Patients with head and neck, lung, hepatic, gastric, and colorectal cancers are at greatest risk for malnutrition. Enteral nutrition (EN) is a vital component of nutrition for patients with cancer and allows for delivery of nutrients when oral intake alone is inadequate to meet nutrition needs. Based on the ASPEN evidence-based consensus recommendations, this practice tool addresses key questions regarding the indications for and the initiation timing of EN for patients with cancer.

## What are the indications for EN in the oncology patient?

<table>
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<tr>
<th>Tumor Type/Condition</th>
<th>Timing of EN Initiation</th>
<th>Considerations</th>
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| **Solid Tumor**      | • As soon as feasible in adult patients unable to receive oral intake of >60%–85% of goal nutrient intake and present with moderate/severe malnutrition.  
• Use EN in patients unable to or expected to be unable to tolerate 60% of energy and protein needs by mouth despite education and pharmacologic intervention and oral supplementation for >7–14 days if previously well nourished. | • Consider a postpyloric short-term access or jejunal tube in those with refractory nausea and vomiting (N/V) or intolerance of adequate gastric intake. |
| **Pre-cachexia/cachexia** | • Consider early aggressive EN therapy if intake is inadequate. | • Consider symptom management and maximization of oral intake for patients with refractory cachexia, life expectancy <3 months, or Karnofsky performance status (KPS) score <50 or who do not wish to continue anticancer treatment. |
| **Hematopoietic Stem Cell Transplant (HSCT)** | • As soon as feasible after transplant in adult patients receiving HSCT who are unable to receive oral intake or meet >60%–75% of goal intake and who present with moderate/severe malnutrition.  
• Use EN in patients unable to or expected to be unable to tolerate >60% of energy and protein needs by mouth despite education and pharmacologic intervention and oral supplementation for >7–14 days if previously well nourished. | • Consider EN vs parenteral nutrition (PN) for nutrition support in the absence of graft vs host disease (GVHD) of the gut mucosa or GI symptoms refractory to pharmacological interventions following transplant. |

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When is enteral nutrition indicated?

Incorporate: Patient’s desires, life expectancy, and performance status

Nutrition assessment

Nutrition support indicated?

Oral intake possible?

NO

Assess stage of disease/treatment plan

Advance disease: Palliative care

Continued treatment

Assessment of GI function

Functional GI tract: enteral nutrition

Intestinal failure: Parenteral nutrition

YES

Appetite normal?

YES

Diet ONS

NO

Orexigenic agent

References:


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