother Oncol*. 2003;67:213-220. [Crossref]
4. Isenring E, Zabel R, Bannister M, et al. Updated evidence-based practice guidelines for the nutritional management of patients receiving radiation therapy and/or chemotherapy. *Nutrition & Dietetics*. 2013;70:312-324. [Crossref]
5. Arends J, Baracos V, Bertz H, et al. ESPEN expert group recommendations for action against cancer-related malnutrition. *Clin Nutr*. 2017;36:1187-1196. [Crossref]
6. Muscaritoli M, Arends J, Bachmann P, et al. ESPEN practical guideline: Clinical Nutrition in cancer. *Clin Nutr*. 2021;40:2898-2913. [Crossref]
7. Arends J, Bachmann P, Baracos V, et al. ESPEN guidelines on nutrition in cancer patients. *Clin Nutr*. 2017;36:11-48. [Crossref]
8. Atasoy BM, Özgen Z, Yüksek Kantaş Ö, et al. Interdisciplinary Collaboration in Management of Nutrition during Chemoradiotherapy in Cancer Patients: A Pilot Study. *Marmara Medical Journal*. 2012;25:32-36. [Crossref]
9. Taberna M, Gil Moncayo F, Jané-Salas E, et al. The Multidisciplinary Team (MDT) Approach and Quality of Care. *Front Oncol*. 2020;10:85. [Crossref]
10. Ravasco P, Monteiro-Grillo I, Camilo M. Individualized nutrition intervention is of major benefit to colorectal cancer patients: long-term follow-up of a randomized controlled trial of nutritional therapy. *Am J Clin Nutr*. 2012;96:1346-1353. [Crossref]
11. Isenring EA, Capra S, Bauer JD. Nutrition intervention is beneficial in oncology outpatients receiving radiotherapy to the gastrointestinal or head and neck area. *Br J Cancer*. 2004;91:447-452. [Crossref]
12. Cong MH, Li SL, Cheng GW, et al. An Interdisciplinary Nutrition Support Team Improves Clinical and Hospitalized Outcomes of Esophageal Cancer Patients with Concurrent Chemoradiotherapy. *Chin Med J (Engl)*. 2015;128:3003-3007. [Crossref]
13. Vashi P, Popiel B, Lammersfeld C, Gupta D. Outcomes of systematic nutritional assessment and medical nutrition therapy in pancreatic cancer. *Pancreas*. 2015;44:750-755. [Crossref]
14. Kenny E, Touger-Decker R, August DA. Structured Review of the Value Added by the Registered Dietitian to the Care of Gastrointestinal Cancer Patients. *Nutr Clin Pract*. 2021;36:606-628. [Crossref]
15. McCarter K, Baker AL, Britton B, et al. Head and neck cancer patient experience of a new dietitian-delivered health behaviour intervention: 'you know you have to eat to survive'. *Support Care Cancer*. 2018;26:2167-2175. [Crossref]
16. Cook F, Rodriguez JM, McCaul LK. Malnutrition, nutrition support and dietary intervention: the role of the dietitian supporting patients with head and neck cancer. *Br Dent J*. 2022;233:757-764. [Crossref]
17. Kiss NK, Krishnasamy M, Loeliger J, Granados A, Dutu G, Corry J. A dietitian-led clinic for patients receiving (chemo) radiotherapy for head and neck cancer. *Support Care Cancer*. 2012;20:2111-2120. [Crossref]
18. Fuji S, Cheng J, Yakushijin K, Wanitpongpun C. Nutritional support in allogeneic hematopoietic stem cell transplantation Asian perspective. *Blood Cell Ther*. 2022;5:54-60. [Crossref]
19. Cuerda C, Muscaritoli M, Chourdakis M, et al. Nutrition education in medical schools (NEMS) project: Promoting clinical nutrition in medical schools - Perspectives from different actors. *Clin Nutr*. 2023;42:54-59. [Crossref]
20. Caccialanza R, Cereda E, Pinto C, et al. Awareness and consideration of malnutrition among oncologists: Insights from an exploratory survey. *Nutrition*. 2016;32:1028-1032. [Crossref]
21. Almasaudi AS. An investigation of the clinical nutritional practices of oncologists and the management of cancer-related malnutrition in inpatient care. *Eur Rev Med Pharmacol Sci*. 2023;27:9928-9936. [Crossref]
22. Cotogni P, Stragliotto S, Ossola M, Collo A, Riso S; On Behalf Of The Intersociety Italian Working Group For Nutritional Support In Cancer. The Role of Nutritional Support for Cancer Patients in Palliative Care. *Nutrients*. 2021;13:306. [Crossref]
