國泰醫院 全院演講

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| 時間 | 題目 | 講者 | 地點 |
| 2015/5/19 11:00~12:00 | Cancer Nutrition | 施耀明醫師 | 國泰醫院本館第三會議室 |

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**Cancer Nutrition**

Abstract

Cancer malnutrition is common in patients (31-87%), and the prevalence is dependent on cancer type and cancer stage. Cancer-related malnutrition can be a direct consequence of the disease itself, causing cancer-associated anorexia or altered metabolism (aerobic glycolysis, proteolysis, and lipolysis). In addition, malnutrition can also be a consequence of anti-cancer treatment including surgical intervention, chemo- or radiotherapy. The end results of cancer-associated malnutrition are cancer cachexia and cancer sarcopenia. Cancer cachexia can be defined as weight loss >5% over past 6 months, BMI <20 and degree of weight loss >2%, or skeletal mass index consistent with sarcopenia and weight loss >2%. The consequence of cancer-associated weight loss is increased mortality, reduced quality of life, and reduce efficacy of anti-cancer therapy with and lower tolerance (narrower therapeutic window) to chemo- or radiotherapy. The prevention or reversal of protein loss and energy deficit (in turns of continual weight gain) has been shown to be beneficial to clinically relevant outcome for cancer patients on anti-cancer therapy. The use of specific nutrients may enhance the efficacy of chemo- and radiotherapy. Thus nutritional support in cancer patients should not be considered entity with oncology therapy, but should be considered as parallel care.