NUTRIONCO-DICE

Nutritional Oncology Integration via Digital Counselling & Evaluation – A scalable model for head, neck, oesophageal and gastric cancer patients

Project team:
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Description of the initiative
Background / context
Rationale for the initiative
Objectives and scope

Scientific context and rationale.

Malnutrition is recognized as a major and frequently overlooked risk factor in the management of cancer patients, affecting between 40% and 80% depending on tumour type and disease stage. According to ESPEN (European Society for Clinical Nutrition and Metabolism) guidelines, patients with tumours located in the head, neck, oesophagus, and stomach are among the most vulnerable to severe malnutrition due to eating difficulties, dysphagia, anorexia, taste alterations, and adverse effects of oncologic therapies.

Despite strong scientific evidence supporting the effectiveness of personalized nutritional interventions, nutritional counselling is still not systematically integrated into oncology treatment pathways in Romania. International guidelines—including those from ESMO and ESPEN recommend early nutritional screening and routine counselling as essential elements of comprehensive cancer care.

Data indicate that early nutritional interventions can reduce hospital stay duration, treatment toxicity, and postoperative complications, while significantly improving quality of life and overall survival rates. As such, the proposed project holds strong clinical and strategic relevance, being designed as a scalable, multidisciplinary, and digitalized intervention that addresses an unmet systemic need.

By integrating the digital platform application, the project offers an innovative technological solution that enables real-time monitoring and standardized data collection, useful for research and impact evaluation. This approach represents a replicable and scientifically valid model, with added value for public health policy and clinical research in oncology nutrition.

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Description of the initiative

Project Summary

The project aims to develop, implement, and evaluate a standardized program of personalized nutritional counselling for oncology patients with tumours located in the head, neck, exophages, and stomach.

The primary goal is to reduce malnutrition, enhance treatment adherence, improve quality of life, and establish a transferable model with national and international applicability.

Patients with cancers in the head and neck region, as well as in the upper gastrointestinal tract (oesophagus and stomach), are at particularly high risk of malnutrition due to eating difficulties, treatment-related side effects, and cancer-associated metabolic alterations. Malnutrition significantly impacts treatment tolerance, survival rates, and overall quality of life. Despite this clinical reality, nutritional counselling remains insufficiently integrated into standard oncology care in Romania.

NUTRIONCO-DICE addresses this critical gap through the implementation of a standardized, personalized nutritional counselling program delivered across seven representative oncology centres in Romania. The intervention will target a minimum of 150 patients undergoing active treatment (radiotherapy and/or chemotherapy), who will receive baseline nutritional assessment, individualized nutritional intervention, and ongoing monitoring, all included in special digital platform.

Validated instruments will be used to assess quality of life, lifestyle and dietary behaviours. Nutritional interventions will be tailored according to disease stage, treatment type, and initial nutritional risk scores (PG-SGA, MUST, MNA, NRS-2002, GLIM criteria, FOIS, EORTC QLQ-C30, FACT-C). A minimum of 10 certified dietitians, trained specifically to work with oncology patients, will be involved in integrating nutrition into routine cancer care. Project outcomes will be disseminated both nationally and internationally.

In parallel, the project will generate essential data regarding the cost-effectiveness of nutritional counselling, thereby contributing to the development of sustainable public health policies in the field of oncology nutrition.

With its multidisciplinary, digital, and scalable approach, the project represents a replicable model with strong potential for expansion to other regions in Romania and across Europe.

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Objectives

1. **To reduce the prevalence of malnutrition among enrolled oncology patients by at least 25% over a 24-month period.** This objective will be achieved through the implementation of systematic nutritional screening and personalized counselling aimed at reducing PG-SGA scores in patients undergoing active cancer treatment. This reduction will be monitored in real-time via the digital platform and confirmed through reassessments at 3, 12, and 24 months.