23. Tanaka N, Takeda K, Kawasaki Y, et al. Early Intensive Nutrition Intervention with Dietary Counseling and Oral Nutrition Supplement Prevents Weight Loss in Patients with Advanced Lung Cancer Receiving Chemotherapy: A Clinical Prospective Study. *Yonago Acta Med*. 2018;61:204-212. [Crossref]
24. Polisena CG, Wade VR. Cancer patients need referrals to dietitians. *J Am Diet Assoc*. 1993;93:975-976. [Crossref]
25. Maschke J, Kruk U, Kastrati K, et al. Nutritional care of cancer patients: a survey on patients' needs and medical care in reality. *Int J Clin Oncol*. 2017;22:200-206. [Crossref]
26. Isenring E, Capra S, Bauer J. Patient satisfaction is rated higher by radiation oncology outpatients receiving nutrition intervention compared with usual care. *J Hum Nutr Diet*. 2004;17:145-152. [Crossref]
27. Guest DD, Adler Jaffe S, Lelii LA, et al. Differing Experiences of Nutrition Care During Treatment Among Oncology Nurses, Providers, and Patients. *Clin J Oncol Nurs*. 2023;27:653-662. [Crossref]
28. Keaver L, Richmond J, Rafferty F, Douglas P. Sources of nutrition advice and desired nutrition guidance in oncology care: Patient's perspectives. *J Hum Nutr Diet*. 2023;36:434-442. [Crossref]

29. Loeliger J, Dewar S, Kiss N, Drosdowsky A, Stewart J. Patient and carer experiences of nutrition in cancer care: a mixed-methods study. *Support Care Cancer*. 2021;29:5475-5485. **[Crossref]**
30. Loeliger J, Dewar S, Kiss N, et al. Co-design of a cancer nutrition care pathway by patients, carers, and health professionals: the CanEAT pathway. *Support Care Cancer*. 2023;31:99. **[Crossref]**
31. Jebb AT, Ng V, Tay L. A Review of Key Likert Scale Development Advances: 1995-2019. *Front Psychol*. 2021;12:637547. **[Crossref]**
32. Sullivan ES, Rice N, Kingston E, et al. A national survey of oncology survivors examining nutrition attitudes, problems and behaviours, and access to dietetic care throughout the cancer journey. *Clin Nutr ESPEN*. 2021;41:331-339. **[Crossref]**
33. Reinhart R, D'Alimonte L, Osmar K, et al. Educating our patients collaboratively: a novel interprofessional approach. *J Cancer Educ*. 2014;29:382-388. **[Crossref]**
34. Stringer EJ, Sidhu S, Austin K, Cosby C. Nutrition Education Seminars for Prostate Cancer-Diet and Prostate Program: Evaluation and Recommendations (DAPPER Study). *Can J Diet Pract Res*. 2021;82:27-31. **[Crossref]**
35. De Waele E, Demol J, Caccialanza R, et al. Unidentified cachexia patients in the oncologic setting: Cachexia UFOs do exist. *Nutrition*. 2019;63-64:200-204. **[Crossref]**
36. Yee-Ting Cheng T, Szumacher E, Di Prospero L. Breast and Prostate Cancer Patient Perspectives and Perceptions of Interprofessional Collaboration during Cancer Treatment: A Pilot Study. *J Med Imaging Radiat Sci*. 2014;45:373-381. **[Crossref]**
37. Eglseer D, Bauer S. Predictors of Dietitian Referrals in Hospitals. *Nutrients*. 2020;12:2863. **[Crossref]**
38. Lorton CM, Griffin O, Higgins K, et al. Late referral of cancer patients with malnutrition to dietitians: a prospective study of clinical practice. *Support Care Cancer*. 2020;28:2351-2360. **[Crossref]**
39. Lu Z, Fang Y, Liu C, et al. Early Interdisciplinary Supportive Care in Patients With Previously Untreated Metastatic Esophagogastric Cancer: A Phase III Randomized Controlled Trial. *J Clin Oncol*. 2021;39:748-756. **[Crossref]**
40. Sanft T, Harrigan M, McGowan C, et al. Randomized Trial of Exercise and Nutrition on Chemotherapy Completion and Pathologic Complete Response in Women With Breast Cancer: The Lifestyle, Exercise, and Nutrition Early After Diagnosis Study. *J Clin Oncol*. 2023;41:5285-5295. **[Crossref]**
41. Arensberg MB, Besecker B, Weldishofer L, Drawert S. Commentary: Quality nutrition care is integral to the Oncology Care Model. *Support Care Cancer*. 2021;29:7139-7142. **[Crossref]**
42. Soares CH, Beuren AG, Friedrich HJ, Gabrielli CP, Stefani GP, Steemburgo T. The Importance of Nutrition in Cancer Care: A Narrative Review. *Curr Nutr Rep*. 2024;13:950-965. **[Crossref]**
43. Flores-Pérez JA, de la Rosa Oliva F, Argenes Y, Meneses-Garcia A. Nutrition, Cancer and Personalized Medicine. *Adv Exp Med Biol*. 2019;1168:157-168. **[Crossref]**