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Sociedade Brasileira
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MINHA JORNADA NA NUTRIÇÃO ONCOLÓGICA
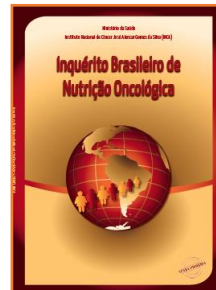
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- 34 anos de atividade:
  - 25 anos chefiando o Serviço de Nutrição do HC 1
  - 9 anos coordenando a Divisão Técnico Assistencial
    - Responsável pela área de reabilitação do paciente oncológico: Nutrição, Fisioterapia, Fonoaudiologia, Psicologia, Serviço Social, Farmácia.
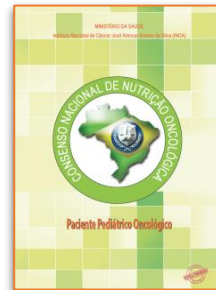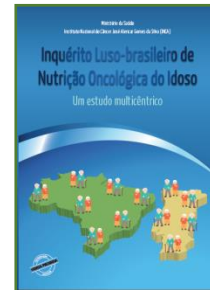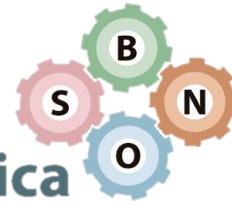

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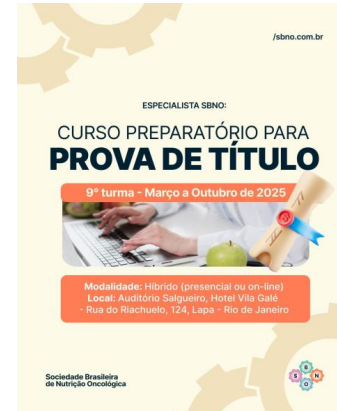Desenvolvimento do Consenso 2007...

Criação da SBNO 2015...

Sociedade Brasileira de Nutrição Oncológica

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2021

2021

2016 a 2025

Desde 2015...

Original article

Malnutrition associated with nutrition impact symptoms and localization of the disease: Results of a multicentric research on oncological nutrition

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SUMMARY

Background & aims: Malnutrition in cancer is an independent [...]
outcomes. The aim was to evaluate the prevalence and indep[...]
hospitalized cancer patients using the Patient-Generated Subjec[...]
Methods: We evaluated 4783 cancer patients, aged ≥20 years, [...]
sectional study. Patients were classified as well-nourished ([...]
malnutrition (PG-SGA Stage B), or severely malnourished (PG-[...]
define required nutritional interventions. Multivariate analysis [...]
estimated by ordinal polytomous logistic regression.
Results: 45.3% were classified as Stage B and 11.8% as Stage C. Mo[...]
need for nutritional intervention. The variables that presented [...]
were: problems with swallowing (OR 2.8, 95% confidence in[...]
appetite (OR 1.9, 95% CI 1.6–2.3, p < 0.001), vomiting (OR 1.8, [...]
more than 3 nutrition impact symptoms (OR 8.3, 95% CI 5.8–12, [...]
95% CI 3.2–6.6, p < 0.001), upper digestive cancer (OR 3.7, 95% C[...]
cancer (OR 3.7, 95% CI 2.7–5.2, p < 0.001). The score for Works[...]
sociation with malnutrition (OR 7.3, 95% CI 6.6–8.2, p < 0.001).
Conclusions: Malnutrition is highly prevalent in cancer patients[...]
tional impact symptoms, cancer site and age ≥65 years.
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Original Article

High Prevalence of Malnutrition and Nutrition Impact Symptoms in Older Patients With Cancer: Results of a Brazilian Multicenter Study

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BACKGROUND: Malnutrition in cancer is an independent factor associated with negative clinical outcomes. The objective of this study was to evaluate the prevalence of malnutrition across different age groups in patients with cancer in Brazil and to identify associations with nutrition impact symptoms (NIS). METHODS: In this observational, cross-sectional, multicenter study, the authors evaluated 4783 patients with cancer aged ≥20 years who were admitted to 45 public hospitals in Brazil. Nutritional status, nutritional risk, and NIS were evaluated using the Patient-Generated Subjective Global Assessment. RESULTS: More than one-fourth (25.5%) of all participants were aged ≥65 years. In patients aged ≥65 years, the prevalence of moderate/suspected and severe malnutrition was 55%, it was 45.4% in those aged 51 to 64 years, and it was 36.1% in those aged ≤50 years. Among the NIS with a higher risk of occurrence in patients aged ≥65 years were no appetite (odds ratio [OR], 1.90; 95% CI, 1.62-2.22; P < .05) and dry mouth (OR, 1.40; 95% CI, 1.1-1.67; P < .05). In patients between ages 51 and 64 years, compared with those aged ≤50 years, the NIS with a higher risk of occurrence were no appetite (OR, 1.45; 95% CI, 1.23-1.69; P < .05), dry mouth (OR, 1.22; 95% CI, 1.02-1.45; P < .05), and problems with swallowing (OR, 1.56; 95% CI, 1.25-1.96; P < .05). CONCLUSIONS: The prevalence of malnutrition and the occurrence of NIS are high in hospitalized Brazilian patients aged ≥65 years who have cancer. The occurrence of NIS was higher in the population aged >50 years [...] sis and multidisciplinary or interdisciplinary intervention(s). Cancer 2019;0:1-9. © 2019 American Cancer Society.

