

ONCOLOGY DIETETICS, CANCER NUTRITION AND SUPPORTIVE CARE SPECIALIZATION COURSE

6 Month Advanced Specialization Course

A structured specialization for nutrition and dietetics students, graduates and practicing dietitians who want to develop advanced competence in nutrition care across the cancer journey, from diagnosis and active treatment to surgery, rehabilitation, survivorship, advanced disease and palliative care.

Who This Course Is For

Nutrition and dietetics students, graduates and practicing dietitians who want focused training in cancer related malnutrition, treatment side effects, tumor specific nutrition, nutrition support, hematological oncology, survivorship and supportive care.

Specialization Approach

The course begins with cancer related nutrition risk, metabolism, malnutrition, sarcopenia and cachexia before progressing into chemotherapy, radiotherapy, surgery, immunotherapy, tumor specific nutrition, stem cell transplantation, enteral and parenteral nutrition, survivorship and advanced oncology care.

Clinical Focus

Participants learn to connect cancer diagnosis, treatment type, symptoms, nutritional status, muscle loss, gastrointestinal function, swallowing, medications, supplements, psychosocial barriers and goals of care when making nutrition decisions.

Overall Aim

To develop dietitians who can provide safe, individualized and evidence informed oncology nutrition care, recognize professional boundaries, escalate nutrition support appropriately, collaborate with multidisciplinary teams and defend clinical decisions rather

than relying on generic cancer diets.

COURSE ROADMAP

Month

Primary Development Area

What the Participant Should Gain

Month 1

Foundations of Oncology Nutrition, Cancer Metabolism and Assessment

Understand cancer treatment, metabolic changes, nutrition risk, malnutrition, sarcopenia and cachexia.

Month 2

Cancer Treatment Related Nutrition and Symptom Management

Learn how chemotherapy, radiotherapy, surgery, immunotherapy and common treatment side effects influence intake and nutritional status.

Month 3

Tumor Specific Oncology Nutrition

Apply nutrition reasoning to head and neck, gastrointestinal, pancreatic, liver, breast, gynecological, lung, prostate and other common cancers.

Month 4

Hematological Malignancies, Stem Cell Transplantation and Immunocompromised Nutrition

Develop competence in leukemia, lymphoma, myeloma, transplant

related nutrition, mucositis, gastrointestinal complications and food safety.

Month 5

Nutrition Support, Cachexia, Rehabilitation and Advanced Cancer Care

Learn food first support, oral supplements, enteral nutrition, parenteral nutrition concepts, refeeding risk, cachexia, rehabilitation and palliative nutrition.

Month 6

Survivorship, Supplement Safety and Advanced Oncology Dietetic Practice

Integrate survivorship care, supplement appraisal, ADIME, multidisciplinary practice and complex oncology case defense.

MONTH 1: FOUNDATIONS OF ONCOLOGY NUTRITION, CANCER METABOLISM AND ASSESSMENT

Theme: Before deciding what the patient should eat, understand what the cancer and its treatment are doing to the patient.

Purpose: To build the oncology foundation required for safe nutrition assessment and intervention.

Week

Focus

Learning Content

Practical Application

1

Understanding Oncology Dietetics

Role of the oncology dietitian. Cancer terminology. Solid tumors and hematological malignancies. Localized and metastatic disease concepts. Curative, disease controlling and palliative treatment intent. Multidisciplinary cancer care.

Participants map where a dietitian contributes from diagnosis through treatment, recovery and survivorship.

2

Cancer Biology and Metabolism for Dietitians

Tumor biology concepts relevant to nutrition. Inflammation. Altered protein and energy metabolism. Catabolism. Muscle loss and systemic effects of cancer. Distinguishing disease related metabolic change from simple inadequate intake.

Participants compare different mechanisms of weight and muscle loss in cancer and explain why they do not all require the same intervention.

3

Comprehensive Oncology Nutrition Assessment

Cancer diagnosis and treatment plan as medical context. Weight history. Dietary intake. Appetite. Symptoms. Medications. Supplements. Gastrointestinal function. Swallowing. Functional status. Body composition. Biochemical information. Psychosocial and financial factors.

Participants complete a structured oncology nutrition assessment from a simulated patient record.

4

Malnutrition, Sarcopenia and Cancer Cachexia

Nutrition screening. Unintended weight loss. Reduced intake. Muscle loss. Sarcopenia concepts. Malnutrition diagnosis. Cachexia and precachexia concepts. Differentiating cachexia from starvation and inadequate intake.