2. **To integrate nutritional counselling into the standard therapeutic pathway in all 7 participating oncology centres in Romania.** The project will lead to the creation and implementation of a standardized nutritional intervention protocol validated by ROSPEN that will become an integral component of multidisciplinary oncology care. This objective aims to strengthen collaboration between dietitians, oncologists, radiation oncologists and surgeons.

3. **To evaluate the nutritional, clinical, and economic impact using validated questionnaires and medical indicators.** Validated tools (PG-SGA, MUST, MNA, NRS-2002, GLIM criteria, FOIS EORTC QLQ-C30, FACT-C) will be used to measure quality of life, treatment compliance and healthcare costs associated with malnutrition-related complications. These data will support the development of evidence-based public health policies for the integration of nutrition into national oncology care.

4. **To train at least 10 certified dietitians specialized in oncology nutrition.** Through workshops, webinars, and dedicated training modules, participating dietitians will be prepared to implement nutritional interventions in line with the latest international guidelines (e.g., ESPEN, ESMO).

5. **To propose a national guideline of best practices for nutritional intervention and counselling in oncology.** This guideline will be based on data collected throughout the project and will be submitted after ROSPEN validation to the National Society for Radiotherapy and Medical Oncology from Romania and other decision-making bodies in order to support the large-scale adoption of the implemented model.

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Participating Centres

The most representative and prominent oncology centres in Romania have been selected for this project. All participating institutions provide comprehensive oncology treatment services, including radiotherapy, chemotherapy, and surgical oncology. They are equipped with the necessary infrastructure to support project implementation and have available collaborators for the nutritional counselling component.

- Institute of Oncology Bucharest
- Regional Institute of Oncology Iași
- Institute of Oncology Cluj-Napoca
- Sf. Nectarie Centre for Radiotherapy and Oncology, Craiova
- Galați County Emergency Hospital
- Bacău County Emergency Hospital
- Oradea County Emergency Hospital
- Affidea MedEuropa Centres (Bucharest, Brașov, Constanța, Oradea)

The multidisciplinary teams at the seven oncology centres consist of oncology specialists, surgeons, radiotherapists, dietitians, and nursing staff.

Estimated number of patients: minimum 150 distributed evenly across all centres.

Target Population

Patient Selection Method:

- In each participating centre, weekly screening will be conducted among newly enrolled patients discussed in the multidisciplinary oncology committees (tumour boards).
- Patients who meet the inclusion criteria will be invited to participate upon signing an informed consent form.
- Each centre will appoint a local coordinator responsible for recruitment and follow-up.
- Each centre will have a dietitian.

Inclusion Criteria:

- Age ≥18 years
- Confirmed cancer diagnosis with one of the following tumour locations:
  - Head and neck region (e.g., oropharyngeal carcinoma, laryngeal cancer)
  - Oesophagus, stomachs

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Inclusion Criteria:

- Disease stage: 0–III (without metastases), provided the patient is undergoing active treatment
- Patients must be receiving active oncological treatment, such as:
  - Chemotherapy
  - Radiotherapy
  - Or a combination of the two (with or without surgical intervention)
- Informed consent for participation in the project and use of the digital platform application. The data security is the top priority in this project.

Patient Stratification: To enable accurate evaluation of nutritional impact, patients will be stratified based on:

- **Initial PG-SGA nutritional score:**
  - 0–3: low risk
  - 4–8: moderate risk
  - ≥9: high risk
- **Type of oncological treatment:**
  - Radiotherapy only
  - Chemotherapy only
  - Combined treatment

This stratification will allow for a comparative analysis of nutritional and clinical outcomes based on initial severity and treatment intensity.

