



National Public Consultation on the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with Cancer

October 2017

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. The DAA appreciates the opportunity to provide feedback on the National Public Consultation on the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with Cancer by the Cancer Australia and The Victorian Department of Health and Human Services.

Contact Person:

Position: Professional Services Dietitian
Organisation: Dietitians Association of Australia
Address: 1/8 Phipps Close, Deakin ACT 2600
Telephone: 02 6189 1217
Facsimile: 02 6282 9888
Email: psdietitian@daa.asn.au

DAA interest in this consultation

DAA is the peak professional body for dietitians in Australia. DAA acknowledges the importance of delivering culturally safe and competent care. DAA are interested in guidelines that support best practice in aspects of the cancer care pathway that need to be responsive to the needs of Aboriginal and Torres Strait Islander people with cancer.

The Accredited Practising Dietitian (APD) program is the foundation for self-regulation of the profession, and a public assurance of safety and quality. APDs play a key role in cancer care, as they have the training, skills and knowledge to provide evidence based interventions using Medical Nutrition Therapy. APDs work with cancer patients across the care pathways including prevention, treatment remission and palliative care. APDs work with other health professionals to provide nutrition advice to many individuals from different cultural backgrounds (including Aboriginal and Torres Strait Islander people), with cancer. DAA recognise the essential nature of a multidisciplinary team, including an APD, in ensuring detailed assessment of an individual in order to achieve accurate diagnoses, and personalised needs planning for improved health outcomes.

Recommendations

DAA recommends the following:

1. All references to a Dietitian should be changed to 'Accredited Practising Dietitian'.
2. That clinicians be aware of the unique roles Allied Health professions, specifically APDs, have in cancer care for Aboriginal and Torres Strait Islander people. This can be done by including a section in the OCP outlining the roles of Allied Health Professionals in cancer care.
3. APDs and Allied Health Professionals should be included throughout the Optimal Care Pathway (OCP), as per the discussion below.

Discussion

That the OCP is clear and easy to understand, the information in the OCP is supported by current evidence and it caters for the diversity of Australia's Aboriginal and Torres Strait Islander populations.

APDs in Cancer Care

An APD is trained in management strategies for Cancer care. These include, but are not limited to:

- Malnutrition and cancer cachexia including high protein and/or high energy diets [1, 2]
- Nutrition support for post-operative procedures including percutaneous endoscopic gastrostomy (PEG) and Nasogastric Tube (NGT) feeding and supplement education and advice [3].
- Symptom management such as gastrointestinal issues (including constipation, diarrhoea, nausea, loss of appetite and taste changes) [4]
- Personalised dietary advice for healthy eating, recipe ideas, and weight management

The following sections of the OCP could benefit from the inclusion of Allied Health Professionals, specifically Accredited Practising Dietitians.

- Page 7 – Multidisciplinary care; Supportive care
- Page 20-21 – 1.2 Risk reduction; Cancer risk reduction
- Page 33 – 4.2 Treatment options; dot point 5
- Page 36 – 4.7 Pain management
- Page 38-39 – 5.1 survivorship
- Page 39 – 5.2.2 Follow-up care; paragraph 5
- Page 40-41 – 5.4 Support and communication
- Page 46 – 7.1 Multidisciplinary palliative care

Specific Comments on sections of the document are included below.

Page 13 – Relationship building with the local community; third paragraph

Include dot point: ‘attend training on communication and health management specific to Aboriginal and Torres Strait Islanders.’

Page 35 – Traditional medicine, complementary therapies and alternative therapies; paragraph 3

APDs are committed to an evidence-based practice, and do not support the use of medicines that have not been assessed for efficacy or safety, or may be harmful or ineffective to patients with cancer.

Page 37 – 4.8.2 Communication with the patient, family and carer

This paragraph repeats itself in regards to potential side-effects, consider rewording.

Recommend including that the clinician should discuss referral options for side-effect management (e.g. referral for an APD for weight changes and gastrointestinal issues).

Recommend adding strategies for the patient to remain in contact with family and community during treatment e.g. make Skype available to patients at accommodation and local clinic.

Page 40-41 – 5.4 Support and communication

Under ‘physical needs’, weight changes should be extended to ‘weight, appetite and gastrointestinal changes’.

Page 45 - 6.7.2 Rehabilitation; Paragraph 2

Include the following in the list of ‘issues that may need to be addressed’: cancer cachexia, appetite changes, gastrointestinal issues, and ensuring nutritional adequacy.

Page 54-65 – Tumour Specific Optimal Care Pathways

There is growing evidence to support the importance of referring to an APD in cancer care, particularly as malnutrition is common in cancer patients and is associated with poorer health outcomes and longer hospital stays [5, 6].

APDs have the skill set to see Aboriginal and Torres Strait Islander people with different tumours, however an APD referral is of particular importance for tumours located in the head and neck or gastrointestinal area [4, 7].

'Further Information' resources

Page 15 – Health literacy

Nutrition Education Material Online (NEMO), Aboriginal and Torres Strait Islander resources designed to be used by Health Professionals. Available at: https://www.health.qld.gov.au/nutrition/nemo_a-and-tsi

Cancer Council Victoria Resources for Dietitians, includes fact sheets and booklets for Cancer patients. Available from: <http://www.cancervic.org.au/for-health-professionals/resources-for-dietitians>

Page 16-17 – Culturally appropriate resources

Australia's Health Weight Week – resources Tailored for the needs of Aboriginal and Torres Strait Islander people. Available from: <http://healthyweightweek.com.au/indigenous-resources/>

The Aboriginal and Torres Strait Islander Guide to Healthy Eating. Available from: <http://www.healthinonet.ecu.edu.au/key-resources/promotion-resources?lid=30207>

Oncology Resource Guide for Dietitians (includes multilingual resources and pictorial resources). Available from: <http://www.cancervic.org.au/for-health-professionals/resources-for-dietitians>

Page 33 – 4.2 Treatment options

Nutrition Education Material Online (NEMO), Oncology resources designed to be used by Health Professionals. Available from: https://www.health.qld.gov.au/nutrition/nemo_oncol

Cancer Council Australia. Evidence-based practice guidelines for the nutritional management of adult patients with head and neck cancer. Available from: http://wiki.cancer.org.au/australia/COSA:Head_and_neck_cancer_nutrition_guidelines.

References

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3. Doyle E, Simmance N, Wilding H, Porter J. Systematic review and meta-analyses of foodservice interventions and their effect on nutritional outcomes and satisfaction of adult oncology patients. *Nutr Diet*. 2017; 74(2):116-128.
4. Isenring E, Zabel R, Bannister M, Brown T, Findlay M, Kiss N et al. Updated evidence-based practice guidelines for the nutritional management of patients receiving radiation therapy and/or chemotherapy. *Nutr Diet*. 2013; 70(4):312-324.
5. Hamilton C, Boyce VJ. Addressing malnutrition in hospitalized adults. *JPEN J Parenter Enteral Nutr*. 2013; 37: 808–15.
6. Lim SL, Ong KCB, Chan YH, Loke WC, Ferguson M, Daniels L. Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clin Nutr*. 2012; 31:345–50.
7. Mak M, Bell K, Ng W, Lee M. Nutritional status, management and clinical outcomes in patients with esophageal and gastro-oesophageal cancers: A descriptive study. *Nutr Diet*. 2016; 74(3):229-235.