Technical Note from the Brazilian Society of Oncology Nutrition on Nutritional Oncology Care because of COVID-19 Pandemic

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Nota Técnica da Sociedade Brasileira de Nutrição Oncológica sobre os Cuidados Nutricionais em Oncologia frente à Pandemia de Covid-19

Nota Técnica de la Sociedad Brasileña de Nutrición Oncológica sobre Cuidados Nutricionales en Oncología ante la Pandemia de Covid-19

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INTRODUCTION

Coronavirus is a family of virus that cause respiratory infections. The novel coronavirus (2019-nCoV) was discovered in the end of 2019 in China and the World Health Organization (WHO) considered a pandemic called COVID-19 (coronavirus disease 2019). Sars-CoV-2 is the acronym of the virus of the severe acute respiratory syndrome of coronavirus 2, main characteristic of the infection that spreads mainly through the respiratory tract by droplets, respiratory secretions and direct contact[1].

The patient with cancer, in treatment or survivor, has characteristics that can favor the severest forms of the disease and greater mortality, among these, old age, presence of comorbidities, hypoalbuminemia, immunosuppressants treatments and tobacco addiction[2-6]. Some symptoms as nausea, vomits, diarrhea, anosmia, dysgeusia were already reported by patients with COVID-19[7,8]. It is known that the presence of these symptoms is strongly associated with malnutrition in the Brazilian oncologic population[9].

A recent document about the flow of nutritional assistance of patients with COVID-19 in a hospital considers that older adults ≥65 years, adults with Body Mass Index (BMI) <20,0 kg/m², patients with high risk or pressure injuries, immunosuppressant patients, with inappetence, persistent diarrhea, history of weight loss, chronic obstructive pulmonary disease (COPD), asthma, structural pneumopathies, cardiopathies, structural cardiopathies including important arterial hypertension, insulin-dependent diabetes and chronic kidney disease are considered patients in nutritional risk[8].

According to the National Cancer Institute José Alencar Gomes da Silva (INCA), individuals with cancer in treatment with chemotherapy, radiotherapy who had undergone surgery for less than one month or using immunosuppressant drugs belong to the risk group[10].

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RECOMMENDATIONS

Although the actual evidences concentrate in the general management of COVID-19, little is known about the nutritional support during hospitalization. The lack of nutritional procedures can, in its turn, prolong the recovery of the patients and increase even more the infectious complications[11].

The Federal Council of Nutritionists (CFN) in a recent document recommends: "Nutritionists should analyze carefully the scenario and local directives to understand the severity of the problem and consider the important limitations imposed by the absence of physical contact and evaluation with the client/patient/user for assessment of the best modality of assistance and proper nutritional support"[12]. In that perspective, the nutritionist must evaluate the necessity of continuing the in-person consultations at the outward, office or at home.

Just as the CFN[12] presented its recommendation, the Brazilian Society of Oncologic Nutrition (SBNO) ratifies that there are no scientific evidences supporting the existence of food and/or formulas with protective action against COVID-19. Healthy and balanced food intake contributes for more effective immune system.

Oncologic treatment will be maintained and, consequently, all the protocols of nutritional assistance[13,14]. The objective of the present Technical Note is to ensure the best health conditions of the patients and minimize the risks of infection of the caregivers, patients and relatives.

Outpatient attendance

- Outpatient attendance of patients pre or post oncologic treatment or in group must be suspended during the pandemic or conducted on-line, the patients can be reached by telephone. According to CFN, exclusively nutritional attendance not in-person can be done, including evaluation and nutritional diagnosis consultations.
- Follow up of patients in oncological treatment or who spontaneously seek for attendance must continue, respecting the biosafety norms recommended for protection of the professional and the patient.
- Patients with symptoms of COVID-19 must be guided to follow the cautionary recommendations of the sanitary authorities and should not be attended.
- Rearrange the waiting room, leaving 1 meter free from each chair and offer educational material (posters) about hygiene and Personal Protective Equipment – PPE and alcohol gel.
- Attendance must occur at appropriate intervals to keep the place clean according to institutional guidance.
- The place of attendance must be appropriate, ventilated or with open doors, without any non-essential material or equipment, tables, chairs with minimum distance of 1.5 meter between the caregiver and the patient.
- The patient and the caregiver must wear masks.
- If possible, offer disposable shoe protector to enter the room.
- Nutritional guidances can be sent by email or as text messages.
- The necessity of using materials for nutritional evaluation (scale, tape, adipometer and other) must be evaluated cautiously and, if necessary, must be cleaned correctly.

Hospital unit

- The professional must follow the conducts of personal hygiene and proper PPE while they remain in the hospital unit following the guidances of the Hospital Infection Control Committee (HICC).
- Maintain the nutritional screening of adult, older adults and pediatric patients according to the protocol of the unit whenever possible. Prefer tools that can be filled out by the patient itself or as telephone interviews.
- In case it is not possible to conduct the nutritional screening, consider all the oncological patients with confirmed COVID-19 as in nutritional risk. The recommendations of the National Consensus of Nutrition Oncology for the establishment of early nutritional therapy in oncologic patients in nutritional risk must be complied with[15,16].
- Do not make nutritional evaluation of suspected or confirmed patients in order to avoid physical contact.
- In the daily revaluation of food intake and symptomatology, use secondary data from the charts, telephone contact with the patient and the mediation of the multiprofessional team members that have already been in direct contact with these patients.
- Avoid entering the intensive care units with patients confirmed. The recommendations of the National Consensus of Nutrition Oncology for the establishment of nutritional therapy in critical oncologic patients must be complied with[15,16].
- Consistent with the production of food to the hospitalized patients, it is essential the dully compliance with the Good Clinical Practices of Manufacturing and Manipulation of Food in this moment in order to continue to ensure the delivery of safe food[17].

Clinical trial

- Suspend data collection of ongoing studies or approved by the Institutional Review Board of patients who are

not in oncologic treatment or that increase the flow of the patients in the health facility.
- Support the development of technological tools to contact the patients in isolation.
- Encourage the development of research projects about aspects involving nutrition, cancer and COVID-19, with retrospective data collection after the control of the pandemic.

CONCLUSION

In-person attendance and nutritional evaluation must be reviewed because of the pandemic scenario. Nutritional care is essential during the oncologic treatment. The nutritionist must preserve the oncologic patient integrity in the context of prevention of COVID-19 and risk factors of malnourishment according to the National Council of Oncologic Nutrition.

CONTRIBUTIONS

All the authors contributed equally for the conception, bibliographic research, wording, critical review and approved the final version to be published.

DECLARATION OF CONFLIC OF INTERESTS

There is no conflict of interests to declare.

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