Exclusion Criteria:

- Patients with severe psychiatric disorders that impede cooperation
- Inability to use the mobile application without caregiver support
- Severely impaired functional status (ECOG 4)

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Ethics and Data Protection:

- All participants will sign an informed consent and GDPR form authorizing the use of their data for scientific purposes and the use of the digital platform application.
- The digital platform application will fully comply with GDPR standards, ensuring secure server storage, end-to-end encryption, and restricted access for authorized medical personnel only.
- Data collection will be limited to clinically and nutritionally relevant variables, excluding any direct identifiers (data will be pseudonymized).

Project Management and Scientific Oversight Team

NUTRIONCO-DICE is led by a highly qualified, multidisciplinary project team that ensures strategic coordination, clinical implementation, data integrity, and national scalability.
The project is driven by a robust team with both clinical depth and policy-oriented vision, guided by **scientific oversight from ROSPEN** to ensure national relevance, academic rigor, and alignment with European standards.

Project Coordination

National Project Coordinator:

Alina Comanescu

Responsible for overall project leadership, clinical oversight, coordination of participating centres, and liaison with health authorities.

Local Site Coordinators (7 centres):

Each participating oncology centre appoints a senior clinician (oncologist, radiotherapist, or surgeon) or a dietitian to manage local operations, patient recruitment, ethical compliance, and quality assurance.

Digital Integration Lead:

An IT/data management specialist supervises the integration and technical maintenance of the **digital platform application**, ensuring real-time monitoring, secure data storage, and user support.

Training and Education Coordinator:

Oversees delivery of workshops and e-learning programs for dietitians, oncology staff, and trainees, aligned with ESPEN/ESMO guidelines.

Clinical Implementation Team

Certified Oncology Dietitians (minimum 10):

Trained specifically for cancer-related nutritional counselling, these professionals provide baseline assessments, tailored interventions, and follow-up via the digital platform application.

Multidisciplinary Clinical Teams:

Oncologists, radiotherapists, surgeons, nurses, and psychologists across the 7 centers collaborate to integrate nutritional care into routine cancer therapy.

Scientific Oversight and National Endorsement. Scientific Advisory Board – ROSPEN

The Romanian Society for Parenteral and Enteral Nutrition (ROSPEN) officially endorses the project and provides independent scientific guidance.

ROSPEN Secretariat & Education Committee

Supports the training strategy and quality assurance of educational components (CME accreditation, national workshops, etc.).

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Planned activities & deliverables

- **Outline the steps of the project management plan to be taken**

Key Activities:

- Systematic nutritional screening using validated tools (PG-SGA, MUST, MNA, NRS-2002, GLIM criteria, FOIS) at enrolment and at each follow-up evaluation;
- Individualized nutritional counselling sessions, delivered either face-to-face or via the digital platform application using a special designed protocol for the nutritional status evaluation of each patient.
- Educational workshops and training sessions for healthcare professionals, including medical students, oncology residents, dietitians, and nursing staff;
- Active involvement of patients and caregivers in nutritional decision-making processes, through informational materials and guided discussions;
- Clinical and economic evaluation of project outcomes, focusing on improved quality of life, reduced complication rates, and optimized use of healthcare resources.

Integration of the digital platform application:

- A digital platform for delivering personalized nutritional plans, questionnaires, self-monitoring tools, and patient-dietitian interaction
- Enables efficient patient monitoring and automated collection of evaluation-relevant data.
- Helps to record patient medical journey and symptoms an easy and absolute secure way, allowing to share patient information with the medical doctor or dietitian.

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Planned activities & deliverables
What are the concrete deliverables of the project?
What achievements are possible in the next 12 and 24 months?

Methodology / Implementation Plan

Project Duration: 24 months

The project will involve the following core activities:

- Weekly screening of eligible patients during multidisciplinary oncology board meetings
- Initial nutritional assessment using PG-SGA, BMI, serum albumin, and other relevant indicators like BIA via a special performant scale.
- Delivery of personalized nutritional interventions and patient follow-up via the digital platform application.
- Use of validated questionnaires: EORTC QLQ-C30, FACT-C, Food Frequency Questionnaire (FFQ), and lifestyle assessments
- Patient reassessments at 3, 12, and 24 months
- Stratification of patients according to nutritional risk severity and type of oncological treatment.