Participants compare several patients with weight loss and identify whether malnutrition, sarcopenia, cachexia or a combination is the dominant nutrition concern.

Development Outcome: Participants should be able to identify the cause and severity of nutritional deterioration before choosing an intervention.

MONTH 2: CANCER TREATMENT RELATED NUTRITION AND SYMPTOM MANAGEMENT

Theme: The nutrition intervention must change with the treatment and its side effects.

Purpose: To teach participants how active cancer treatments affect appetite, oral intake, gastrointestinal function, swallowing, hydration and nutritional status.

Week

Focus

Learning Content

Practical Application

5

Chemotherapy and Nutrition

Chemotherapy cycles and symptom patterns. Appetite loss. Fatigue. Nausea. Vomiting. Diarrhea. Constipation. Taste and smell changes. Mucositis. Dry mouth. Hydration and weight monitoring.

Participants build different nutrition strategies for different points within a chemotherapy cycle rather than prescribing one static plan.

6

Radiotherapy Nutrition

Nutrition effects according to treatment site. Head and neck radiotherapy. Thoracic treatment. Abdominal and pelvic radiotherapy. Mucositis. Xerostomia. Dysphagia. Esophagitis. Diarrhea. Gastrointestinal tolerance.

Participants compare nutrition care for head and neck radiotherapy with pelvic radiotherapy.

7

Surgical Oncology Nutrition

Preoperative malnutrition screening. Nutrition optimization. Catabolic stress. Postoperative feeding progression. Energy and protein for recovery. Changes after gastrointestinal surgery. Complications that affect intake.

Participants develop a perioperative nutrition pathway for a malnourished oncology patient.

8

Immunotherapy, Targeted Therapy and Complex Toxicities

Basic awareness of immunotherapy and targeted treatment. Diarrhea and colitis related concerns. Endocrine effects as medical context. Oral and skin effects affecting intake. Supplement and herb safety. Recognition of symptoms requiring urgent oncology review.

Participants identify nutrition priorities while separating dietetic management from treatment toxicity requiring medical intervention.

Development Outcome: Participants should understand how the same patient may need different nutrition strategies as treatment, symptoms and tolerance change.

MONTH 3: TUMOR SPECIFIC ONCOLOGY NUTRITION

Theme: Cancer site changes the nutritional problem, but nutritional status still determines the intervention.

Purpose: To apply oncology nutrition reasoning to common tumor sites and treatment related anatomical changes.

Week

Focus

Learning Content

Practical Application

9

Head, Neck and Esophageal Cancer Nutrition

Dysphagia. Odynophagia. Mucositis. Xerostomia. Taste changes. Energy dense texture modification. Swallowing related collaboration. Oral supplements and enteral nutrition concepts.

Participants develop nutrition care for a head and neck cancer patient receiving combined treatment.

10

Gastric, Colorectal and Gastrointestinal Cancer Nutrition

Early satiety. Weight loss. Gastrectomy related changes. Dumping related concepts. Colorectal surgery. Ostomy related concerns. Bowel symptoms. Obstruction awareness. Malabsorption according to anatomy and treatment.

Participants compare nutrition priorities before and after major gastrointestinal cancer surgery.

11

Pancreatic, Hepatobiliary and Liver Cancer Nutrition

Severe weight loss. Maldigestion. Steatorrhea. Pancreatic enzyme therapy as medical context. Liver cancer related malnutrition. Ascites and muscle loss. Biliary disease related digestive concerns.

Participants develop a nutrition strategy for a pancreatic cancer patient with progressive weight loss and suspected maldigestion.

12

Breast, Gynecological, Lung, Prostate and Other Common Cancers

Treatment related weight and body composition changes. Bone and cardiometabolic health. Surgical recovery. Gastrointestinal side effects. Androgen deprivation related metabolic changes. Fatigue and poor intake. Survivorship considerations.

Participants compare nutrition priorities across different tumor sites and treatment plans.

Development Outcome: Participants should learn to integrate tumor location, treatment, symptoms and nutritional status rather than applying a cancer specific food list.

MONTH 4: HEMATOLOGICAL MALIGNANCIES, STEM CELL TRANSPLANTATION AND IMMUNOCOMPROMISED NUTRITION

Theme: Hematological oncology creates a different nutrition environment.

Purpose: To develop competence in nutrition care during intensive systemic therapy, transplantation and immunocompromised states.

Week

Focus

Learning Content

Practical Application

13

Leukemia, Lymphoma and Multiple Myeloma

Hematological malignancy overview relevant to dietetics. Intensive treatment burden. Appetite loss. Nausea. Mucositis. Prolonged hospitalization. Infection risk. Bone health considerations in selected conditions.