[...]: malnutrition, nutrition impact symptoms, nutritional risk, nutritional screening, older adult, Patient-Generated [...] bal Assessment (PG-SGA).

INTRODUCTION

[...] experiencing a unique and irreversible demographic transition process that will result in an increasingly [...] population.[1] The World Health Organization defines older adults as persons aged ≥65 years in developed [...] aged ≥60 years in developing countries. Moreover, the worldwide proportion of persons aged ≥60 years is [...] than any other age group: it was 841 million in 2013 and is forecast to reach approximately 2 billion by [...] will represent 21% of the world population.[2] The Brazilian older adult population is also increasing and [...] that, by 2025, this group will comprise 14% of the Brazilian population.[3]

[...]ing, changes in body composition occur, resulting in a reduction in lean body mass among older adults. [...] and Brazilian studies have shown that these changes may alter muscular strength, functionality, and inde- [...] this population.[4-8] In the aging process, senescent cells accumulate over time, and increases in the number [...] contribute to the late decay of tissues and organs and the emergence of age-related diseases, including [...]idemiological studies have shown that more than one-half of the diagnoses of and deaths from cancer occur [...] aged ≥65 years.[12,13]

[...] with cancer have a high risk of malnutrition.[14-18] It is estimated that the prevalence of malnutrition ranges [...] to 61.2% in adult patients with cancer, depending on the type of cancer and cancer stage. In a previous [...]wed that, in older patients with cancer (aged ≥65 years), the prevalence of malnutrition was as high as that [...] he literature (55%).[18] The main factors involved in the development of malnutrition in these patients are
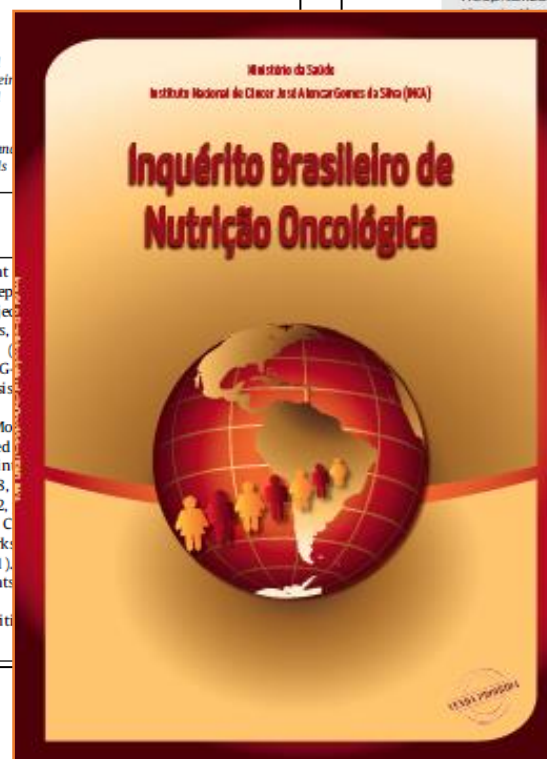
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Segundo a ASGPPP, n= 4783, no momento da internação. Alta Prevalência de Desnutrição e inúmeros os fatores independentes associada a desnutrição em pacientes com câncer, segundo a análise multivariada

Frequência de Desnutrição maior com a progressão da idade e > RC para ocorrência de desfechos clínicos e nutricionais desfavoráveis nos indivíduos idosos e naqueles com idade entre 51 e 64 anos do que naqueles com idade ≤ 50 anos.

Localizações/n	A	B	C	B+C
CABEÇA E PESCOÇO(n=353)	36,0%	39,7%	24,4%	64,0%
TORAX (n=194)	28,4%	47,9%	23,7%	71,6%
ABDOMEN ALTO(n=375)	24,5%	44,3%	31,2%	75,5%
SUBTOTAL(n=922)	29,7%	43,3%	27,0%	70,3%
TOTAL (n=4783)	54,7%	33,5%	11,8%	45,3%

Variáveis	Total	≤ 50 anos (n=1606)	51-64 anos (n=1686)	≥65 anos (n=1491)	P valor
	(n=4783)%	%	%	%	
A	2618(54,7)	63,9	54,6%	45	
B	1601(33.5)	27,6	32,9%	40,4	< 0,001[a,b,c]
C	564(11.8)	8,5	12,5%	14,6	
Anorexia	28,7	22,2	29,2%	35,1	<0,001[a,b,c]
Peso diminui	43,6	39,7	44,3%	47,1	0,0001[a,b]
Ingestão diminuiu	48,2	41,8	51,1%	51,7	<0,001[a,b]
Déficit funcional	13,2	10,3	14,0%	15,4	0,0001[a,b]

