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Medical Oncologist Worksheet

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Nutrition test

Name:	Height:	Age:
Date:	Current weight:	Gender:

1. Have you lost weight in the last 3 months?

◯ No	0 p.
◯ Yes, I lost 1-5 kg	1 p.
◯ Yes, I lost 6-10 kg	2 p.
◯ Yes, I lost 11-15 kg	3 p.
◯ Yes, I lost >15 kg	4 p.
◯ I'm not sure	2 p.

2. Have you been eating worse during the last week due to lack of appetite?

◯ No	0 p.
◯ Yes	1 p.

3. Are you currently undergoing intravenous anti-tumor therapy with cycles of 1, 2, 3, or 4 weeks?

- ◯ No
- ◯ Yes - every 1 week
- ◯ Yes - every 2 weeks
- ◯ Yes - every 3 weeks
- ◯ Yes - every 4 weeks
- ◯ Yes, but with different cycle frequency

If you answered **"No"** - please indicate the amount of food served at breakfast, lunch, and dinner that you managed to eat in the past 4 weeks.
If you answered **"Yes"** to the last question - please indicate the amount of food served at breakfast, lunch, and dinner that you managed to eat in the weeks since your last anti-tumor infusion.

Please fill in the number of weeks depending on the therapy cycle:

Week 1					Week 2				
									
◯ All	◯ 3/4	◯ 1/2	◯ 1/4	◯ Nothing	◯ All	◯ 3/4	◯ 1/2	◯ 1/4	◯ Nothing
Week 3					**Week 4**				
									
◯ All	◯ 3/4	◯ 1/2	◯ 1/4	◯ Nothing	◯ All	◯ 3/4	◯ 1/2	◯ 1/4	◯ Nothing

4. Mark the section where your primary oncological disease is located, for which you are currently receiving treatment.

◯ Head and neck; Esophagus; Stomach; Pancreas; Small intestine; Lymphoma affecting the gastrointestinal tract	2 p.
◯ Lung; Brain; Bile ducts; Kidney; Ovary; Endometrium	1 p.
◯ Breast; CNS (brain); Liver; Prostate; Colon and rectum; Leukemia and other hematological diseases; Other diseases	0 p.

5. Mark the section with the type of therapy you are currently undergoing.

◯ Combined chemo-radiotherapy; Hyperfractionated radiotherapy; Stem cell transplantation	2 p.
◯ Chemotherapy (alone or combined); Treatment with radiotherapy only (without chemo)	1 p.
◯ Other type of treatment (hormone therapy, immunotherapy, targeted therapy, other therapy)	0 p.

Total nutrition risk score:

*Nutrition screening is more sensitive in patients with initial BMI < 20. Medical assessment may intensify dietary intervention with lower nutrition risk score and clinical signs of malnutrition.

Primary Goals of Nutritional Consultation

Setting and achieving specific nutritional objectives to meet the increased energy demands of the body while preserving the patient's bodily condition during anticancer treatment is crucial for improving quality of life, minimizing toxicity and complications, preventing and treating cancer-related malnutrition, among other factors.
The primary nutritional goals for patients at risk of malnutrition undergoing chemotherapy include ensuring adequate intake of Calories (25-30 kcal/kg/day), Proteins (1.5-2 g/kg/day), Omega-3 fatty acids (2-5 g/day), Fiber (>30 g/day), Phytochemicals (1-1.5 g/day), as well as preventing deficiencies and insufficiencies of vitamins and minerals.

Prima Sanitas provides both patients and healthcare professionals with accessible information sources regarding nutrition, sleep, and physical activity during therapy. This includes an online generator for creating personalized diets, certified tools, and established methodologies for screening, prevention, diagnosis, and treatment of malnutrition according to the best scientific data and current recommendations from dietary societies.

The use of specialized nutritional supplements for cancer patients by Prima Sanitas, as part of a multimodal comprehensive approach tailored to the patient's dietary profile and risk of malnutrition, facilitates the achievement of nutritional goals, helps prevent undernutrition, and assists in reducing common adverse side effects and unwanted events during therapy. Instructions for the proper use of nutritional supplements, considerations for drug interactions, and application cycles are provided in the "Working Medical Chart of Prima Sanitas."

