

LETTER TO THE EDITOR

A NOVEL AND DEFINITIVE APPROACH TO NUTRITION IN PREVENTION AND TREATMENT OF CANCER: A PROVOCATIVE CALL

Paolo Pedrazzoli^{1,*}, Giovanni Rosti¹, Riccardo Caccialanza²

¹ Medical Oncology Unit, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy

² Clinical Nutrition and Dietetics Unit, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy

* Correspondence to: ✉ p.pedrazzoli@smatteo.pv.it, <https://orcid.org/0000-0002-9419-7160>

Doi: 10.48286/aro.2022.50

Key words: diet; malnutrition; cancer patient.

Received: May 23, 2022/**Accepted:** July 13, 2022/

Published: September 8, 2022

To the Editor,

in the oncologic setting, the primary goal of nutritional interventions is the avoidance of malnutrition as nutrition care is not only important in the prevention of cancer but also plays a role in cancer treatment compatibility (1). This assumption is based on a bulk of scientific literature. Unfortunately, every day a new diet is proposed to make weight loss easier while simultaneously reducing the intake of unhealthy foods. These diets, presented as effective both for prevention and complementary treatments for several diseases including cancer, are often anarchic, and many could put health in danger, not being scientifically validated (2-4).

We propose a simple "at home" approach capable of rapidly reducing calories intake and favoring weight loss, called interchangeable cutlery diet (ICD). It simply works by using the wrong cutlery for a given dish; *i.e.* fork for soup, spoon for steak, thereby making the consumption of food difficult without otherwise changing eating habits. The use of knives, especially if very sharp, is not recommended for the safety of diners.

Advantages of this dietary strategy are: (i) the pleasure of cooking is not lost, and you can in-

vite friends for dinner without forcing them to eat tasteless foods; (ii) the cost of viands you may have to throw in the trash are compensated by the saving on unnecessary and expensive visits by nutritionists and on the purchase of prescribed dietary supplements and "dietetic" foods. Also, having pets may help.

Limitations are: (i) preclinical animal models, including studies in non-human primates, are not applicable in this setting; (ii) the ICD does not work for East Asian populations due to the lack of dissimilar cutlery, nor for fast-food/finger-food addicted persons.

Once validated (a pilot experience within our circle of friends has been limited by a high dropout rate) the ICD will help to get rid of those supposed "nutrition experts" who proliferate on TV and the web for whom smooth silk scarfs, Calvin Kline suits, and tongue are powerful substitutes for evidence (5, 6). In conclusion, although the suggested method is clearly a provocative call, it is intended to gain attention on a key aspect of the management of cancer patients, too often left at mercy of unreliable and potentially harmful information.

CONFLICT OF INTERESTS

The authors have declared no conflict of interests.

REFERENCES

1. Caccialanza R, Cotogni P, Cereda E, et al. Nutritional Support in Cancer patients: update of the Italian Intersociety Working Group practical recommendations. *J Cancer* 2022;13(9):2705-16. doi: 10.7150/jca.73130.
2. Available from: <https://www.aicr.org/resources/blog/another-cancer-and-diet-claim-the-alkaline-diet/>. Accessed: July 13, 2022.
3. Available from: <https://l-nutra.eu/>. Accessed: July 13, 2022.
4. Caccialanza R, Cereda E, De Lorenzo F, et al. To fast, or not to fast before chemotherapy, that is the question. *BMC Cancer* 2018;18(1):337. doi: 10.1186/s12885-018-4245-5.
5. Isaacs D, Fitzgerald D. Seven alternatives to evidence-based medicine. *The Oncologist* 2001;6(4):390-1. doi: 10.1634/theoncologist.6-4-390.
6. Thorndike EL. A constant error in psychological ratings. *J Appl Psychol* 1920;4:25-9. doi: 10.1037/H0071663.