defeat malnutrition today

October 28, 2022

RE: Draft report Pathways to Prevention (P2P) Program: Nutrition as Prevention for Improved Cancer Outcome

Submitted electronically to NIHP2P@mail.nih.gov

Defeat Malnutrition Today (DMT)* appreciates the opportunity to comment on the draft report the NIH is undertaking related to nutritional needs in cancer. We comment specifically on the importance of identifying malnutrition in the population of older adults with cancer. Malnutrition occurrence in cancer has been under identified and under treated and this report calls attention to the critical need to intervene early to identify those who are at risk of or are malnourished.

We agree high rates of malnutrition continue to affect patients as up to one out of every two older Americans¹ is at risk for malnutrition or already malnourished, and yet there is a gap in malnutrition care for older adults. We commend the independent panel for recommending "baseline screening for malnutrition risk using a validated instrument following cancer diagnosis and repeated screening during and after treatment to monitor nutritional well-being." The Malnutrition Screening Tool (MST)² is a moderately valid and reliable 2-item screener validated against the screening tools studied above and has been endorsed by many organizations, including the Academy of Nutrition and Dietetics.

We further commend the panel for recommending "those at risk of malnutrition should be referred to a registered dietitian for more in-depth nutritional assessment and intervention." Defeat Malnutrition Today strongly supports referrals of those identified by malnutrition/other health screenings to the appropriate professionals, as stated in our National Blueprint: Achieving Quality Malnutrition Care for Older Adults³. This can improve older adults' access to needed care and follow-up services in a timely and efficient manner. Furthermore, malnutrition interventions have been seen as high value as CMS has approved multiple malnutrition-related electronic clinical quality measures for use in the outpatient Merit-based Incentive Payment System (MIPS) and the Global Malnutrition Composite Score (GMCS) which would address malnutrition in the hospital. The GMCS summarizes the key steps that already should exist in the nutrition care workflow in an acute care setting (malnutrition screening, assessment, diagnosis, and development of a care plan) and which should be a regular part of all hospital care.

*Defeat Malnutrition Today is a coalition of over 100 members committed to defeating older adult malnutrition across the continuum of care. We are a diverse alliance of stakeholders and organizations working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation's health care system.

¹Norman K., Pichard C., Lochs H., Pirlich M. Prognostic impact of disease-related malnutrition. Clin. Nutr. 2008;27:5–15. doi: 10.1016/j.clnu.2007.10.007.

²Academy of Nutrition and Dietetics. (2019). Position of the AND: Malnutrition (Undernutrition) Screening Tools for All Adult. <u>https://www.eatrightpro.org/-/media/eatrightpro-files/practice/position-and-practice-papers/position-papers/position-papers/position-nd-practice-papers/position-papers/pos</u>

³Defeat Malnutrition Today and Avalere Health. (2020). National Blueprint: Achieving Quality Malnutrition Care for Older Adults 2020 Update.

https://www.defeatmalnutrition.today/sites/default/files/National_Blueprint_Infographic_MAY2020_Update_FIN AL.pdf

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In summary, we support the recommendations to move forward with screening for malnutrition and carrying out rigorous, well-designed nutritional intervention studies to determine the best path forward to addressing the high malnutrition rates in this population as these have been needs we have also identified.

Sincerely, Bob Blancato

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