

Review Article

Cancer Cachexia in Clinical Practice: A Review of Treatment Barriers Among Cancer Patients

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Background: Cancer cachexia is a multifactorial syndrome that affects patients' quality of life and survival. It accounts for over 20% of cancer deaths. Despite its high incidence, there is no evidence-based standard of care for managing it. Early detection and management require preventative measures and multimodal therapy.

Aim: The purpose of this study was to conduct an in-depth review of the literature on cancer cachexia and its barriers for effective assessment and management.

Methods: The literature review was conducted through various electronic databases to identify studies published on cancer cachexia and its barriers for effective assessment and management of cancer cachexia.

Results: The review indicated that barriers for effective assessment and management of cancer cachexia were on three levels: patients, health workers, and organizations. Also, there is a knowledge gap in understanding, assessing, and managing cancer cachexia among healthcare workers, patients, and family members.

Conclusion: The research indicates that patients, family members, and healthcare professionals lack sufficient knowledge about how to identify, assess, and treat cancer cachexia. This gap has a lot of important barriers, both modifiable and nonmodifiable. Patients, healthcare professionals, and organizations are the three levels of those barriers.

Keywords: cachexia; cancer cachexia; cancer nutrition; cancer treatment barriers; effective cancer management; treatment barriers

1. Introduction

Cancer remains a major global health challenge, with high morbidity and mortality rates that continue to rise worldwide [1]. Patients with cancer suffer from a wide array of complications due to both the disease and its treatment modalities, including pain, nausea, vomiting, anorexia, fatigue, and depression, all of which contribute to a diminished quality of life [2]. Cancer cachexia, a multifactorial syndrome that occurs in up to 80% of patients with advanced

cancer and accounts for between 22% and 30% of cancer-related deaths, is widespread among these complications. It is characterized by involuntary weight loss, muscle wasting, and metabolic dysfunction [3, 4].

Effective cancer cachexia treatment needs coordination of a multidisciplinary team involving nutritional interventions, pharmaceutical treatments, physical therapy, and psychosocial support as part of comprehensive care [5]. However, several barriers prevent these integrative care models from being frequently used in clinical practice,

despite growing evidence supporting their effectiveness. The three main levels of these barriers are patients, healthcare organizations, and healthcare providers.

A major barrier at the patient level is a lack of knowledge and comprehension of cancer cachexia. According to the literature, many patients underreport and delay treatment because they do not fully understand cachexia symptoms or believe that weight loss and appetite decline are unavoidable side effects of cancer or its treatment [6, 7]. Furthermore, the misunderstanding that cachexia only affects underweight patients causes people with higher BMIs to ignore the impact of their symptoms, delaying diagnosis and treatment [8]. Additionally, symptoms associated with cachexia, such as fatigue, nausea, and dysphagia, negatively impact patients' ability and motivation to maintain adequate nutritional intake, exacerbating their condition [2, 9]. Furthermore, emotional factors and psychological distress may make patients less likely to follow treatment plans [10].

Significant knowledge and practice gaps have been reported at the healthcare provider level globally. Many clinicians, including doctors and nurses, acknowledge the clinical significance of cachexia, according to surveys, but they lack formal training and confidence in diagnosing and treating it [6, 11]. Moreover, unclear roles and responsibilities in cachexia care led to disorganized work and inadequate interdisciplinary cooperation [12]. In addition, despite their crucial roles in multimodal care, dietitians, pharmacists, and rehabilitation specialists are frequently excluded from care plans [10, 13]. Practical barriers such as a lack of resources for assessments, a lack of consultation, and beliefs regarding the efficacy of current treatments further restrict prevention efforts [10].

Cachexia management is more challenging at the organizational level when systemic issues are present. One significant issue that causes inconsistent practice and inconsistent patient outcomes is the absence of established medical standards and institutional protocols for the detection, assessment, and treatment of cachexia [12]. Insufficient resources, including insufficient staffing, limited training opportunities, and different goals within oncology services, limit the implementation of comprehensive, collaborative care models [10, 13, 14]. Leadership's neglect of supportive and palliative care services further excludes cachexia from cancer care priorities [15]. The absence of a coordinated system weakens the whole care continuum by limiting specialist collaboration and communication.

