



CONSIDERING NEW CHALLENGES FOR NUTRITIONAL INTERVENTION IN GERIATRIC ONCOLOGY: FOCUS ON PEOPLE WITH CANCER AND MILD COGNITIVE IMPAIRMENT

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Background and aims

Comprehensive geriatric assessment (CGA) is a recognized and evaluable tool in the decision-making especially in the geriatric oncology. Aging and chemotherapy are negative factors for the brain. Mild cognitive impairment (MCI), an early cognitive disorder without severe functional disabilities, could be masked or misunderstood with chemo-brain syndrome. Nutritional factors could prevent both [1,2] and to be a crucial point in oncological rehabilitation. However, the compliance of the elderly with the provided recommendations is not accurately understood. Our research aims to evaluate the current state of knowledge at the intersection of aging, cognitive decline and cancer.

Methods

We reviewed the literature within the last 10 years by searching on PubMed the following keywords: “cancer”; “nutrition”; “cognitive decline”; “mild cognitive impairment”; “nutritional plan acceptance”.

Results

The importance of the CGA for identifying aging vulnerabilities and adverse outcomes in the geriatric oncology is widely known [3]. However, no algorithms has been validated to guide therapeutic decisions. The American Cancer Society provides coping strategies for chemo-brain but no one assessed the implementation of them in the elderly, nor focused on the MCI population.

Conclusions

The complexity of cancer and aging issues must be considered simultaneously as dementia and cancer have a strong impact on our society. Chemo-brain and MCI could be at the same time confounder and challenging for clinicians. Adequate nutritional plan and monitoring for compliance as well as the thin line between chemo-brain and MCI are research fields worth exploring. Combining efforts between oncologists and geriatricians, and dieticians are mandatory.

Reference

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