Participants complete a nutrition assessment for a patient receiving intensive hematology treatment.

14

Hematopoietic Stem Cell Transplantation

Conditioning and transplant concepts. Severe mucositis. Reduced intake. Enteral and parenteral nutrition considerations. Hydration. Electrolytes. Weight and gastrointestinal monitoring. Recovery phase nutrition.

Participants follow a simulated transplant patient from conditioning through early recovery.

15

GVHD and Gastrointestinal Complications

Graft versus host disease as medical context. Diarrhea. Nausea. Malabsorption. Reduced intake. Nutrition support escalation according to gastrointestinal function. Deficiency risk. Multidisciplinary transplant care.

Participants prioritize nutrition problems in a patient with severe post transplant gastrointestinal complications.

16

Food Safety in Immunocompromised Cancer Care

Food hygiene. Safe storage. Cooking. Cross contamination. High risk foods. Home kitchen practices. Avoiding unnecessarily restrictive

blanket diets that reduce intake without clear benefit.

Participants build practical food safety education for an immunocompromised oncology patient and caregiver.

Development Outcome: Participants should understand how infection risk, treatment intensity, gastrointestinal toxicity and prolonged poor intake change nutrition priorities in hematological oncology.

MONTH 5: NUTRITION SUPPORT, CACHEXIA, REHABILITATION AND ADVANCED CANCER CARE

Theme: When eating becomes difficult, nutrition care must escalate intelligently rather than simply adding more food advice.

Purpose: To teach participants a stepped nutrition support approach and realistic nutrition goals in advanced cancer.

Week

Focus

Learning Content

Practical Application

17

Food First and Oral Nutrition Support

Food fortification. Energy and protein density. Small frequent meals. Symptom based meal adaptation. Oral nutrition supplement indications. Product selection. Taste, tolerance, culture and affordability.

Participants build a stepped food first and oral nutrition support plan for a patient whose intake has declined substantially.

18

Enteral Nutrition in Oncology

Indications when oral intake is inadequate and the gastrointestinal tract remains usable. Nasogastric, gastrostomy and jejunal concepts. Formula selection. Energy, protein and fluid. Head and neck cancer applications. Monitoring tolerance and outcomes.

Participants develop an enteral feeding and monitoring plan for a simulated oncology patient.

19

Parenteral Nutrition and Refeeding Risk

Situations where gastrointestinal feeding is impossible or insufficient. Parenteral nutrition components. Glucose, amino acids, lipids, electrolytes, vitamins and trace elements. Monitoring. Refeeding risk recognition and multidisciplinary prevention.

Participants identify a severely malnourished oncology patient at refeeding risk and plan appropriate escalation within specialist care.

20

Cancer Cachexia, Rehabilitation and Palliative Nutrition

Cachexia as a multifactorial syndrome. Limits of nutrition alone. Symptom support. Physical rehabilitation where appropriate. Advanced disease. Comfort focused nutrition. Changing goals as disease trajectory changes. Patient and family preferences.

Participants compare nutrition goals in active treatment, advanced disease and end of life care.

Development Outcome: Participants should know when to intensify nutrition support, when to focus on rehabilitation, and when goals should shift toward comfort and quality of life.

MONTH 6: SURVIVORSHIP, SUPPLEMENT SAFETY AND

ADVANCED ONCOLOGY DIETETIC PRACTICE

Theme: Oncology nutrition continues after active treatment, but it should never become fear based cancer prevention dieting.

Purpose: To integrate survivorship, supplement appraisal, oncology nutrition diagnosis, documentation, referral and advanced case management.

Week

Focus

Learning Content

Practical Application

21

Cancer Survivorship Nutrition

Rebuilding nutritional status. Muscle recovery. Appropriate weight management. Cardiometabolic health. Bone health. Rehabilitation. Long term eating patterns. Transition from treatment focused nutrition toward sustainable health promoting nutrition.

Participants transition a simulated patient from active treatment nutrition into survivorship care.

22

Cancer Diet Myths, Supplements and Treatment Interactions

Sugar feeds cancer claims. Alkaline diets. Juice detoxes. Ketogenic diets. Fasting claims. Antioxidants. Herbal products. High dose vitamins. Treatment interaction risk. Evidence appraisal and communication without fear based messaging.

Participants critically review a restrictive cancer diet and supplement protocol and redesign the patient education using evidence informed reasoning.