Detailed Implementation Timeline:

- **Months 1–3:**
  - Development of nutritional assessment and intervention protocols
  - Organization of training sessions for local multidisciplinary teams
  - Appointment of site coordinators in each participating centre
  - Initial patient enrolment based on the defined eligibility criteria

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Planned activities & deliverables
What achievements are possible in the next 12 and 24 months?

Months 4–12:

- Full-scale implementation of the nutritional intervention across all seven oncology centres
- Continuous clinical and nutritional data collection through the digital platform application.
- Organization of local educational workshops for staff and patients
- Midterm analysis and refinement of the intervention as needed

Months 13–24:

- Continuation of personalized nutritional counselling and long-term patient follow-up
- Comprehensive reassessments at 12 and 24 months
- Dissemination of preliminary results through professional networks and conferences
- Preparation of the final project report and a national guideline of best practices

Detailed: Sustained nutritional improvements: ≥25% reduction in the prevalence of moderate/severe malnutrition among enrolled patients (measured via PG-SGA).

Improved clinical outcomes:

- Fewer treatment delays due to malnutrition,
- Reduced hospital admissions and complications,
- Increased weight and albumin stabilization in high-risk patients.
- Significant increase in quality of life scores (EORTC QLQ-C30, H&N35), functional capacity (ECOG), and patient satisfaction.
- **Completion of a formal cost-effectiveness analysis**, demonstrating reduced healthcare expenditures from early nutritional intervention.
- **Publication of at least one peer-reviewed scientific article** in an international journal (e.g., *Clinical Nutrition* or *Supportive Care in Cancer*).
- **Development and submission of a National Guideline** on best practices in oncology nutrition to the Romanian Ministry of Health.
- **Second national conference** organized to present final results and promote national replication.
- **Launch of an open-access online portal** for patients and caregivers, featuring educational content, self-assessment tools, and video tutorials.

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Resources & enablers

- **Describe personnel, financial needs, and disclose any other fundings in relation to the project (confirmed, planned or potential)**
- **Specify how the grant will be spent**
- **What factors will make it successful?**

Resources & Enablers

Personnel:

The project team will include:

•10 dietitians specialized in oncology nutrition (at least 10 will be trained during the project),
•Medical oncologists, radialogists, asistents, surgeons at each participating centre,
•Psychologists for patient support,
•Project coordinators (one national, seven local site coordinators),
•Scientific coordinators
•Data analysts and IT specialists for the digital platform integration.

Detailed Budget Table

Category	Details	Estimated Cost (€)
Nutritional Services	Initial assessment, counselling, and follow-up for a minimum of 100 patients Special scale instruments	10,000
Team Coordination	General coordinator + 7 local coordinators over 24 months	10,000
Logistics & Transport	Inter-centre travel, transport of educational materials	2,500
QoL / Lifestyle Evaluation	Questionnaires, data analysis, PG-SGA, FFQ, EORTC scoring	1,500
Professional Medical Training	Workshops, courses, training materials for staff	3,000
Final Evaluation & Reporting	Impact analysis, report drafting, translation, consultancy	1,500
Educational Materials	Brochures, posters, guides for patients and healthcare providers, publishing, articles, guidelines, protocols	1,500
Dissemination	Webinars, public communication, conference participation, conception of the scientific articles, specific protocols and guidelines	10.000
TOTAL		40,000

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Resources & enablers

- **What factors will make it successful?**

Success Factors

Several key elements will contribute to the success of the NUTRIONCO-DICE project:

•Multidisciplinary Integration:

Close collaboration between dietitians, oncologists, surgeons, psychologists, nurses, and researchers, ensuring that nutrition is embedded into the standard oncological care pathway.

