**Clinician Follow Up Reference for Supportive Care**

**Nutrition Concerns – “YES” to Weight gain**

**Start With**
Assign patient the below questions

Did your weight gain start at diagnosis?

Did your weight gain start with treatment?

**If NO**
Are you eating more and/or exercising or moving less?

**If YES**
Refer to Physician/APC, Nurse or Registered Dietitian

- Immobility - Encourage exercise if appropriate
- Limit portion sizes and caloric restriction
- Reduce intake of sweets, such as desserts and juices
- Avoid drinks, such as soda, that are high in sugar
- Eat more fruits and vegetables, whole grain breads, cereals, nuts/seeds and legumes
- If safe, increase physical activity (walking or exercising)
- Choose lean meats and low-fat dairy products
- Limit fats such as margarine, mayonnaise, and high-fat sauces or dressings
- Avoid trans fats (anything made with partially hydrogenated oils or shortening)
- Try broiling or steaming foods rather than frying in oil or butter
- Drink water, unless instructed to limit fluid intake

Refer to Registered Dietitian if available—they will have relevant materials and resources to provide to the patient

See Reference links below for additional information

Share Patient Links and Handouts as appropriate

**Notes**

**Stages I-III** - Nutrition recommendations are based on individual labs, comorbidities, tolerances and preferences of the patient, not necessarily based on stage. Review long-term issues with weight gain in survivorship (increased risk for recurrence for certain malignancies or other comorbidities) Discussion on a healthy diet with fruits and vegetables, nuts, beans whole grains and unprocessed meats.

**Stage IV** - Nutrition recommendations are based on individual labs, comorbidities, tolerances and preferences of the patient, not necessarily based on stage. Educate on balancing fluid, the risk of fluid overload in patients receiving IV fluids. Unless related to fluid retention, weight gain may be beneficial to most stage IV patients.

**Geriatric**: Consider fluid status, protein, malnutrition or edema. Men on hormone therapy for prostate cancer can gain weight. If losing strength along with weight gain, may need referral to resources that can provide a safe living situation.

**Patient Links and Handouts:**
- [American Cancer Society, Weight Changes](http://cancer-help.me/weightgain)
- [Cancer Net, Weight Gain](http://cancer-help.me/weightgain)
- [Cancer Net, Body Weight and Cancer Risk](http://cancer-help.me/weightgain)
- [NIH, Nutrition in Cancer Care (PDQ®) – Patient Version](http://cancer-help.me/weightgain)

CSOC Patient Handout can be accessed at: [http://cancer-help.me/weightgain](http://cancer-help.me/weightgain)

**References:**
- [NIH, PDQ®, Nutrition in Cancer Care (PDQ®) – Health Professional Version](http://cancer-help.me/weightgain)
- [NIH, PDQ®, Basic Principles of Nutrition in Patients with Cancer](http://cancer-help.me/weightgain)

*The information contained in this document is designed to help a cancer patient but may not reflect the latest guidance or current standard of practice. Equal Hope is not licensed to provide any medical or clinical advice and cannot provide any assurance as to the accuracy or relevance of any information in this document and disclaims all warranties of any kind or responsibility whatsoever regarding its content, use, or application. Under no circumstances should any information be understood to be medical advice.*