Oncology Nutrition Diagnosis, ADIME and Multidisciplinary Practice

Intake, clinical and behavioral nutrition diagnoses. PES statements. Prioritization. Oncology ADIME. Communication with oncologists, surgeons, nurses, pharmacists, speech therapists, physiotherapists, psychologists and palliative care teams. Referral and professional boundaries.

Participants complete an oncology ADIME note and multidisciplinary referral communication.

Advanced Oncology Case Defense

Integration of cancer diagnosis, treatment intent, nutritional status, weight trajectory, muscle loss, symptoms, intake, swallowing, gastrointestinal function, laboratory information, medications, supplements, functional status, barriers, intervention, nutrition support and goals of care.

Participants present and defend one solid tumor case, one hematological or transplant case and one advanced complex oncology case.

Development Outcome: Participants should finish the specialization able to justify oncology nutrition decisions according to treatment, nutritional status, symptoms, function and goals of care.

ONCOLOGY SPECIALIZATION CASE PORTFOLIO

Case Area

Practical Competency

Newly Diagnosed Cancer

Complete nutrition risk and baseline assessment.

Cancer Related Malnutrition

Diagnose and manage inadequate intake, weight loss and nutritional deterioration.

Sarcopenia

Recognize muscle loss and integrate nutrition with rehabilitation.

Cancer Cachexia

Distinguish cachexia from simple malnutrition and establish realistic multidisciplinary goals.

Chemotherapy Case

Manage nausea, appetite loss, taste changes and gastrointestinal effects across a treatment cycle.

Radiotherapy Case

Adapt nutrition according to treatment location and toxicity.

Head and Neck Cancer

Integrate swallowing, oral symptoms, texture, energy density and nutrition support.

Gastric Cancer

Manage intake and nutritional consequences before and after major gastrointestinal treatment.

Colorectal Cancer

Address surgery, bowel changes and ostomy related needs.

Pancreatic Cancer

Address maldigestion, weight loss, symptom burden and nutrition support.

Breast Cancer

Integrate treatment, body composition and survivorship considerations.

Prostate Cancer

Address metabolic and body composition effects of treatment.

Lung Cancer

Manage poor intake, fatigue and weight loss.

Hematological Malignancy

Support nutrition during intensive systemic therapy.

Stem Cell Transplant

Integrate mucositis, gastrointestinal toxicity, infection safety and nutrition support.

Enteral Nutrition

Develop route, formula, delivery and monitoring strategy.

Parenteral Nutrition

Understand indications and monitoring within specialist nutrition support teams.

Refeeding Risk

Identify high risk patients and appropriate escalation.

Palliative Care

Align nutrition with symptoms, comfort and goals of care.

Survivorship

Transition toward recovery, long term health and functional improvement.

Supplement Interaction

Critically evaluate complementary products and possible treatment interactions.

Final Case Defense

Defend the complete oncology nutrition care process.

PROFESSIONAL SCOPE INTEGRATION

Situation

Oncology Dietitian Role

Cancer Diagnosis

Work from medically established diagnosis, stage and treatment plan rather than diagnosing malignancy.

Malnutrition

Conduct nutrition assessment, establish the nutrition diagnosis and provide individualized intervention.

Cachexia

Provide nutrition support while recognizing that cachexia requires broader medical and multidisciplinary management.

Chemotherapy Side Effects

Adapt nutrition and support intake while medical toxicity management remains with the oncology team.

Dysphagia

Maintain nutritional adequacy within swallowing recommendations and collaborate with appropriately trained swallowing specialists.

Mucositis

Adapt food texture, temperature and nutrient density while medical treatment addresses mucosal injury.

Pancreatic Insufficiency

Support diet and intake while enzyme prescription and adjustment remain medical.

Tube Feeding

Develop and monitor nutrition provision within multidisciplinary care and institutional scope.

Parenteral Nutrition

Participate within appropriately trained nutrition support teams.

Supplement Use

Assess indication, evidence, dose, safety and potential treatment interaction.

Cancer Diet Claims

Correct misinformation without presenting nutrition as a cancer treatment or cure.

Oncology Surgery

Support preoperative and postoperative nutrition within surgical care.

Palliative Care

Align nutrition intervention with symptoms, prognosis, patient preference and goals of care.

Survivorship

Support recovery and long term health without promising prevention of recurrence through a specific diet.

Complex Oncology

Collaborate with oncology, surgery, pharmacy, rehabilitation, psychology and palliative care teams.