Nutritional Supplements

PrimaSanitas Antioxidants
Dietary supplement for patients with low intake of phytochemicals (fruits and vegetables), vitamin and mineral deficiencies during chemotherapy. Suitable for patients experiencing cancer-related fatigue; nausea and vomiting associated with highly emetogenic chemotherapy;

PrimaSanitas Omega-3 EPA/DHA
Dietary supplement for patients with low consumption of fatty fish. Suitable for the prevention of peripheral neuropathy associated with treatment with Oxaliplatin and Paclitaxel. Suitable for reduction of inflammatory reactions, prevention and treatment of cancer-cachexia.

PrimaSanitas Probiotics+Prebiotic
Suitable for the prevention of dysbiosis associated with antibiotic and antitumor treatments. Suitable for treatment of mild to moderate diarrhea associated with chemotherapy.

PrimaSanitas Protein and Glutamine
Dietary supplement for patients with low protein consumption. Suitable for the prevention of muscle mass loss and cachexia and malnutrition.

Taking the four products together constitutes a comprehensive nutritional enrichment regimen suitable for high risk patients with suboptimal nutrition .

Malnutrition Risk Assessment and Physician Protocol for Prevention of Malnutrition:

0-2 p. Low risk of malnutrition

Recommendation:
Assignment of specific dietary goals (calories and proteins) through the **"Prima Sanitas" patient book** + Recommendation to start an electronically generated diet at **primasanitas.com.**

Additionally:
***If needed - medical decision for inclusion of nutritional supplements for prevention and control of symptoms according to the patient profile, dietary compliance and type of therapy. (Omega; Protein; Antioxidant; Probiotic)**

3-4 p. Moderate risk of malnutrition

Recommendation:
Assignment of specific dietary goals (calories and proteins) through the **"Prima Sanitas" patient book** + Recommendation to start an electronically generated diet at **primasanitas.com** + Assignment of nutritional supplements PrimaSanitas Omega-3 + PrimaSanitas Protein for the prevention of malnutrition, sarcopenia and cachexia.

Additionally:
***If needed - medical decision for prescription of symptomatic drug treatments if necessary:** antiemetic, gastroprotective, anti-inflammatory, antidiarrheal, etc. medications
***If needed - medical decision to include other nutritional supplements for prevention and symptom control relative to patient profile, dietary compliance, and therapy. (Antioxidant and Probiotic)**

≥5 p. High risk of malnutrition

Recommendation № 1:
Referral to a specialized professional nutritionist with an oncology profile for a precise assessment of the degree of malnutrition, caloric needs, assessment of body composition and metabolic changes, intensive dietary follow-up and nutritional interventions on an outpatient or inpatient basis.

Recommendation № 2:
In the absence of a professional nutritionist with an oncology profile - carrying out the following dietary interventions by the medical staff in the oncology unit as follows:

Evaluation of total food intake in the days between chemotherapy cycles and the degree of the average caloric deficit.
Example:
(Week 1: 25%+ Week 2: 100%+ Week 3: 100%) ÷ 3 Weeks = 225% ÷ 3 **= 75% total food intake.**

Low-grade caloric defici: ≥75-100% food intake on days between therapy

Recommendation:
- Assignment of specific dietary goals (calories and proteins) through the book "Prima Sanitas" + Recommendation to start an electronically generated diet on the site "primasanitas.com" + Assignment of the Prima Sanitas Regimen (Omega; Protein; Antioxidant; Probiotic) with dose modification at medical discretion

- In case of additional weight reduction and worsening of malnutrition - switch to feeding with medical food (ONS)

Severe malnutrition: <75% food intake on days between therapy

Recommendation:
- Assignment of specific dietary goals (calories and proteins) through the book "Prima Sanitas" + Recommendation to start an electronically generated diet on the site "primasanitas.com" + Nutrition with medical food (ONS) according to the degree of the caloric deficit:
- Calculation of increased caloric needs according to the formula "35 kcal/kg/day" (Example: 70 kg x 35 = 2400 kcal/day).
- Caloric deficit calculation (Example: 2400 x 50% total food intake = 1200 kcal caloric deficit).
- Compensating the caloric deficit with medical food (Example: 1 bottle of ONS=400 kcal; 3x1 bottle of ONS daily= 1200 kcal).
- Assignment of Prima Sanitas nutritional supplements in case of inability to reach nutritional goals with ONS and diet (Omega-3; Protein; Antioxidant) or in case of dysbiosis (Probiotic+prebiotic)

