

# HIGH-PROTEIN ORAL NUTRITIONAL SUPPLEMENT USE IN PATIENTS WITH CANCER REDUCES COMPLICATIONS AND LENGTH OF HOSPITAL STAY: A SYSTEMATIC REVIEW AND META-ANALYSIS

Delsoglio M, Capener R, Smith TR, Donald M, Hubbard GP and Stratton RJ (2025) Front. Nutr. 12:1654637.

## 1. BACKGROUND

Malnutrition affects up to **85%** of people with cancer and worsens:



**TREATMENT  
TOLERANCE**



**RECOVERY**



**SURVIVAL**

Protein needs in these patients are often elevated and many patients struggle to meet these targets. Oral nutritional supplements (ONS) can bridge this gap, and those providing  $\geq 20\%$  of total energy from protein (HPONS) may be particularly beneficial.

## 2. METHODS

A systematic review (searches to January 2025) investigated the effect of HPONS vs standard care, dietary advice and standard ONS on clinical outcomes:

- Complications
- Hospital stay
- Readmissions
- Mortality

in adults with cancer.



## 3. RESULTS



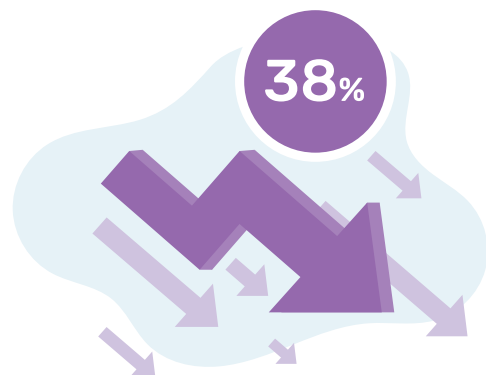
**32**  
publications

were identified reporting results from 29 randomised controlled trials (RCTs) ( $n = 2,279$ ) of HPONS<sup>1</sup> alongside dietary intake in patients with gastrointestinal (GI), lung, head and neck, liver, breast, and mixed cancers across hospital and community undergoing surgery, chemotherapy, and/or radiotherapy.



1. Mean daily intake 580 kcal, 34 g protein, ranging from 5 to 365 days

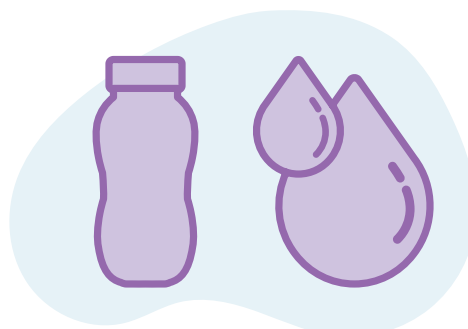
## 4. THE KEY FINDINGS



Complications ↓ 38%

15 RCTs (n = 1,230) showed **fewer infectious, non-infectious post-operative, and treatment-related complications** with HPONS vs. control (OR 0.62 [95% CI 0.48–0.81], p = 0.0005).

**101 fewer complications** per 1,000 patients.  
**Number Needed to Treat = 12.**



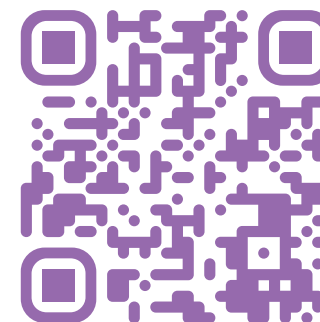
Both omega-3-enriched (OR 0.69) and non-enriched (OR 0.46) HPONS showed a positive effect on complications.



**Length of hospital stay ↓ 0.26 days** on average (8 RCTs n = 865, p = 0.02).

No difference in hospital readmissions (5 RCTs n = 479) and mortality (7 RCTs n = 694).

Further research with robust controlled designs, and greater standardisation of patient groups, cancer treatment regimens and nutritional interventions, is recommended to further improve the evidence base to enable recommendations for practice.



**SCAN TO READ  
THE FULL  
PUBLICATION  
TODAY**

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