Variável	RC	IC 95%
Idade ≥ 65 anos	1,83*	1,59-2,11
Norte	5,02*	3,37-7,47
Cabeça/pescoço	3,70*	2,66-5,15
Abdômen alto	4,51*	3,31-6,1
Tórax	4,59*	3,18-6,63
1 a 3 sintomas	4,49*	4,0-6,0
> de 3 sintomas	8,34*	5,8-12
Anorexia	1,93*	1,64-2,28
Vômitos	1,84*	1,48-2,29
Disfagia	2,75*	2,22-3,41

Desfechos clínicos e nutricionais	51-64 anos vs. ≤ 50 anos	≥ 65 anos vs.≤ 50 anos
	RC IC 95%	RC IC 95%
Disfagia	1,56*(1,25-1,96)	1,43*(1,13-1,81)
Xerostomia	1,22*(1,02-1,45)	1,40*(1,18-1,67)
Peso diminui	1,21*(1,05-1,39)	1,35*(1,17-1,56)
Ingestão diminuiu	1,45*(1,26-1,66)	1,49*(1,29-1,72)
Déficit funcional	1,42*(1,15-1,76)	1,58*(1,28-1,96)
ASG-PPP = C	1,55*(1,23-1,94)	1,84*(1,47-2,31)
ASG-PPP = B+C	1,47*(1,28-1,69)	2,16*(1,87-2,50)

*p<0.05. IC 95%, Intervalo de confiança de 95% ; RC, Razão de Chances, ajustada para sexo e idade

Prevalence of Malnutrition in Older Hospitalized Cancer Patients: A Multicenter and Multiregional Study

Cristiane A. D'Almeida ✉, W. A. F. Peres, N. B. de Pinho, R. B. Martucci, V. D. Rodrigues & A. Ramalho

Abstract

Background

Malnutrition is frequent in older cancer patients, with a prevalence that ranges from 25% to 85%. The aging process is associated with several physiological changes, which may have implications for nutritional status. Screening tools can be useful for identifying malnutrition status among older patients with cancer.
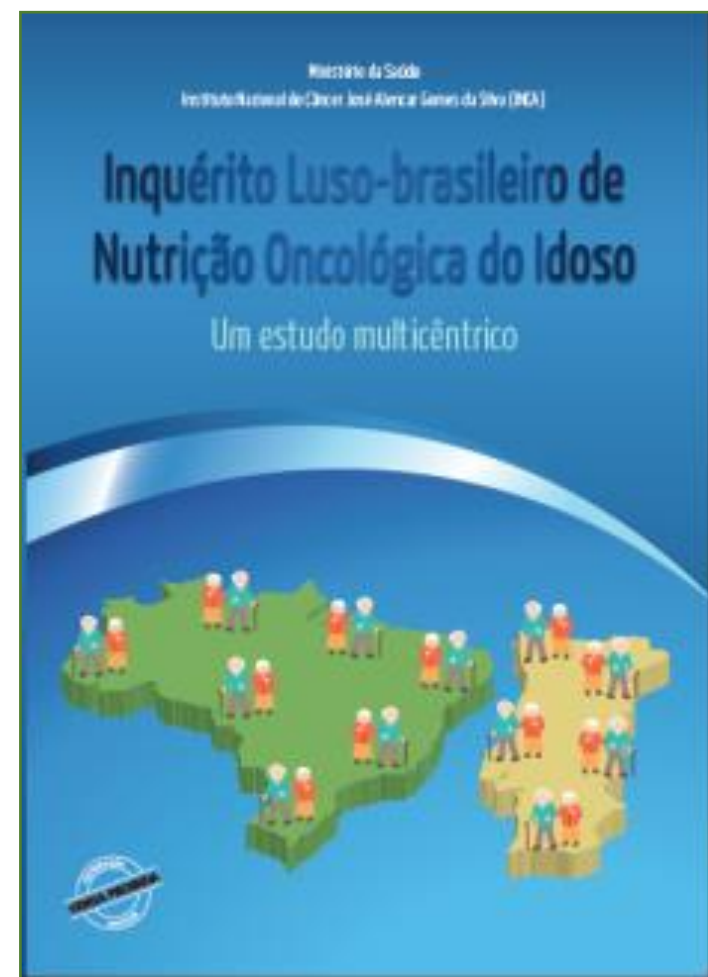
Methods

A hospital-based multicenter cohort study that included 44 institutions in Brazil. The Mini Nutritional Assessment-Short Form (MNA-SF) was administered to 3061 older hospitalized cancer patients within 48 hoursof admission. The Kolmogorov-Smirnov test was used to test the sample distribution, considering sex, age range, calf circumference, body mass index, and MNA-SF score and classification. The categorical data were expressed by frequencies (n) and percentages (%)and compared using the chi-square test or Tukey test.

Results

According to the results of the MNA-SF, 33.4% of the patients were malnourished, 39.3% were at risk of malnutrition, and 27.3% were classified as having normal nutritional status. Length of hospital stay (in days) was found to be longer for those patients with a poorer nutritional status (malnourished: 7.07±7.58; at risk of malnutrition: 5.45±10.73; normal status: 3.9±5,84; p <0.001).

