From the aggregate of five studies, Dr. Halfdanarson and colleagues reported that dietary counseling resulted in a clinically important improvement in quality of life (QOL; mean difference = 0.56; 95% confidence interval = –0.01–1.14) but did not reach statistical significance ($P = 0.06$). Although we applaud the authors for investigating this important topic, our concern is that the key message stating “dietary counseling does not appear to improve QOL significantly in patients with cancer” is oversimplified and misleading.

The meta-analysis aims to address an important clinical question: Does dietary counseling improve QOL in patients with cancer? There is good evidence that dietary counseling improves QOL in patients receiving radiation therapy who are at risk of unintentional weight loss. Where the evidence is lacking (because of the dearth of quality studies) is the impact of dietary counseling to improve QOL in oncology patients at nutritional risk receiving chemotherapy.

We believe the study by Ovesen and others should not have been included in the meta-analysis for several reasons. First, the authors state that for inclusion in the meta-analysis, the study must have used a validated tool for global QOL assessment. Ovesen et al used a modified version of the Spitzer QOL Index in which one of the five components, support of family and friends, was replaced with a question concerning the patient’s appetite and pleasure of eating. This modification to the Spitzer tool has not been validated.

Second, all other studies in the meta-analysis used the EORTC–QLQ C30 tool as the QOL measure. Although effect size has been used to compare the outcomes of the studies, the two different methods of measuring global QOL may not be equivalent. This finding was demonstrated by Paccagnella et al when the Spitzer and EORTC global ratings were used as outcome measures of a chemotherapy trial in lung cancer.

Third, it is the only paper that looks at chemotherapy alone; other papers reviewed radiotherapy and/or combination treatment. In addition, the current evidence suggests that breast cancer survivors should receive dietary counseling regarding a healthy diet and exercise program to maintain weight (prevent weight gain) rather than dietary counseling to increase dietary intake. This study also has some study design limitations, such as conducting analyses excluding those subjects lost to attrition and being underpowered (sample size calculations were based on a 5-kg weight gain in 5 months).

The fact that Dr. Halfdanarson and colleagues found a clinically important difference in QOL with dietary counseling, even by including the Ovesen et al study, is a major point. The meta-analysis would likely have shown a statistically significant difference with the exclusion of the Ovesen et al study. Nutrition studies are complex to undertake, including potentially excluding those most likely to benefit from the intervention (i.e., unethical not to provide identified malnourished patients with nutrition support). Also, as the authors stated, most of the comparison groups in these studies were not true “controls,” but they utilized a lower level of nutrition intervention (i.e., the effect size is likely to be smaller than if a true control was used).

The key message of this article should highlight the evidence that dietary counseling (with or without the use of commercial supplements) improves QOL in nutritionally-at-risk radiation oncology patients (including those with gastrointestinal and head and neck cancers). However, due to the lack of quality studies, there is currently insufficient evidence to routinely recommend...
dietary counseling in oncology patients receiving chemotherapy, and further research in this area is required.

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