•Use of digital technology platform:

Real-time patient monitoring, data collection, and individualized counselling via a secure and user-friendly digital platform will increase both efficiency and patient engagement.

•Standardized and evidence-based protocols:

Development and application of harmonized nutritional intervention protocols based on international guidelines (ESPEN, ESMO), ensuring consistency across centres.

•Specialized training for dietitians and oncology teams:

Dedicated workshops and continuous professional development to equip healthcare providers with skills tailored to oncology nutrition.

•Patient and caregiver involvement:

Active participation of patients and caregivers in nutritional decision-making through education and self-monitoring tools will enhance adherence and empowerment.

•Strong institutional and professional support:

Commitment from major Romanian oncology centres and endorsement from the national PEN society will foster credibility and long-term sustainability.

•Policy and advocacy focus:

A strategic emphasis on generating clinical and economic evidence to influence health policies and reimbursement frameworks for nutritional counselling.

•Scalability and transferability:

The modular design of the intervention model and digital platform will facilitate replication in other hospitals in Romania and internationally.

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Results/outcomes & expected impact

- **How will the findings be implemented?**

The findings from the **NUTRIONCO-DICE** project will be implemented through a structured, multi-level approach:

1.Integration into routine clinical practice:

1. Nutritional screening and counselling will become a standardized part of the therapeutic pathway in all participating oncology centres.
2. Local coordinators and trained dietitians will ensure the long-term application of the intervention protocols beyond the project's end.

2.Policy advocacy and national guideline development:

1. Based on the clinical and economic evidence generated, a **National Best Practice Guideline** for nutritional intervention in oncology will be finalized and proposed for official endorsement by the National Society for Radiotherapy and Medical Oncology of Romania
2. The project will advocate for the inclusion of nutritional counselling in the standard reimbursable healthcare service packages.

3.Sustainability through education and training:

1. The specialized training modules developed for dietitians and oncology teams will be integrated into continuing medical education (CME) programs.
2. New generations of healthcare professionals will be systematically trained in oncology nutrition practices.

4.Expansion and scaling:

1. With standardized protocols and a proven digital tool platform, the model can be expanded to other Romanian hospitals and adapted internationally.
2. Partnerships with European networks (ESPEN, ESMO), Digest Cancer Europe, Cancer Patients Europe, European Cancers Organisation will facilitate knowledge transfer and model validation in other countries.

5.Patient empowerment and digital health integration:

1. Patients and caregivers will have ongoing access to educational resources and self-monitoring tools via the digital platform application ensuring patient-centred care even post-project.

6.Scientific Dissemination:

1. Project results will be published in peer-reviewed journals and presented at national and international conferences, ensuring widespread awareness and potential adoption of the model.

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Results/outcomes & expected impact

- **How will this project advance patient care / contribute to optimal nutritional care? how will it impact clinical practice?**

The **NUTRIONCO-DICE** project will significantly improve patient care and transform clinical practice in oncology nutrition through the following contributions:

1. Early identification and management of malnutrition

By integrating **routine nutritional screening** (PG-SGA, BMI, BIA, serum albumin) into cancer care workflows, the project ensures that malnutrition is detected and addressed **before** it compromises treatment outcomes.

2. Personalized, evidence-based nutritional interventions

Each patient will receive **tailored nutritional counselling** based on disease stage, treatment type, and nutritional risk, improving tolerance to chemo/radiotherapy, reducing side effects, and supporting recovery.

3. Improved quality of life and treatment adherence

Nutritional support has a direct impact on reducing fatigue, weight loss, and treatment interruptions, leading to **better adherence** to cancer therapy and **enhanced quality of life**.

4. Standardization of oncology nutrition practice

The project introduces **standardized protocols** across 7 major oncology centres, promoting **consistency, quality, and accountability** in nutritional care.

5. Multidisciplinary collaboration

By embedding dietitians within oncology teams and involving surgeons, oncologists, psychologists, and nurses, the project builds a **holistic care model**, where nutrition is not a supplement, but a core pillar of therapy.