Conclusions

The prevalence of malnutrition and nutritional risk is high in older hospitalized cancer patients in all the regions of Brazil and a worse nutritional status is associated with a longer hospital stay. Using a low-cost, effective nutritional screening tool for older cancer patients will enable specialized nutritional interventions and avoid inequities in the quality of cancer

Inquérito Luso-brasileiro de Nutrição Oncológica do Idoso — Um estudo multicêntrico

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Frequência e porcentagem (%) para sobrevida usando a MNA vr na internação de pacientes oncológicos. Alto Risco Relativo de mortalidade de acordo com a regressão logística binária individual na internação de pacientes oncológicos desnutridos e em Risco Nutricional.

Variable	Category	Death		RR	IC 95%	p valor
		Yes	No			
BMI class (MNA)	<18,9 kg/m^2	50 (18.9)	508 (18.2)	3.25	2.42-4.35	<0.0001
Escore- MNA	≤ 7 pontos	191 (78.3)	832 (29.5)	8.60	6.28-11.78	<0.0001
Classification MNA	Malnourished	191 (78.3)	832 (29.5)	17.20	9.29-31.82	<0.0001
	RN	42 (17.2)	1161 (41.2)	2.7	11.39-5.29	0.003

n=3.257

Alto Risco relativo de mortalidade após Regressão logística binária multivariada com seleção progressiva de variáveis usando a MNA vr na internação de pacientes oncológicos desnutridos e em Risco Nutricional.

Variable	Category	RR	IC 95%	p value
Classification MNA	Malnourished	10.8	5.33-21.7	<0.0001
	RN	2.40	1.18-4.89	0.015
CalfCircumference	≥ 31,5 cm	Reference		
	≤ 31,5 cm	1.51	1.02-2.24	0.041

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Dados do Inquérito Brasileiro de Nutrição Oncológica em Pediatria: Estudo Multicêntrico e de Base Hospitalar

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Data from the Brazilian Survey of Pediatric Oncology Nutrition: Multicenter, Hospital-Based Study

Datos de Encuesta Brasileña de Nutrición en Oncología Pediátrica: Estudio Multicéntrico Hospitalario

Nivaldo Barroso de Pinho[1]; Wanélia Vieira Afonso[2]; Patricia de Carvalho Padilha[3]; Wilza Arantes Ferreira Peres[4]; Carolina Fernandes de Macedo Soares[5]; Juliana Silva do Nascimento Braga[6]; Arthur Orlando Corrêa Schilithz[7]; Viviane Dias Rodrigues[8]; Renata Brum Martucci[9]

RESUMO

Introdução: A desnutrição é observada em cr[...]clínicos negativos. Objetivo: Descrever a prevalência de inadequação do estado nutricio[...]aligna na admissão hospitalar em Centros de Referência do câncer infantil no Brasil. Méto[...]e coorte, multicêntrico, de base hospitalar. A amostra probabilística foi feita em dois est[...]método de probabilidade proporcional ao tamanho com um ano de coleta em cada insti[...]ferência dados clínicos, antropométricos, de composição corporal e sobre o questionári[...]Pediátrica (ANSGP), em até 48 horas da admissão hospitalar, entre março de 2018 e ag[...]723 pacientes nas cinco regiões do Brasil. A prevalência de desnutrição moderada e grav[...]0,1% de 5 a 10 anos e 39,7% de 10 a 19 anos, de acordo com ANSGP. Segundo o Índ[...]a e magreza acentuada totalizaram 13%, risco de sobrepeso, sobrepeso e obesidade apre[...]os, 24,9% de 5 a 10 anos e 25,7% de 10 a 19 anos. Conclusão: Evidenciou-se alta pre[...]GP sugerindo que a desnutrição pode ser subdiagnosticada quando utilizado somente o [...]de métodos complementares na avaliação nutricional de crianças com câncer.
Palavras-chave: Estado Nutricional; Pediatria;[...]

ABSTRACT

Introduction: Malnutrition is found in children[...]ión se observa en niños con cáncer y se asocia associated with negative clinical outcomes. Objec[...]gativos. Objetivo: Describir la prevalencia del prevalence of inadequate nutritional status of chil[...]o de niños y adolescentes con neoplasia maligna with malignant neoplasm at hospital admission [...]ntros de referencia del cáncer infantil en Brasil. reference centers in Brazil. Method: Cross-section[...]l anidado en un estudio de cohorte hospitalario multicenter, hospital-based cohort study. The prob[...]probabilística se realizó en dos etapas en cada carried out in two stages in each stratum by ma[...]lizando el método de probabilidad proporcional probability method proportional to the size with on[...]olección en cada institución. Se recopilaron datos each institution. Clinical, anthropometric, body com[...]e y composición corporal y el cuestionario Global Pediatric Subjective Global Nutritional Assessment ([...]onal Assessment (ANSGP) de 13 instituciones were collected from 13 reference institutions within [...]8 horas posteriores al ingreso hospitalario, desde admission, from March 2018 to August 2019. Resu[...]o de 2019. Resultados: El estudio totalizó 723 723 patients in the 5 regions of Brazil. The prevalence[...]: Brasil. La prevalencia de desnutrición moderada malnutrition was 25.9% in the age group of 2 to 5 [...]rupo de edad de 2 a 5 años, 40,1% de 5 a 10 años years and 39.7% in 10 to 19 years, according to the SG[...]ún la ANSGP. Según el Índice de Masa Corporal/ Body Mass/Age Index (BMI/I), thinness and marked [...]13%, y la delgadez marcada totalizaron 13%, el riesgo risk of overweight, overweight and obesity showed a[...]esidad mostró una prevalencia de 26,7% de 2 a from 2 to 5 years, 24.99% from 5 to 10 years and 25.7[...]os y 25,7% de 10 a 19 años. Conclusión: Hubo Conclusion: There was a high prevalence of nutritio[...]ficiencia nutricional por parte de la ANSGP, lo SGNA, suggesting that malnutrition can be underd[...]ión puede ser infradiagnosticada cuando se utiliza only the BMI/I, strengthening the need to use compl[...]la necesidad de utilizar métodos complementarios the nutritional assessment of children with cancer.[...]de los niños con cáncer
Key words: Nutritional Status; Pediatrics; Neoplasm[...]utricional; Pediatría; Neoplasias; Encuestas

