

ESPEN 2020 Late Breaking Abstracts

Topic: Nutrition and cancer

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WEIGHT GAIN IN ONCOLOGY PATIENTS USING A PLANT-BASED ORAL NUTRITION SUPPLEMENT

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Rationale: As research on the use of plant-based enteral formulas (PBEF) and their efficacy in oncology is limited, we looked at the use of PBEF in the adult oncology patient population, and its effect on weight.

Methods: We conducted a retrospective chart review on 13 patients who had been prescribed PBEF within the past 12 months. Information from medical records included medical history, age, gender, anthropometric data and nutritional regimen from food diaries.

Results: All 13 patients reported tolerating the formula. All consumed PBEF formula orally, with one also receiving PBEF via feeding tube. Average age was 63.3 years, with 7 female and 6 male patients. Of the 13 patients, nine had at least one follow-up assessment from a dietitian after adding PBEF to their nutrition regimen.

Of the nine, all either gained or maintained weight. Six gained, and four showed an increase in BMI. Of those with documented weight gain, the average was 3.5 kilograms. Of those with documented increase in BMI, the average was 1.53 points over an average of 3.5 months. The nine patients received an average of 44.6% of their daily calories from PBEF.

One of the nine was on PBEF for a 12-month period, and experienced a 9.09 kilogram weight gain and a 2.8-point increase in BMI during this time. Importantly, nutritional status changed from “severely malnourished” to “no clinical signs of malnutrition.” As this individual had more follow-ups, and received PBEF for a longer period of time, than the average, we also looked at results when this patient’s data was removed from the calculated averages. Even then, results showed an average weight gain of 2.36 kilograms and a 1.1-point increase in BMI over a 2.5-month timespan for the remaining eight patients.

Conclusion: Weight maintenance, weight gain and tolerance with use of PBEF was demonstrated in this small cohort of adult oncology patients. Since medical treatment can be interrupted when patients experience significant weight loss, dehydration or clinical malnourishment, the results have important ramifications. Without PBEF supplementation, these patients would have continued to decline nutritionally. The small sample size is a limitation to this study, and supports the need for a larger trial.

References: n/a

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