Adequate nutrition is especially important for patients with cancer, and food is viewed as significant not only for its nutritional value but also as a quality-of-life issue (McGrath, 2002). Intensive chemotherapy can cause difficulty with eating, which may be stressful for patients and caregivers. This can lead to problems such as anorexia, which may be life-threatening if significant weight loss occurs (Bloch, 2000). Therefore, recommendations and suggestions regarding consuming a healthy diet during and following treatment are key to helping patients maintain strength and overcome their disease.

Many patients with cancer are unable to eat, and prevalence of weight loss and malnutrition in patients has been reported to range from 9% in patients with breast cancer to 80% in patients with esophageal cancer. Capra, Ferguson, and Reid (2001) estimated that 20% of patients with cancer die from the effects of malnutrition rather than malignancy. Cachexia, characterized by weight loss, lipolysis, muscle wasting, anorexia, chronic nausea, and asthenia, can result in changes in body image and psychological distress (Bruera & Sweeney, 2000). These adverse responses may result in complications that require unplanned hospitalization and increased costs of care (Nitenberg & Raynard, 2000; Ottery, 1996). Benefits associated with nutritional support for cachexia include increases in weight, anthropometric measurements, and serum albumin as well as improvements in nitrogen balance and immune function (Bloch, 2000).

Assessment at diagnosis or at the start of treatment can determine a patient’s nutrition status. When a compromised nutrition status exists, further assessment and nutrition education are recommended before beginning treatment. For patients who are not at nutritional risk at the time of assessment, nutrition education should be provided to enable them to cope with likely side effects of treatment. The primary goal of this study was to identify the dietary needs of patients with cancer from patients’ perspectives as well as the two groups of healthcare professionals who provide the majority of nutrition counseling during treatment: RNs and registered dietitians (RDs). RNs provide more than half of patients’ nutrition counseling during cancer treatment, and RDs counsel approximately one-quarter of these patients (Polisena & Wade, 1993). The purpose of this study was to provide basic data for use in designing successful strategies for educating patients with cancer about their dietary needs. The assumption was that...