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RESEARCH ARTICLE

Cancer Medicine **WILEY**

Performance of subjective global nutritional assessment in predicting clinical outcomes: Data from the Brazilian survey of pediatric oncology nutrition

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Abstract

Background: Methods for assessing nutritional status in children and adolescents with cancer is a difficult in clinical practice. The study aimed to evaluate the performance of Subjective Global Nutritional Assessment (SGNA) in predicting clinical outcomes in children and adolescents with cancer in Brazil.

Methods: This was a prospective cohort multicenter study. It was included 723 children and adolescents with cancer aged 2–18 years between March 2018 and August 2019. Nutritional assessment was performed according to World Health Organization recommendations and using SGNA within 48h of hospitalization. Unplanned readmission, length of hospital stay, and post-discharge death were analyzed. Cohen's kappa coefficient was used to ascertain the agreement between body mass index for age (BMI/A) and SGNA. The sensitivity, specificity, positive and negative predictive values, and accuracy of SGNA were estimated. Odds ratios (ORs) with 95% confidence intervals (CIs) were evaluated using multiple logistic regression.

Results: The mean patient age was 9.4 ± 4.9 years. SGNA showed that 29.7% ($n = 215$) and 6.5% ($n = 47$) patients had moderate and severe malnutrition,

The study was conducted by the Brazilian Society of Oncology Nutrition in partnership with the National Cancer Institute (INCA) and Josué de Castro Nutrition Institute of the Federal University of Rio de Janeiro.

ORIGINAL ARTICLE

JHND   BDA

Nutritional status at hospital admission and prediction of clinical outcomes in children and adolescents with cancer: Results of the Brazilian survey on oncological nutrition in paediatrics

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Nivaldo Barroso de Pinho[3] | Arthur Orlando Corrêa Schilithz[1] |
Renata Brum Martucci[1,4] | Viviane Dias Rodrigues[1] |
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Funding information
None

Abstract

Background: Changes in nutritional status are recognised as predictors of unfavourable outcomes in children and adolescents with cancer, particularly in developing countries. There have been no studies on children and adolescents with cancer from every region of Brazil or on the impact of nutritional status on clinical outcomes. The aim of this study is to assess the association between the nutritional status of children and adolescents with cancer and the prediction of clinical outcomes.

Methods: This was a longitudinal, multicentre, hospital-based study. An anthropometric nutritional assessment was performed, and the Subjective Global Nutritional Assessment (SGNA) was administered within 48 h of admission. Seven hundred and twenty-three patients (aged 2–18 years) were included in the sample, undergoing cancer treatment. They were recruited in 13 reference centres in the five macro-regions of Brazil between March 2018 and August 2019. The outcomes evaluated were readmission within 30 days and death within 60 days of admission. To identify predictors of 60-day survival, Cox regression and log-rank statistics were used to compare Kaplan–Meier curves between the strata.

Results: About 36.2% ($n = 262$) of the samples were malnourished according to the SGNA. Severe malnutrition by the SGNA (relative risk [RR] = 8.44, 95% confidence interval [CI]: 3.35–21.3, $P = 0.001$) and living in the North region (RR = 11.9, 95% CI: 3.34–42.7, $P = 0.001$) were associated with the poorest survival. The North (RR = 5.77, 95% CI: 1.29–25.8, $P = 0.021$), Northeast (RR = 1.46, 95% CI: 1.01–2.11, $P = 0.041$), Midwest (RR = 0.43, 95% CI: 0.20–0.095, $P = 0.036$), age group 10–18 years (RR = 0.65, 95% CI: 0.45–0.94, $P = 0.022$) and haematologic malignancy (RR = 1.52, 95% CI: 1.10–2.10, $P = 0.011$) were predictors of readmission within 30 days.

Performance of subjective global nutritional assessment in predicting clinical outcomes: Data from the Brazilian survey of pediatric oncology nutrition. *Cancer Medicine.* 2022;00:1–12.