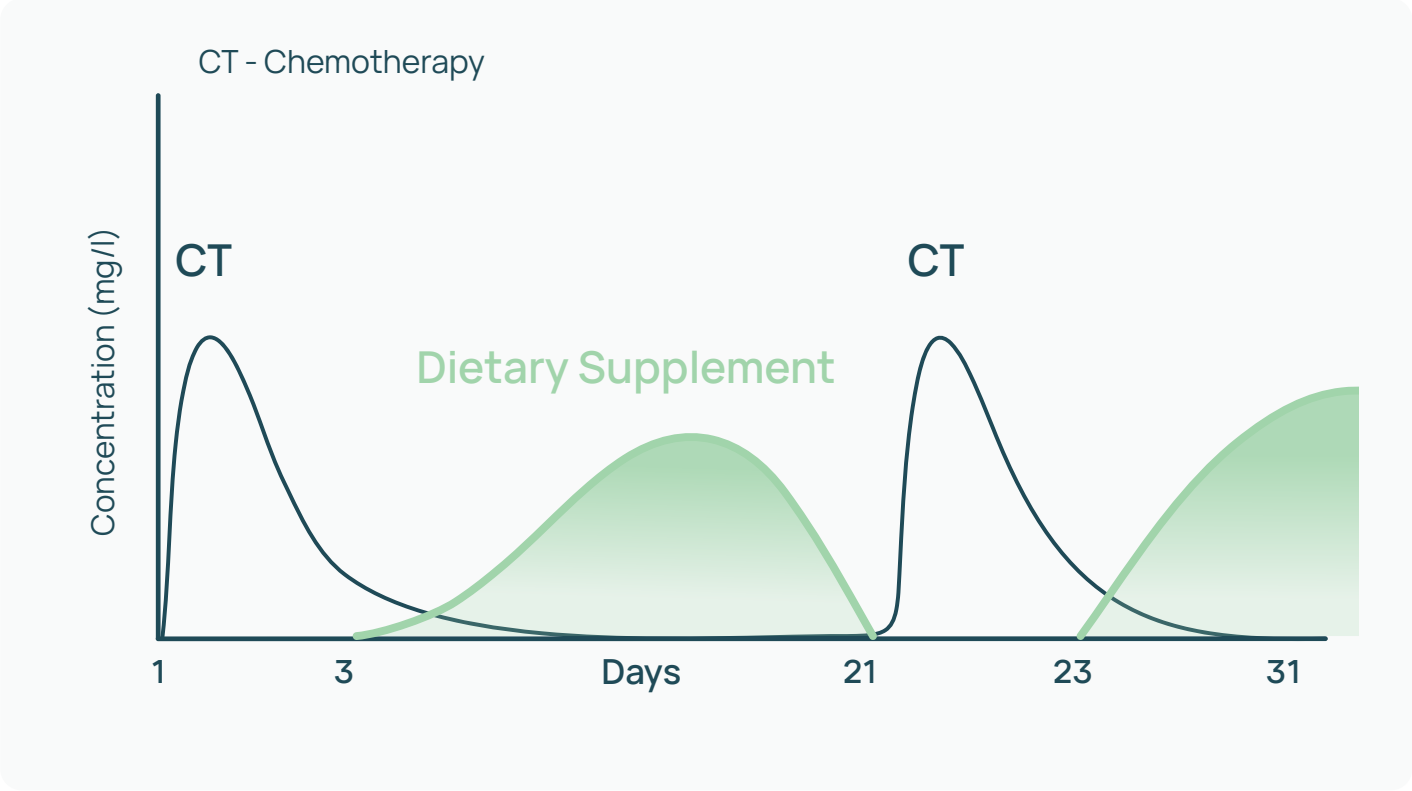
Additionally:
***If needed - medical decision for prescription of symptomatic drug treatments if necessary:** antiemetic, gastroprotective, anti-inflammatory, antidiarrheal, etc. medications
***Enteral nutrition with a nasogastric tube, gastrostomy, ileostomy** is recommended if it is impossible to oral intake of food due to various pathological reasons such as tumors of the head, neck and upper GIT, high-grade anorexia, dysphagia, mucositis, etc.
***Parenteral nutrition is recommended** only when enteral nutrition is impossible or the gastrointestinal tract is not functioning.
***The follow-up of the clinical indicators of malnutrition, sarcopenia and cachexia as predictors of expected survival is recommended:** Evaluation of the Glasgow Prognostic Score with CRP and Albumin, Evaluation of BMI and the percent of weight loss; Evaluation of body composition and muscle loss with clinical and imaging methods and others

Assessment of cyclicity of Prima Sanitas Regimen intake

To avoid possible cross-reactions or compromising the effectiveness of conventional treatments, intake of dietary supplements needs to be tailored by the physician to the patient's treatment regimen, following the recommendations below:

