

ERAS TASK FORCE: Executive summary

Malnutrition is a frequent problem in cancer patients, the prevalence and degree of which primarily depend on tumor stage and site. Preoperative malnutrition in surgical patients is associated with prolonged hospital stay, more postoperative complications, higher re-admission rates and a higher incidence of postoperative death.

Given the focus on the cancer and its cure, nutrition is often neglected or underevaluated, despite the availability of international guidelines for nutritional care in cancer patients and the evidence that nutritional deterioration negatively affects survival. Many malnourished patients still do not receive adequate nutritional support from health professionals.

Inadequate nutritional support for cancer patients should be considered ethically unacceptable; prompt nutritional support must be guaranteed to all cancer patients, as it can bring many clinical and economic advantages.

Patients undergoing multimodal oncological care are at particular risk of progressive nutritional decline; it is essential to minimize the nutritional/metabolic impact of oncologic treatments and manage each surgical episode within the context of an enhanced recovery pathway. Enhanced Recovery After Surgery (ERAS) is a multimodal perioperative care pathway that is designed to achieve early recovery by attenuating the surgical stress with a significant reduction of postoperative complication (by 30 to 40%) and of length of stay in hospital. Nutritional management is a key component of ERAS.

In Europe ERAS and routine nutritional assessment are part of the common practice in a minority of cases, or are partially implemented with limited advantages for the patients.

This could be related to insufficient awareness of nutritional problems among health professionals, a lack of structured collaboration between surgeons and clinical nutrition specialists, old dogmas and the absence of dedicated resources. In view of the above considerations, nutritional support and ERAS pathways may still represent a neglected right for cancer patients. This issue is particularly disturbing when the robust supporting scientific evidence is taken into account.

The collaboration between opinion leaders dedicated to Enhanced Recovery After Surgery from both the ESSO and the ERAS Society was born with the aim of promote nutritional assessment and perioperative nutrition with and without enhanced recovery program. The goal will be to improve awareness in the surgical oncology community and at institutional level to modify current clinical practice and identify optimal treatment options.

The key points that this task force wants to stress for an optimal approach to the oncologic surgical patient are:

patient's screening: Preoperative identification of vulnerable patients is essential to preview additional pre- and postoperative support and timely interventions in case of complications, potentially reducing sequential complications and complication-related mortality (i.e. reducing "failure to rescue") A multimodal preoperative program including physical exercise, nutritional supplements, and anxiety reduction strategies can optimize patient's body composition and physical performance. In recent years, standard nutritional formulas have been modified by the addition of components, which may increase immune responses after surgery with significant benefit regarding infectious complications.

implementation of Mini Invasive Surgery (MIS): In abdominal surgery laparoscopic techniques decrease the trauma to the abdominal wall and peritoneum, and additionally stimulate a meticulous technique in the operative field. This generally results in a less blood loss, a decreased surgical stress response, less postoperative pain and discomfort and a quicker recovery. When performed by surgeons experienced in MIS, laparoscopic surgery for cancer should be marked as best practice in guidelines, given the principles of oncologic surgery be respected (R0 procedure, proper lymphadenectomy).

In addition to laparoscopy, there are also other areas of technical progress that can benefit patients. Surgical navigation and incorporation of peroperative imaging methods can allow for a more precise localization of tumors or metastases and for a more targeted resection or intervention, again decreasing the surgical trauma.

Health care Costs savings: successful implementation of ERAS and an appropriate nutritional policy can lead not only to an improvement of postoperative outcome but also to a significant reduction of costs, estimated between 1800 to 8000 Euros per patient. The sustained implementation of ERAS programs requires additional resources, both clinical (ERAS dedicated nurse, training and dedicated time for the ERAS team and nutrition assessment) and technical (ERAS Interactive Audit System, goal-directed fluid therapy monitoring, carbohydrate drinks, nutritional integration). Taking into account these costs, ERAS is still associated with a positive return on investment (ROI).