723 crianças e adolescentes; Média de idade de 9,38 ± 4,88 anos

Leucemia e linfoma - mais prevalentes (62,2%, n = 450).

10,7% (n = 78) – magreza ou magreza acentuada; 64,3% (n = 465) peso normal e 25% (n = 181) - sobrepeso ou obesos.

ANSG, 29,7% (n = 215) c/ desnutrição moderada e 6,5% (n = 47) desnutrição grave

Children and adolescents hospitalized in the 13 references centers for pediatric oncology in Brazil IBNOPe (March 2028 - August 2019) n=3,992

INELEGIBLE (n=2,512)
< 2 years (n=225)
> 18 years (n=249)
Benign neoplasm (n=235)
Without previous treatment 9n=601)
Readmission (n=1,202)

Total eligible patients n=1,480

EXCLUDED (n=757)
Did not agree (n=167)
Palliative care (n=358)
Admitted to intensive care (n=176)
With genetic syndrome and chronic diseases (n=53)

Total number of children and adolescents evaluated. (n=723)

Southeast Region 4 institutions (n=255)

Northeast Region 4 institutions (n=269)

South Region 3 institutions (n=151)

Midwest Region 1 institution (n=30)

North Region 1 institution (n=18)

FIGURE 1 Flowchart of the sample of the Brazilian Survey of Oncological Nutrition in Pediatrics. IBNOPe. Brazil.

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Performance of subjective global nutritional assessment in predicting clinical outcomes: Data from the Brazilian survey of pediatric oncology nutrition. *Cancer Medicine.* 2022;00:1–12.
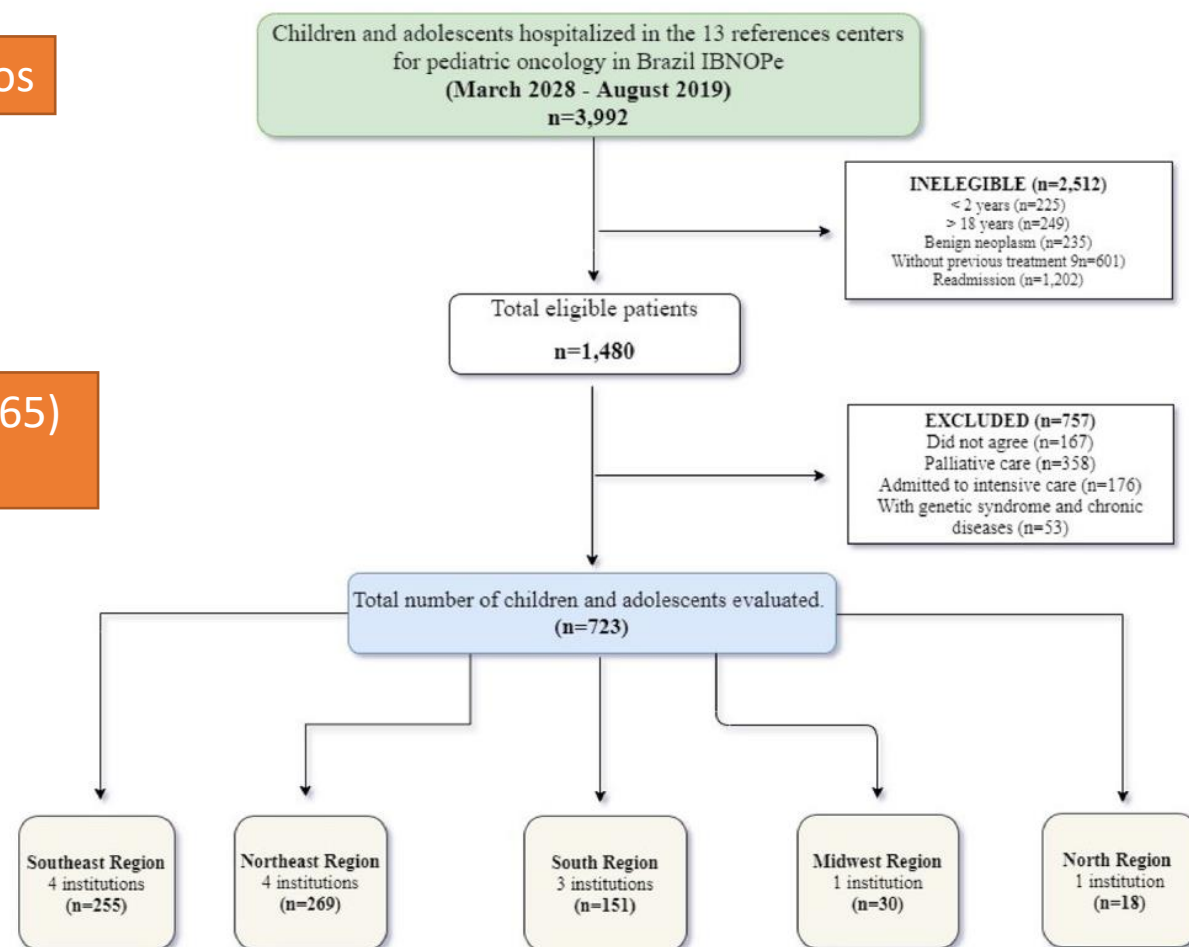
TABLE 1 Characteristics of children and adolescents in the Brazilian Survey of Pediatric Oncology Nutrition study sample according to the SGNA classification for children with cancer ($n = 723$)

