

FORTISIP COMPACT PROTEIN IN A PATIENT WITH RECTAL CANCER UNDERGOING ADJUVANT CHEMORADIO THERAPY

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PATIENT BACKGROUND

A 76 year old woman of Afro-Caribbean descent, who had lived in the UK since being a young woman. She had stage 2 adenocarcinoma of the rectum with no nodal or metastatic involvement. She had a Transanal endoscopic micro-surgery of the tumour 2 months before meeting the dietitian. Her remaining treatment plan included 45 Gy radiotherapy to be given in 25 sessions over 5 weeks. She was also to receive concurrent capecitabine chemotherapy. Prior to starting treatment, she had a greatly reduced

appetite, early satiety and minimal interest in food. Her bowels at this stage were opening daily with no reported concerns. She had experienced a change in taste in recent years but was managing well with this. She also had slight neuropathy in her hand, which left her with a tingling sensation. She had no significant previous medical history. She was a widow and lived alone, though she had children and extended family members living close by who supported her with shopping and through her treatment.

NUTRITIONAL ASSESSMENT

Her weight at diagnosis was 81.6kg, she had lost 6kg over the previous six months. Her BMI was 31.3kg/m². Her handgrip (average of 3) was L 17.8kg and R 13.6kg. Her nutritional requirements were estimated to be 1460 – 1755kcal (using Schofield equations) and 75-100g protein (ESPEN*). It was estimated that she was managing around 75% of her energy requirements 1100kcal and 50% of her protein at 37g. At this initial stage she was given food fortification advice. We discussed the importance of protein and she was given written information to support her choices.

TYPICAL DAY CONSISTED OF:

- **Breakfast:** cup of tea with a dash of milk, apple and porridge oats (made with water)
- **Lunch:** often missed
- **Evening:** a ready meal such as chicken with a few potatoes and salad but would not always manage a full portion.
- **Snacks:** occasionally through the day she would have a couple of rich tea biscuits.
- **Fluids:** 5 cups of tea and glasses of water.

NUTRITIONAL INTERVENTION AND RATIONALE

A week later she was reviewed, she was 5 fractions into radiotherapy. She had lost 1kg of weight. She was struggling with her oral intake and had reduced to meeting just 60% energy and less than 50% of her protein requirements on a good day and considerably less on those days when she felt unwell. She had experienced loose stool over 2 days, for which she was taking medication (loperamide). The dietetic goal throughout was to improve the patient's nutritional status, to maintain her weight and support her to complete her treatment.

Her goal was to be supported through treatment. She was given Fortisip Compact Protein (FCP) to try. The rationale for this product was that the small volume would suit that she had early satiety and she liked milkshakes. Also, the protein content was important as her oral intake, especially protein, remained low. The aim was to have 2 per day and continue small, frequent fortified meals.

This information is intended for healthcare professionals only.
*ESPEN: European Society for Clinical Nutrition and Metabolism.

RESULTS AND DISCUSSION

She tolerated FCP very well, enjoying the flavour and mouth feel. As treatment progressed, she became more reliant on FCP and liquids. She became more symptomatic with radiotherapy, with her bowels becoming quite irritated. She was experiencing diarrhoea several times a day and becoming reliant on loperamide. We therefore increased FCP to 4 per day.

She completed treatment with no gaps, losing just 2kg despite diarrhoea throughout. She continued with FCP at this stage four times per day. At four weeks post-completion of chemoradiotherapy, her oral intake was improving, her appetite had increased, and her diarrhoea settled. She had regained 1kg and her handgrip had improved 20% on L arm and 40% in right. The improvements were due to the ability to meet her requirements which were supported and achieved with FCP.

She felt stronger in herself. She was meeting 100% of her requirements with the support of 2-3 FCP per day in addition to having small high protein/energy meals at breakfast and in the evening. Both dietetic and patient goals were met through treatment. The completed care measure demonstrated that the patient had felt well-supported through her treatment. Dietetically, she experienced minimal weight loss despite the symptoms and significantly improved her handgrip strength. Her repeated EQ5D showed stability in her well-being.

At four months post-treatment, she was managing 100% of her nutrition on a full diet, having weaned down the supplements in the preceding months as her intake had improved. She had regained some of her previous lost weight and was well in herself. Her aim was to maintain this weight.

In hindsight, she should have been given supplements at the first consultation

	Pre-diagnosis	Start of treatment	Wk 2	Wk 3	Wk 5	1/12 post treatment	4/12 post treatment
Weight	88kg	81.6	80.9	80	79.6	80.1	83
Hand grip L		17.8				20.8	
Handgrip R		13.6				22	
Intake % requirements energy		75%	60%	90%	100%	100%	100%
Protein		50%	40%	90%	100%	100%	100%

Fortisip Compact Protein is a Food for Special Medical Purposes for the dietary management of disease related malnutrition and must be used under medical supervision.

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