6. Use of digital tool to scale and sustain care

•The **digital platform application** enables remote follow-up, patient self-monitoring, and real-time intervention adjustments, making nutritional care **more accessible, continuous, and scalable**.

7. Data-driven clinical decisions and policy change

The clinical and economic data collected will demonstrate the cost-effectiveness of nutritional counselling, informing **public health policy** and **potential reimbursement inclusion**.

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Results/outcomes & expected impact
What makes the project innovative?

The **NUTRIONCO-DICE** project introduces multiple innovative elements that distinguish it from current practices in oncology care in Romania:

1. First digital integration of nutritional care in oncology

The project is the first in Romania to integrate **real-time nutritional monitoring and counselling** into cancer treatment pathways using a dedicated digital platform application, allowing remote follow-up, personalized adjustments, and automatic data collection.

2. Concept of a standardized national model for oncology nutrition

Instead of isolated interventions, the project develops a **uniform, replicable protocol** for nutritional assessment and intervention across multiple major cancer centres, setting the foundation for national implementation.

3. Multidisciplinary nutritional pathway embedded in cancer care

Nutrition will become an **official, structured part** of the therapeutic decision-making process through multidisciplinary tumour boards (oncology, radiotherapy, surgery, dietetics).

4. Real-World evidence linking nutrition to health economics

Beyond clinical outcomes, the project systematically collects **economic data** (hospitalization rates, treatment delays, complication rates) to demonstrate the **cost-effectiveness** of nutritional interventions — essential for influencing healthcare policies.

5. Patient empowerment through digital self-management tools

Oncology doctors, dietitians and patients are actively involved through the digital platform application where they can **track their nutritional status**, receive personalized recommendations, and communicate easily with dietitians — a **patient-centred innovation** rarely used in Romanian oncology care.

6. Designed for scalability and international replication

The project design is modular and digital, enabling **easy expansion** to other hospitals in Romania and **adaptation to other countries**, especially within Central and Eastern Europe.

In essence, NUTRIONCO-DICE transforms oncology nutrition from a marginal support service into a digitally integrated, standardized, and policy-driven component of cancer care.

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Results/outcomes & expected impact
Will the project be likely to influence national nutrition policy?
Is the project transferable to other settings / countries?

The **NUTRIONCO-DICE** project is specifically designed to generate robust clinical and economic evidence demonstrating the benefits of systematic nutritional counselling in oncology care.
By producing:
•A **national best practice guideline and protocols for nutrition in oncology**
•A **cost-effectiveness analysis report**,
•A comprehensive set of real-world clinical data,
the project will provide strong scientific arguments to advocate for:
•The **formal integration of nutrition counselling into national oncology protocols**,
•The **reimbursement of nutritional services** under the national health insurance framework,
•The **recognition of oncology dietitians** as essential healthcare professionals within cancer care teams.
The project's findings will be formally submitted to the **National Society for Radiotherapy and Medical Oncology of Romania** and other decision-making bodies to support large-scale implementation.

The **NUTRIONCO-DICE** model is designed from the outset to be **scalable and transferable**.
Key aspects supporting transferability:
•**Standardized protocols** aligned with international guidelines (ESPEN, ESMO),
•**Digital infrastructure** that can be easily adapted to different languages, healthcare systems, and clinical settings,
•**Training modules** for healthcare providers that can be reproduced in various contexts,
•**Data-driven validation** making it attractive for adoption by other countries seeking to improve oncology nutrition care.
The project is particularly well-suited for replication in other **Central and Eastern European countries**, where nutritional oncology integration remains limited, but also adaptable to broader international contexts through partnerships with **ESPEN, ENHA, ESMO**.

NUTRIONCO-DICE can **shape Romanian nutrition policy** and **serve as a scalable model** for oncology nutritional care internationally.

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