	SGNA classification for children				
	Well-nourished		Moderately/severely Malnourished		
Variables	n (%)	IQR	n (%)	IQR	p-value
Sex ($n = 723$)					
Male	272 (61.3)		172 (38.7)		0.104
Female	189 (67.7)		90 (32.3)		
Age (in years) ($n = 723$) (median and IQR)	8.8		10.3	(6.3–14.1)	<0.001
Tumor type classification ($n = 723$)					
Solid tumors	151 (55.3)		122 (44.7)		0.014
Hematological	310 (68.9)		140 (31.1)		
Current treatment – Chemotherapy only ($n = 723$)					
Yes	409 (65.9)		212 (34.1)		0.146
No	52 (51.0)		50 (49.0)		
Weight measured at admission (kg) (median and IQR) ($n = 723$)	26.0	(17.8–47.0)	29.2	(19.0–43.7)	0.019
Z-score for weight for age at admission (W/A) (mean and SD) ($n = 723$)	0.30 (1.12)		−0.63 (1.25)		<0.001
Height measured at admission (cm) (mean and SD) ($n = 716$)	129.1 (28.3)		136.5 (26.4)		0.001
Z-score for height for age at admission (H/A) (mean and SD) ($n = 716$)	−0.14 (1.33)		−0.40 (1.18)		0.007
BMI at admission (mean and SD) ($n = 716$)	18.3 (4.0)		16.2 (3.2)		<0.001
Z-score for BMI at admission (BMI/A[a]) (mean and SD) ($n = 716$)	0.49 (1.31)		−0.98 (1.61)		<0.001[b]
Time between cancer diagnosis and admission to hospital (in days) (median and IQR) ($n = 721$)	119.0	(47.6–264.0)	168.7	(54.3–432.7)	0.014[c]
Length of stay (LOS) (in days) (median and IQR) ($n = 723$)	7.0	(4.0–15.3)	6,0	(4.0–14.0)	0.729[d]

Abbreviations: BMI, body mass index; H/A, height for age; IQR, interquartile range; SD, standard deviation; SGNA, Subjective Global Nutritional Assessment; W/A, weight for age.

[a]BMI/A, body mass index for age. Short and very short height = H/A≥−3 and <−2 z-score and <−3 z-score, respectively. Thinness and marked thinness = BMI/A≥−3 and <−2 z-score and <−3 z-score, respectively.
[b]Chi-square test.
[c]Komogorov–Smirnov test.
[d]Student's t-test.

Desnutrição moderado/grave + prevalente

adolescentes de 10 a 18 anos (p = 0,015)

tumores sólidos (p = 0,014)

magro segundo IMC/I (p < 0,001)

maior tempo com a doença (p = 0,014)

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Consequências da desnutrição na criança com câncer

A inadequação nutricional na infância compromete os requisitos fisiológicos necessários para o crescimento e desenvolvimento físico e neurológico e pode favorecer o surgimento ou agravamento de doenças crônicas com impacto negativo na qualidade vida desses indivíduos.

⬇ massa magra = elemento básico do fenótipo sarcopênico ➡ fragilidade

↳ envelhecimento prematuro, suscetibilidade a intercorrências clinicas, ⬇capacidade funcional.

↳ afetar a absorção do medicamento, ⬇ metabolismo oxidativo, ⬇ taxa de filtração glomerular e, ⬆ concentrações plasmáticas de fármacos e potencialmente a toxicidade.

ESTRATÉGIAS PARA O FUTURO

✓ **Criar a linha do cuidado nutricional em oncologia na regulamentação da Lei**

LEI Nº 14.758, DE 19 DE DEZEMBRO DE 2023

Institui a Política Nacional de Prevenção e Controle do Câncer no âmbito do Sistema Único de Saúde (SUS) e o Programa Nacional de Navegação da Pessoa com Diagnóstico de Câncer; e altera a Lei nº 8.080, de 19 de setembro de 1990 (Lei Orgânica da Saúde).

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ESTRATÉGIAS PARA O FUTURO

PROPOSTA DA SOCIEDADE BRASILEIRA DE NUTRIÇÃO ONCOLÓGICA

- Considerando os resultados dos: INQUÉRITO BRASILEIROS DO PACIENTE ADULTO, IDOSO E PEDIÁTRICO

Criar a linha do cuidado na regulamentação da Lei

Recomendamos:
- Assistência nutricional **especializada por nutricionistas com título de especialista em nutrição oncológica ou formações compatíveis,**
- Terapia nutricional especializada (protocolos segundos o consenso brasileiro de nutrição oncológica e diretrizes internacionais:
  - I. aconselhamento nutricional,
  - II. imunonutrição e abreviação do jejum cirúrgico
  - III. Foco em pacientes com tumores de Cabeça e Pescoço, Abdome Alto e Tórax, Idosos, Pediátricos.
- Proposta na íntegra:
https://sbno.com.br/wp-content/uploads/2025/02/Comissao-Especial-Combate-ao-Cancer_02.pdf