At all levels of care, addressing these complex barriers requires an advanced understanding of their underlying reasons. This review aims to provide more insight into these issues and aid in the development of helpful approaches to improve the detection, assessment, and treatment of cancer cachexia through the integration of the findings of several studies.

2. Materials and Methods

2.1. Search Strategy. A comprehensive literature review was performed using four databases: EBSCO, CINAHL, PubMed, and Google Scholar to search the literature for the

pre-existing studies. The following keywords were used in the searching process in different combinations: "cancer cachexia," "effective management," "effective assessment," "barrier," "cancer patient," "cancer nutrition," "cachexia," and "treatment barriers". To find an answer to the question, what is the current knowledge about cancer cachexia? And what are the barriers to effective management of cancer cachexia?

To help thoughts flow in a way that is beneficial to the reader and the purposes of the study, the researchers showed the literature in themes. These themes are cancer and its complications, cancer cachexia definition, staging and epidemiology, management of cancer cachexia, and barriers to effective management of cancer cachexia (related to patients, health workers, and organizations).

The inclusion criteria included English, quantitative, qualitative, review articles, and dissertations published from 2015 to 2025.

3. Results

3.1. Study Description. All of the studies on barriers to managing cancer cachexia were related to the study variables published in English. A total of 34 updated full-text articles were found. See Figure 1. The table for the barriers used in this research paper is listed in Table 1.

3.2. The Barrier to Effective Management of Cancer Cachexia. Two-thirds to one-third of malnourished cancer patients received no nutritional care [16]. Therefore, it is crucial to frequently evaluate cancer patients during the various stages of their treatment. Nutritional status is a status that can fluctuate rather than being a permanent situation. The patient's dietary requirements are influenced by the stage of the tumor, its type, and treatment location, and comorbidities, necessitating a continual assessment of the nutrient, inflammatory, and metabolic pathways [16]. However, studies are lacking to bridge the gap in practice regarding the proper assessment and management of cancer cachexia. Barriers to effectively managing cancer cachexia can fall within three levels of care: the patient, the health worker, and the organization.

Developing strategies that enhance care delivery and patient outcomes requires an understanding of these barriers, whether they come from the patients themselves, healthcare providers, or the whole healthcare system.

3.2.1. Barriers Related to the Patients. After carefully evaluating the National Comprehensive Cancer Network (NCCN) guidelines patient version, Arensberg and colleagues identified that the recommendations focused on nutrition and were limited compared with clinical guidelines [17]. He described that the guidelines could not provide the required educational material to enable the patient to acquire nutrition knowledge [17]. Studies also showed that patients failed to report significant symptoms that can help identify weight loss [18]. According to a qualitative study conducted in Iran aimed to describe, understand, and

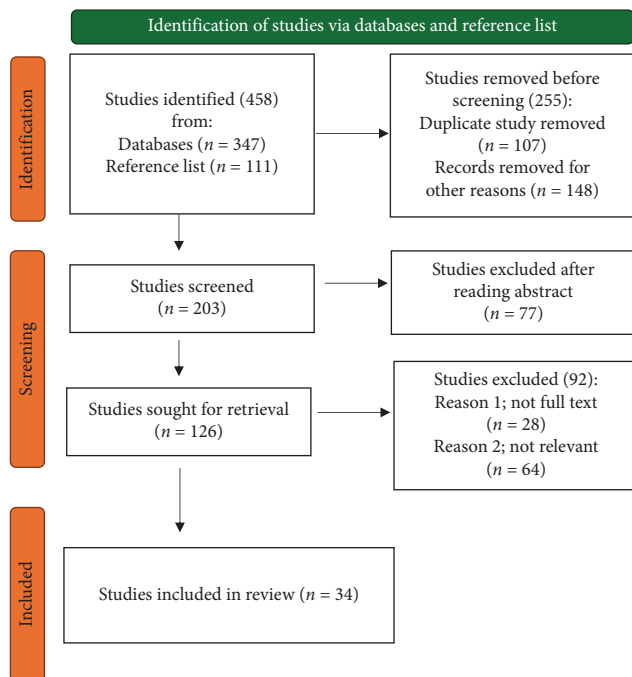


FIGURE 1: PRISMA flowchart demonstrating the search and screening strategy.