Intake recommendations:

1. Supplement intake should be on the days **between chemotherapy infusions.**
2. Discontinue intake **24 h prior to antitumor infusion.**
3. Resume intake **24 h after the end of the last antitumor infusion**.
4. When taking daily oral antitumor therapies, intake of dietary supplements should be 6 days a week followed by 1 day off, with a minimum **separation time of 6 hours before or after the intake of the antitumor medication**. To be conducted under medical supervision of the overall status of the patient and laboratory parameters after checking for herb-drug cross reactions.
5. Patients that are not on active treatment should have **1 month off at every 3 consecutive months of intake**. In this way oversaturation of the body by the substances taken is avoided.



Drug interactions with Prima Sanitas products and other nutrients

Prima Sanitas Antioxidants

Prima Sanitas Antioxidant Complex contains extracts of ginseng, ginger, green tea, hibiscus and saffron, which represent weak CYP450 inhibitors. Concomitant use of weak CYP450 inhibitors with other weak CYP450 inhibitors at a recommended daily allowance is considered safe since it causes a minimal and clinically insignificant change in plasma concentration of drugs that are metabolized by these enzymes.

Concomitant, high-dose and prolonged use of the Antioxidant Complex with drugs that are moderate and strong CYP450 inhibitors carries a risk of clinically significant interaction with a high-percentage change in plasma concentration of drugs that are metabolized by these enzymes.

In this regard, we suggest the following clinical considerations before prescribing **Prima Sanitas Antioxidants:**

1. Avoid concomitant use of the Antioxidant Complex with drugs that are **moderate CYP450 inhibitors** commonly used in oncology such as: **Enzalutamide; Apalutamide; Lapatinib; Sunitinib; Cabozantinib; Crizotinib; Lenvatinib; Osimertinib; Palbociclib; Ribociclib; Imatinib; Bortezomib**; Dasatinib; Bosutinib; Duvelisib; Nilotinib u Fosaprepitant

2. Avoid concomitant use of the Antioxidant Complex with drugs that are **strong CYP450 inhibitors such as: Tucatinib**, Idelalisib, Lonafarnib, Ceritinib, Adagrasib; Fluconazole; Ketoconazole; Ritonavir; Clarithromycin; Ciprofloxacin; Fluoxetine; Paroxetine; Amiodarone; Diltiazem; Verapamil; Itraconazole; Voriconazole; Posaconazole; Atazanavir; Indinavir; Nelfinavir; Saquinavir; Telaprevir; Boceprevir; Delavirdine

3. Concomitant use of the Antioxidant Complex with **drugs with a narrow therapeutic index** such as: Warfarin; Levothyroxine; Digoxin; Digitoxin; Lithium carbonate; Fosphenytoin; **Phenytoin** may cause a change in plasma concentration, which requires careful monitoring and dose adjustment if necessary.

Prima Sanitas Omega-3 EPA/DHA

Omega-3 EPA and DHA fatty acids, which are contained in Prima Sanitas Algae Oil, may rarely increase the risk of bleeding when combined with other drugs that cause bleeding, such as Warfarin; Ibuprofen; Aspirin; Meloxicam, etc.
Omega-3 EPA and DHA fatty acids do not inhibit CYP450 enzymes.

Important:
Advise your patients to take Prima Sanitas Omega-3 Oil immediately before or during meals.

In some more sensitive people intake of high doses exceeding 1 g/d of Omega-3 EPA and DHA fatty acids in the fasting state may cause a slight laxative effect. In this case temporarily reduce intake to 2 or 1 capsule a day according to individual sensitivity

Prima Sanitas Probiotic + Prebiotic

The use of Prima Sanitas Probiotic + Prebiotic does not require consideration of drug interactions.

The use of probiotics in patients who are severely immunocompromised (e.g. in high-dose myeloablative chemotherapy) carries a risk of iatrogenic infection.

Prima Sanitas Protein and Glutamine + electrolytes

The use of Prima Sanitas Protein and Glutamine + electrolytes does not require consideration of drug interactions.

