LETTER TO THE EDITOR

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The concept that focuses on oral motor and feeding function in cancer patients with muscle wasting

I read with great interest the recent article reporting the relation between skeletal muscle mass and dysphagia in cancer patients by Hidetaka Wakabayashi et al.[1] In criteria for the diagnosis of sarcopenia, loss of muscle mass, reduced handgrip strength, or gait speed is assessed as representative value of impaired muscle strength or physical performance.[2,3] Assessment of oral motor and feeding function is not common in diagnostic testing for sarcopenia or cachexia; however; loss of muscle mass is supposed to be spread throughout the entire body.

Insufficient dietary intake and decreased appetite are major factors for loss of muscle mass.[4] Therefore, increasing dietary intake and appetite could be one of the treatments for improvement of muscle wasting. However, some complications of cancer or chemotherapy often interfere with appetite, oral motor and feeding function in cancer patients.[5,6] Loss of muscle mass and impaired physical performance, and activity of daily living (ADL) induced by cancer and chemotherapy cannot be fully reversed by conventional nutritional support alone.[7,8] These clinical trials support the hypothesis that nutritional support would not be enough for strategy in advanced cancer patients with of oral motor and feeding dysfunction. In order to make a better understanding the strategy of cancer patients with sarcopenia or cachexia, evaluation of the oral motor and feeding function is no less important than assessment of dietary habit or nutritional status according to biochemical, anthropometric measures, and nutritional screening tool. It remains unclear whether hybrid strategy combining both nutritional support and exercise or rehabilitation affected on the loss of muscle mass, impaired ADL, and quality of life in cancer patients with dysphagia accompanied by sarcopenia or cachexia.[4,9] Further advances are required.

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Conflicts of interest

M. Saitoh, J. Ishida, M. Konishi, and J. Springer declare that they have no conflict of interest.

Masakazu Saitoh
Innovative Clinical Trials, Department of Cardiology and pneumology, University Medical Center Göttingen, Göttingen, Germany
msaitoh@shi.heart.or.jp

Junichi Ishida
Innovative Clinical Trials, Department of Cardiology and pneumology, University Medical Center Göttingen, Göttingen, German

Masaaki Konishi
Innovative Clinical Trials, Department of Cardiology and pneumology, University Medical Center Göttingen, Göttingen, Germany

Jochen Springer
Innovative Clinical Trials, Department of Cardiology and pneumology, University Medical Center Göttingen, Göttingen, Germany

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