interpret the hospitalized cancer patients' lived experiences with nutritional challenges, the nutritional complications were explained by four main themes: "inefficiency in-patient food management; the need for care and support of the treatment team; problems due to the consequences of the disease; and patients' strategies in conditions of dissatisfaction with the hospital food environment." Also, these themes were explained by subcategories. "The inefficiency in-patient food management category has three subcategories, including dissatisfaction with the hospital food environment, neglect of patients' specific conditions, and problems with the characteristics of hospital food." The second theme, "need for care and support of the treatment team" was explained by "uncertainty of the responsible person or people, lack of continuous communication between the treatment team and patients, patients' need to consult with the treatment team, and patients concerns." The third theme, "problems due to the consequences of the disease," was also explained by "disease side-effects and chemotherapy side effects." Finally, most participants reported that their top concerns were dealing with disease complications and not having access to trustworthy information [19]. In a cross-sectional survey of cancer patients in Australia aimed to "describe patients' knowledge, attitudes, and beliefs towards the role of diet and cancer, the result was that there is a gap in patient-centered nutrition services." Patients prioritized nutrition while managing cancer, but hospital clinicians did not always provide dietary information to meet patient expectations [20]. A systematic review analyzed qualitative and quantitative research on studies examining patients' and healthcare experiences with nutrition care throughout the cancer journey. The results show that patients want more detailed nutritional guidance

supported by the multidisciplinary team and provided in a suitable and intelligible manner [21].

These results highlight important patient-related barriers to providing appropriate nutritional care for the management of cancer cachexia. Many patients are not properly educated about nutrition and the symptoms of cachexia, which makes it difficult to identify and report symptoms in sufficient time [17, 18]. Additionally, patients who are unsatisfied with the quality of hospital food and the absence of customized meal plans experience worsening nutritional problems and disappointment [19]. Cancer treatment side effects like nausea and appetite loss make it more challenging to maintain a healthy nutritional intake.

Surveys within different countries demonstrate a consistent discrepancy between patients' expectations for nutritional guidance and the support provided by medical professionals, highlighting the need for more patient-centered, multidisciplinary approaches to nutritional care [20, 21]. Patients must be encouraged through better education and communication to overcome these barriers and improve the outcomes of cachexia treatment.

3.2.2. Barriers Related to Health Workers. Multiple barriers relate to healthcare workers' knowledge, skills, and attitudes, and the availability of appropriate screening, care pathways, and protocol implementation [22]. A study conducted in Ireland by Lorton and others found that nutritional screening could have been more frequent despite best practice guidelines [23]. Another study reported skill issues where health workers needed help implementing anthropometric assessment [18]. In a global study conducted on 742 healthcare practitioners from 14 countries, results emphasize the need for a greater understanding of cancer cachexia and its management. Recommendations included the need to focus on finding barriers and knowledge gaps so that educational programs can be targeted to the needs of healthcare practitioners [6]. In a U.S. oncology health workers survey, only half reported screening for malnutrition [17]. When observing the effects of cancer cachexia, caregivers frequently feel severe difficulties, and symptoms like anorexia may even worry them more than the patient [24]. Crowley and others stated that the gap in evidence-based practice found between nutritional care and nutritional education for medical students regarded nutritional knowledge, skills, and attitudes. Also, they mentioned that they reviewed the literature internationally for more than five decades, and the themes that appeared through medical nutrition education were: inadequate nutrition education, dissatisfaction with the nutrition education received, and feeling unprepared to counsel in nutrition [25].

A review article by Boyle found that professionals frequently portray nutrition support as an unmet need because they are unaware of the significance of this patient component and because clinical dietitians have limited resources [26]. Also, a study by Baracos and others conducted in multiple countries completed by physicians, nurses, dietitians, and other oncology healthcare workers ($N=2375$) aimed to identify the gaps in healthcare workers' knowledge

TABLE 1: Summary of studies used in the research.

