Qeios

Peer Review

Review of: "Assessment and Improvement of Nutritional Knowledge among Hospitalized Cancer Patients: Gaps, Sources, and Educational Strategies"

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1. Independent researcher

This manuscript presents a narrative review on a topic that is highly relevant, as malnutrition and poor nutritional management negatively affect prognosis, treatment tolerance, quality of life, and healthcare costs in oncology. The manuscript has good potential and addresses a gap in the literature, but it needs substantial revision to clarify methods, context, and practical implications.

1. The methodological approach as a narrative review is only implicitly described; there is no dedicated Methods section specifying the search strategy, inclusion criteria, and quality appraisal.
2. Almost all underlying studies are from Chinese settings with frequent mention of the Chinese Dietary Guidelines and the Chinese Food Pagoda, but the title, abstract, and discussion are written in a way that suggests global generalizability; the country context is not sufficiently explicit. The link with international nutrition guidelines (e.g., ESPEN, ASPEN, national oncology nutrition guidelines) is weak, and some clinical terminology (e.g., cachexia, nutritional risk) is used without formal definitions.
3. Educational strategies are described in general terms, but the paper lacks concrete, stepwise recommendations that could guide oncologic teams in practice. Describe, with examples from the reviewed studies, what types of educational interventions have been used (e.g., bedside counseling, group classes prior to chemotherapy, videos or apps, written materials). Indicate the timing (at diagnosis, pre-surgery, during treatment) and the measured outcomes (knowledge scores, adherence to oral nutritional supplements, weight change, etc.). Propose a simple model or pathway

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for nutritional education within the oncology team, for instance: Initial assessment of nutritional status and knowledge at admission (using a short, validated knowledge questionnaire). Individualized education by a clinical nutritionist, integrated with medical and nursing care. Reinforcement sessions at key treatment milestones (before surgery, start of chemotherapy/radiotherapy, discharge). Use of written and digital resources to support long-term adherence. Emphasize the role of the multidisciplinary team: physicians, nurses, and nutritionists should have clearly defined roles, with nutritionists as the reference professionals for comprehensive counseling. This will make the manuscript more directly applicable to real oncology practice.

Declarations

Potential competing interests: No potential competing interests to declare.