# Understanding the roles of a dietitian delivering a nutrition intervention delivered using telehealth in upper gastrointestinal cancer

Sharni Testa<sup>1</sup>, Kate Furness<sup>2,3,4</sup>, Tammie Choi<sup>1</sup>, Terry Haines<sup>3,5</sup>, Catherine E Huggins<sup>1,6</sup>

<sup>1</sup>Department of Nutrition, Dietetics and Food, Monash University, Australia. <sup>2</sup>Nutrition and Dietetics, Monash Medical Centre, Monash Health Sciences, Monash University, Australia. <sup>4</sup>Department of Sport, Exercise and Nutrition Sciences, La Trobe University, Australia. <sup>5</sup>School of Primary and Allied Health Care, National Centre for Healthy Ageing, Monash University, Australia. <sup>6</sup>School of Health, Institute for Health Transformation, Deakin University, Australia.

#### INTRODUCTION

- Patients with upper gastrointestinal (UGI) cancer are at increased risk of malnutrition [1].
- Almost half of patients with cancer who are referred to see a dietitian should have been referred sooner [2].
- Limitations to funding and resources to provide nutrition care to this population earlier and more frequently presents the need for novel solutions [1,3].
- The Telephone and Electronic Nutrition care Delivery (TEND) study [4] was a randomised controlled trial that explored the delivery of an 18-week nutrition intervention, delivered using telehealth to patients with UGI cancer, close to cancer diagnosis.
- Use of telehealth in the provision of dietetic care to this population is novel and it is important to understand how this impacts on the role of the dietitian to inform delivery of best practice care [5].
- The present study [5] aimed to investigate the patient-dietitian experience during the TEND study intervention, illuminating (1) roles of the dietitian, and (2) unmet needs of patients, in this context.

### **METHODS**

- The TEND study has previously been described [4]:
  - Patients had recently diagnosed cancer of the pancreas, oesophagus or stomach.
  - Patients consulted with an experienced oncology dietitian via messages on a mobile application OR using the telephone across an 18-week period.
- This study used qualitative case study methodology to explore indepth six patient's experiences of the TEND study intervention.
- Written and verbal dialogue between the patient and dietitian was coded, and codes were developed into themes.
- A coding framework was established during the coding process. 20 participants' post-intervention interviews were analysed using this framework to explore unmet needs of patients.

### **RESULTS**

- 51 telephone conversations, 244 written messages, and four poststudy interviews were analysed.
- Of the six patients, 50% were female. Gastric, pancreatic and oesophageal cancer were represented evenly.
- Four themes were established, describing three key roles of the dietitian, and one key limitation (Fig 1).

Contact details: Catherine E. Huggins: kate.huggins@deakin.edu.au

#### Key roles of the study dietitian working external to a health service Regular collaborative problem solving to Rapport building via reliable Role limitation - not part of a A reassuring care navigator psychosocial support multidisciplinary team encourage empowerment ...And thank you very much "I've learnt so much from interacting [The dietitian] kind of set me – Set Not being able to eat. Physically, for what you're doing ...it's with [the dietitian] ... and I think me right on how I should be taking not mentally. I mean, I used to good encouragement and that's the best part of it, that a it [Pancreatic Enzyme force food down my throat to the that... Yes, it helps me think patient has a chance to interact with Replacement Therapy]... Um, point where I was, you know, dry I'm getting somewhere. a professional like that, and be able things that I was unaware of, that I retching and I couldn't eat (Participant 4, telephone, to help themselves. thought I was taking them properly because I was losing so much week 8) (Participant 2, myPace and email, and, you know, I wasn't. weight. But eating, that was the post-study interview) (Participant 6, telephone, postmost challenging. study interview) (Participant 7, post-study *interview)* **Empathy Anticipatory guidance** Patient advocacy A reliable caring figure ... I think I got looked after; I really do. A source of positive Preparation-wise. Yep, umm, and my perspective Figure 1. The key roles of the dietitian (blue boxes) weight sort of went up before surgery, so and a key limitation (grey boxes) of the role of the that was good. As soon as the chemo dietitian in an early nutrition intervention for patients stopped, I started to put some weight on. with upper gastrointestinal cancer. Green boxes (Participant 3, mobile application, postportray sub-themes of key roles. Patient quotes are study interview) depicted in speech bubbles. This figure is an adaptation of a figure previously published [5].

## CONCLUSION

- Regular collaborative problem solving, reassurance, anticipatory guidance and rapport building are key roles of a dietitian in the delivery of an 18-week telehealth intervention to patients with UGI cancer.
- Nutrition impact symptoms during UGI cancer and its treatment are debilitating and require both medical and nutritional strategies to manage effectively, proposing an Advanced Care Role for dietitians to be explored.

## **REFERENCES**

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