No.	Author	Study title	Objectives of study	Tools	Main results
1.	Sung H., Ferlay J., Siegel R. L., et al.	Global Cancer Statistics 2020: GLOBOCAN Estimates of incidence and mortality worldwide for 36 cancers in 185 countries	To provide global estimates of cancer incidence and mortality for 36 types of cancer in 185 countries.	GLOBOCAN 2020 database; epidemiological estimation models	Estimated 19.3 million new cancer cases and 10 million cancer deaths in 2020; lung, colorectal, liver, stomach, and breast cancers were leading causes of death.
2.	Baracos V. E., Arribas L.	Sarcopenic obesity: hidden muscle wasting and its impact for survival and complications of cancer therapy	To examine the phenomenon of sarcopenic obesity in cancer patients and its clinical consequences.	Literature review and analysis of clinical data from oncology populations	Sarcopenic obesity is common but underrecognized in cancer patients; associated with poor survival and higher complication rates during therapy.
3.	Lim S., Brown J. L., Washington T. A., Greene N. P.	Development and progression of cancer cachexia: Perspectives from bench to bedside	To discuss the pathophysiological mechanisms of cancer cachexia and how preclinical models translate into clinical care.	Narrative review of experimental and clinical studies	Highlights the multifactorial nature of cachexia, including inflammation, metabolic alterations, and muscle wasting; calls for integrative treatment strategies.
4.	Zhao Y., Pang D., Lu Y.	The role of nurse in the multidisciplinary management of cancer cachexia	To describe the nursing role in multidisciplinary teams managing cancer cachexia.	Review of nursing practices and multidisciplinary care literature	Nurses play a critical role in assessment, nutritional support, and psychosocial care; recommend enhanced training and clear role definitions.
5.	Suo J. et al. (2022)	Knowledge difference of tumor nutrition risk among thoracic cancer patients, their family members, physicians, and nurses	To assess the differences in knowledge about tumor nutrition risk among patients, family, physicians, and nurses.	Cross-sectional survey using questionnaires	Significant knowledge gaps were found, especially among patients and family members compared to healthcare providers.
6.	McCulloch R. et al. (2018)	Symptom management during chemotherapy	To explore symptom management strategies in pediatric oncology during chemotherapy.	Literature review and clinical practice synthesis	Emphasis on individualized symptom management strategies and the need for interdisciplinary approaches.
7.	Amano K. et al. (2024)	Factors associated with multimodal care practices for cancer cachexia among registered dietitians	To identify factors influencing dietitians' practices in multimodal care for cancer cachexia.	Nationwide survey among registered dietitians	Key factors included institutional support and interprofessional collaboration.
8.	Baracos V. E. et al. (2022)	Identification and management of cancer cachexia in patients: Assessment of healthcare providers' knowledge and practice gaps	To assess knowledge and practice gaps in cancer cachexia management among healthcare providers.	International cross-sectional online survey	Widespread knowledge deficits and lack of confidence in implementing multimodal care were identified.
9.	Naito T. et al. (2024)	The barriers to interprofessional care for cancer cachexia among Japanese healthcare providers: A nationwide survey	To explore barriers to interprofessional care in cancer cachexia management.	Nationwide survey of healthcare professionals in Japan	Main barriers included lack of time, unclear roles, and limited training on cachexia care.

TABLE 1: Continued.