FINAL SPECIALIZATION PORTFOLIO

Portfolio Component

Final Output

Oncology Nutrition Assessment

Complete cancer specific assessment framework.

Malnutrition Screening Exercise

Structured identification and prioritization of nutrition risk.

Malnutrition Case

Complete assessment, diagnosis, intervention and monitoring process.

Sarcopenia and Cachexia Case

Differentiation and realistic intervention planning.

Treatment Side Effect Toolkit

Nutrition strategies for common treatment related symptoms.

Chemotherapy Case

Cycle based nutrition support.

Radiotherapy Case

Site specific nutrition care.

Surgical Oncology Case

Preoperative and postoperative nutrition pathway.

Head and Neck Case

Swallowing, oral intake and enteral nutrition framework.

Gastrointestinal Cancer Case

Nutrition care across gastrointestinal cancer treatment.

Pancreatic Cancer Case

Maldigestion and weight loss management.

Hematology Case

Nutrition support during intensive treatment.

Stem Cell Transplant Case

Complete transplant nutrition pathway.

Food Safety Tool

Patient education for immunocompromised care.

Enteral Nutrition Case

Feeding and monitoring plan.

Parenteral Nutrition Exercise

Specialist nutrition support framework.

Palliative Nutrition Case

Comfort focused nutrition care.

Survivorship Case

Recovery and long term health strategy.

Supplement Appraisal

Treatment interaction and evidence review.

Oncology ADIME Portfolio

Complete professional documentation.

Referral Framework

Oncology, surgery, pharmacy, swallowing, rehabilitation and palliative pathways.

Final Case Defense

Advanced oncology nutrition presentation.

EXPECTED SPECIALIZATION TRANSFORMATION

At Entry

At Completion

Cancer patients should simply eat healthy food.

I assess nutritional status, treatment, symptoms, muscle loss and clinical goals before planning nutrition.

Weight loss means the patient only needs more calories.

I distinguish inadequate intake, malnutrition, sarcopenia and cancer cachexia.

Cancer patients should avoid sugar.

I understand energy metabolism and avoid fear based dietary restriction.

Every chemotherapy patient needs the same diet.

I adapt nutrition according to treatment cycle, toxicity, symptoms

and individual tolerance.

Head and neck cancer needs a soft diet.

I integrate swallowing safety, texture, energy density, oral symptoms and nutrition support.

Cancer patients should automatically take antioxidants.

I evaluate supplements for indication, evidence, dose, safety and possible treatment interaction.

A feeding tube means the patient has failed to eat.

I understand enteral nutrition as a clinical tool for protecting nutritional status when oral intake is inadequate.

Cachexia can be corrected by high calorie feeding.

I understand its complex metabolic nature and establish realistic multidisciplinary goals.

Nutrition should always be aggressive in advanced cancer.

I align intervention with disease trajectory, patient preference, symptoms and goals of care.

After treatment, oncology nutrition ends.

I understand rehabilitation, nutritional recovery and survivorship care.

Oncology dietetics means making cancer meal plans.

I can conduct, document and defend a complete oncology nutrition care process.

FINAL LEARNING PATHWAY

Stage

Learning Progression

Stage 1

Understand cancer, treatment intent and nutrition related metabolic change.

Stage 2

Conduct a comprehensive oncology nutrition assessment.

Stage 3

Identify malnutrition, muscle loss and sarcopenia.

Stage 4

Understand cancer cachexia and realistic nutrition goals.

Stage 5

Manage chemotherapy, radiotherapy and surgical nutrition.

Stage 6

Apply tumor specific oncology nutrition reasoning.

Stage 7

Manage hematological oncology and stem cell transplant nutrition.

Stage 8

Provide food first and oral nutrition support.

Stage 9

Understand enteral and parenteral nutrition within specialist care.

Stage 10

Recognize refeeding risk and escalating nutrition needs.

Stage 11

Manage advanced and palliative nutrition according to goals of care.

Stage 12

Critically evaluate supplements, interactions and cancer diet claims.

Stage 13

Support recovery, rehabilitation and survivorship.

Stage 14

Develop nutrition diagnosis, intervention, monitoring and ADIME documentation.

Stage 15

Collaborate with oncology teams and defend advanced oncology cases.

COURSE PHILOSOPHY

This specialization is designed to develop oncology dietetic reasoning rather than provide a collection of cancer meal plans. Participants learn to connect treatment, nutritional status, symptoms, muscle loss, gastrointestinal function, swallowing, nutrition support, patient preference and goals of care so that nutrition intervention remains individualized, clinically appropriate and professionally defensible.