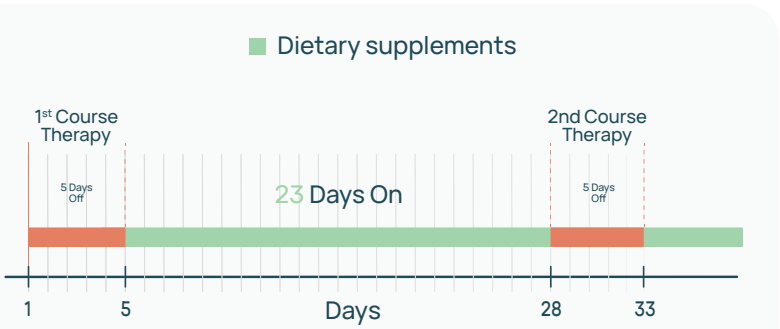
The use of whey protein requires consideration of a patient's renal function and intake not exceeding 0.6 g/kg is recommended in patients with CrCl < 30 mL/min.

Intake of other nutrients

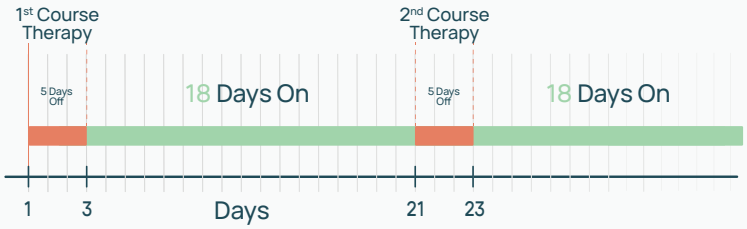
Advise your patients to avoid intake of foods and dietary supplements **that are moderate and strong modulators of CYP450 family** such as **grapefruit juice, St. John's wort, goldenseal (hydrastis), cat's claw, methystic pepper (kava kava), kratom, echinacea, red clover (trifolium pratense), chamomile, licorice, etc.** since they carry a high risk of drug interaction during antitumor treatment.

Prima Sanitas Regimen recommended intake – dosage and cyclicity

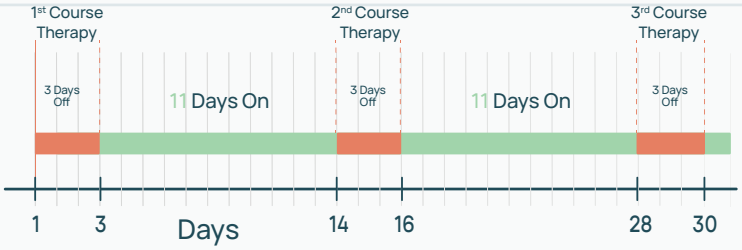
Over 28 days



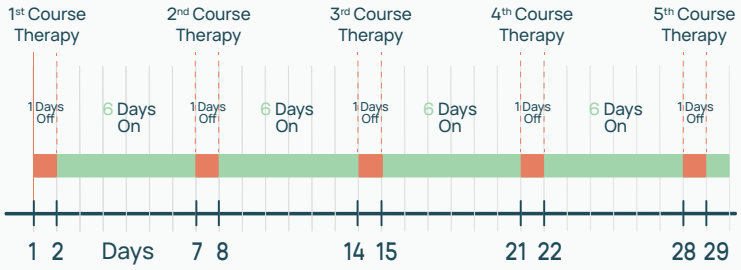
Over 21 days



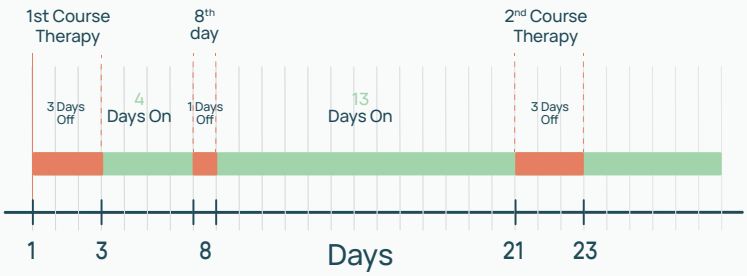
Over 14 days



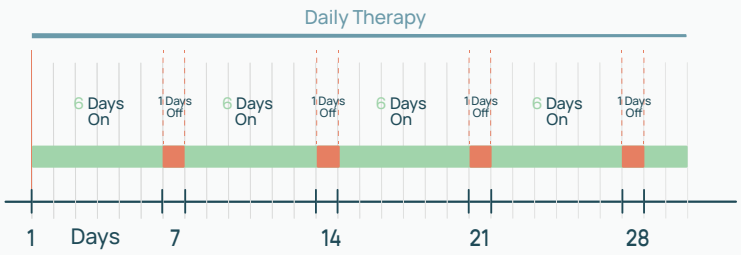
Over 7 days



1st, 8th, in 21 days



daily oral intake



dynamic control