No.	Author	Study title	Objectives of study	Tools	Main results
10.	Okamura S. et al. (2024)	Factors associated with multimodal care practices for cancer cachexia among pharmacists	To examine factors that affect pharmacists' engagement in multimodal care for cancer cachexia.	Cross-sectional survey	Positive attitudes, education, and institutional support were associated with more involvement in cachexia care.
11.	Amano K. et al. (2022)	Perspectives of health care professionals on multimodal interventions for cancer cachexia	To explore healthcare professionals' views on implementing multimodal interventions for cancer cachexia.	Qualitative interviews and thematic analysis	Professionals recognized the need for holistic care but cited barriers like lack of time, training, and coordination.
12.	Amano K. et al. (2023)	Factors associated with practice of multimodal care for cancer cachexia among physicians and nurses Engaging in cancer care	To assess what factors influence the implementation of multimodal care practices among physicians and nurses.	Quantitative cross-sectional survey	Institutional policies, training, and perceived efficacy were significant predictors of care practices.
13.	Sung H., Ferlay J., Siegel R. L., et al. (2021)	Global Cancer Statistics 2020: GLOBOCAN Estimates of incidence and mortality worldwide for 36 cancers in 185 countries	To provide updated estimates on cancer incidence and mortality worldwide for 2020.	GLOBOCAN database, statistical modeling	High global burden of cancer with significant geographical variation; urgent need for prevention and control strategies.
14.	Baracos V. E., Arribas L. (2018)	Sarcopenic obesity: hidden muscle wasting and its impact for survival and complications of cancer therapy	To explore the relationship between sarcopenic obesity and outcomes in cancer patients.	Literature review	Sarcopenic obesity increases risk of chemotherapy toxicity, complications, and mortality.
15.	Lim S., Brown J. L., Washington T. A., Greene N. P. (2020)	Development and progression of cancer cachexia: Perspectives from bench to bedside	To review mechanisms and progression of cancer cachexia and discuss translational research.	Narrative review	Emphasizes complex pathophysiology of cachexia and need for integrated therapeutic approaches.
16.	Zhao Y., Pang D., Lu Y. (2021)	The role of nurse in the multidisciplinary management of cancer cachexia	To highlight the role of nurses in cancer cachexia management.	Literature review	Nurses play critical roles in assessment, nutritional support, and interprofessional coordination.
17.	Suo J., Sun Y., Xiu W., et al. (2022)	Knowledge difference of tumor nutrition risk among thoracic cancer patients, their family members, physicians, and nurses	To evaluate knowledge differences regarding nutritional risk in thoracic cancer.	Cross-sectional survey	Significant knowledge gaps exist among patients and healthcare providers; need for targeted education.
18.	McCulloch R., Hemsley J., Kelly P. (2018)	Symptom management during chemotherapy	To outline strategies for managing chemotherapy-related symptoms in pediatric patients.	Clinical review article	Emphasizes importance of early symptom assessment and multi-disciplinary management to improve quality of life.
19.	Amano K., Koshimoto S., Arakawa S., et al. (2024)	Factors associated with multimodal care practices for cancer cachexia among registered dietitians	To investigate factors influencing dietitians' involvement in multimodal care for cancer cachexia.	Cross-sectional online survey	Institutional support and specialized training significantly influence multimodal care practices.

TABLE 1: Continued.

No.	Author	Study title	Objectives of study	Tools	Main results
20.	Baracos V. E., Coats A. J., Anker S. D., et al. (2022)	Identification and management of cancer cachexia in patients: Assessment of healthcare providers' knowledge and practice gaps	To assess knowledge and practice gaps among healthcare providers in managing cancer cachexia.	International online survey	Found considerable variability and gaps in knowledge and application of cachexia care.
21.	Naito T., Wakabayashi H., Aso S., et al. (2024)	The barriers to interprofessional care for cancer cachexia among Japanese healthcare providers: A nationwide survey	To identify barriers to interprofessional collaboration in cachexia care.	Nationwide cross-sectional survey	Key barriers include limited time, insufficient training, and lack of communication across disciplines.
22.	Okamura S., Amano K., Koshimoto S., et al. (2024)	Factors associated with multimodal care practices for cancer cachexia among pharmacists	To explore what drives pharmacists' involvement in cachexia care.	Online survey	Pharmacists' practice is influenced by awareness, interprofessional training, and institutional policies.
23.	Amano K., Koshimoto S., Hopkinson J. B., et al. (2022)	Perspectives of health care professionals on multimodal interventions for cancer cachexia	To explore healthcare professionals' views on implementing multimodal interventions for cancer cachexia.	Qualitative study (interviews with healthcare providers)	Professionals recognize importance of multimodal care but report barriers such as lack of guidelines and interprofessional coordination.
24.	Amano K., Arakawa S., Hopkinson J. B., et al. (2023)	Factors associated with practice of multimodal care for cancer cachexia among physicians and nurses	To determine factors that influence cachexia care practices among physicians and nurses.	Cross-sectional survey	Experience, knowledge, and institutional support significantly impact likelihood of implementing multimodal interventions.
25.	Al-Ghabeesh S. H., Bashayreh I. H., Saifan A. R., et al. (2020)	Barriers to effective pain management in cancer patients from the perspective of patients and family caregivers	To explore perceived barriers to cancer pain management from patients and caregivers' perspectives.	Qualitative study (interviews)	Barriers include fear of addiction, lack of knowledge, poor communication with providers, and emotional distress.
26.	Henson L. A., Maddocks M., Evans C., Davidson M., Hicks S., Higginson I. J. (2020)	Palliative care and the management of Common distressing symptoms in advanced cancer: Pain, Breathlessness, nausea and vomiting, and fatigue	To review symptom management strategies in palliative care for advanced cancer patients.	Literature review and clinical guidelines analysis	Emphasizes the importance of symptom control including pain, breathlessness, nausea, and fatigue to improve quality of life.
27.	Muscaritoli M., Rossi Fanelli F., Molino A. (2016)	Perspectives of health care professionals on cancer cachexia: results from three global surveys	To assess healthcare professionals' perceptions and knowledge on cancer cachexia globally.	Three global surveys of healthcare providers	Identified gaps in awareness and variation in clinical practice regarding cancer cachexia management.
28.	Gioulbasanis I., Martin L., Baracos V. E., Thézéas S., Koinis F., Senesse P. (2015)	Nutritional assessment in overweight and obese patients with metastatic cancer: does it make sense?	To evaluate the relevance of nutritional assessment in overweight/obese metastatic cancer patients.	Clinical assessment and literature review	Nutritional assessment is critical even in overweight/obese patients; traditional tools may underestimate malnutrition risk.