Sociedade Brasileira
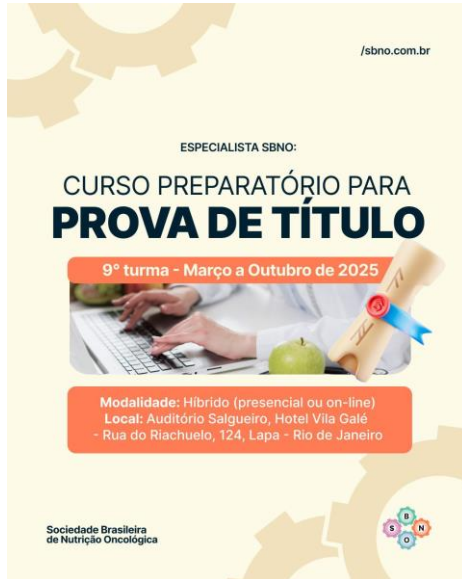de Nutrição Oncológica

MENSAGEM PARA CASA

Constituição assegura o direito humano à alimentação adequada

O direito humano à alimentação está expresso nos artigo 6º da Constituição Federal: "Art. 6º - São direitos sociais a educação, a saúde, a alimentação, o trabalho, a moradia, o lazer, a segurança, a previdência social, a proteção à maternidade e à infância, a assistência aos desamparados, na forma da constituição."

O paciente com câncer de CP, Abdômen Alto, Tórax e Idosos e Pediátricos, apresentam no **momento da internação** alta prevalência de desnutrição, de sinais e sintomas associados a desnutrição.

Pacientes oncológicos tem direito a alimentação assegurado pela constituição e este grupo precisa de Nutrição Especializada, Assistência Nutricional especializada por profissionais qualificados.

FALTA PARA ESTA POPULAÇÃO UM PROGRAMA QUE GARANTA A NUTRIÇÃO ESPECIALIZADA PARA ESTES PACIENTES COM CÂNCER DE CP, ABD ALTO, TÓRAX, IDOSOS E PEDIÁTRICOS.
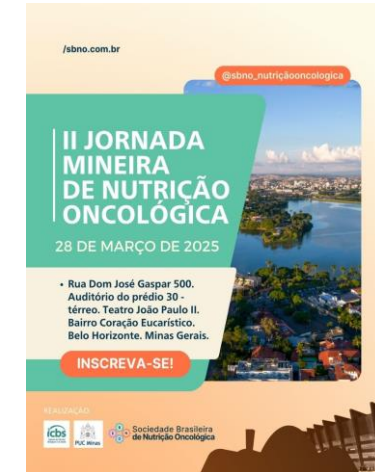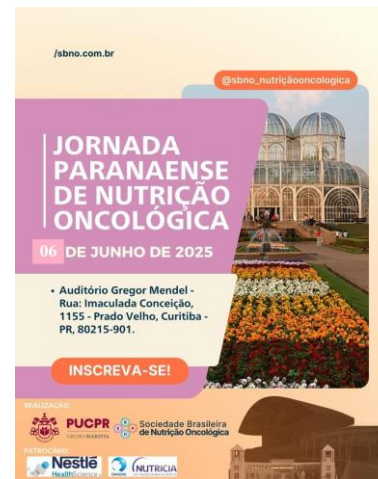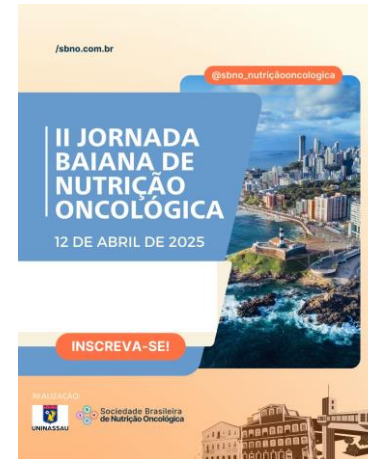
suporte@sbno.com.br

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OS PRODUTOS DA SBNO

https://sbno.com.br/cursos/2025-curso-preparatorio-para-titulo-de-especialista/

https://sbno.com.br/eventos/ix-congresso-brasileiro-de-nutricao-oncologica/

Sociedade Brasileira de Nutrição Oncológica

CONFERE O TÍTULO DE ESPECIALISTA EM NUTRIÇÃO ONCOLÓGICA A

por ter obtido aprovação em concurso realizado no dia 22 de novembro de 2024, segundo as normas estabelecidas pela Sociedade Brasileira de Nutrição Oncológica.

Rio de Janeiro, 20 de março de 2025. Válido até 16/11/2026

Erika Simone Coelho Carvalho
Coordenação de Ensino

Carin WeirichGallon
Coordenação de Ensino

Nivaldo Barroso de Pinho
Presidente da Sociedade Brasileira de Nutrição Oncológica

Chancelado pelo:

cfn CONSELHO FEDERAL DE **NUTRIÇÃO**

Código Validação Certificado: 103478   **Endereço para Validação Certificado: https://sbno.com.br/validar-certificado**

MUITO OBRIGADO