TABLE 1: Continued.

No.	Author	Study title	Objectives of study	Tools	Main results
29.	Muscaritoli M., Corsaro E., Molino A. (2021)	Awareness of cancer-related malnutrition and its management: Analysis of the results from a survey conducted among medical oncologists	To evaluate oncologists' awareness and practices regarding cancer-related malnutrition.	Survey of medical oncologists	Revealed limited awareness and need for improved training in malnutrition management.
30.	Bossi P., Delrio P., Mascheroni A., Zanetti M. (2021)	The spectrum of malnutrition/cachexia/sarcopenia in oncology according to different cancer types and settings: A narrative review	To review malnutrition, cachexia, and sarcopenia prevalence and impact across cancer types and clinical settings.	Narrative literature review	Highlights variability in prevalence and the clinical impact of nutritional syndromes; calls for tailored interventions.
31.	Arensberg M. B., Richards J., Benjamin J., Kerr K., Hegazi R. (2020)	Opportunities for quality improvement programs (QIPs) in the nutrition support of patients with cancer	To identify opportunities to improve nutrition support in cancer care through quality improvement programs.	Review of QIP interventions and clinical nutrition data	Quality improvement initiatives improve nutrition care delivery and patient outcomes.
32.	Gafer O. U., Zimmers T. A. (2021)	Nutrition challenges of cancer cachexia	To discuss nutritional challenges in cancer cachexia management.	Review article	Discusses complex metabolic and nutritional issues requiring multimodal intervention strategies.
33.	Khoshnazar K. T., Jabbari M., Alsadat Khoubin Khoshnazar T., Haghghian-Roudsari A., Taghizadeh-Hesary F., Milani-Bonab A. (2022)	The viewpoints of hospitalized patients with cancer regarding their nutritional challenges in hospital: A Phenomenological study	To explore hospitalized cancer patients' perspectives on nutritional challenges.	Qualitative phenomenological interviews	Patients face barriers including poor appetite, hospital food issues, and lack of adequate nutritional counseling.
34.	Lee S. F., Brown T., Wyld D., Edwards A., Eastgate M. (2023)	Investigating the dietary knowledge, attitudes, and beliefs of Australian patients with cancer	To investigate dietary knowledge and beliefs among cancer patients.	Cross-sectional survey	Found gaps in patients' dietary knowledge; highlights the need for tailored education by healthcare providers.

and practice for identifying and managing cancer-related cachexia by using mixed methods. They found that 23.7% of healthcare workers were not confident to provide care for cachectic patients and 14.4% did not know the standard definition of cancer cachexia. Despite this, most of them (> 84%) could pinpoint the reasons for cachexia, and 52.7% indicated that screening for weight loss should be done for newly diagnosed cancer. Only 47.4% of the weighted patients attended every visit [11].

How cachexia is managed depends on a complex dynamic interaction between the effect of knowledge, the culture of the therapeutic setting, and the accessibility of resources. These findings were concluded by a qualitative study by Millar and others investigating healthcare workers' knowledge, awareness, and perspective regarding the requirements of patients with cachexia in advanced cancer [27]. The systematic review analyzed qualitative and quantitative research on studies examining patients' and healthcare workers' experiences with nutrition care throughout the cancer journey. The results showed that lack of time, money, dietary responsibilities, and expertise have all been cited by medical practitioners as obstacles to making nutrition a routine component of cancer treatment [21]. Also, another study aimed to investigate experience in managing cancer cachexia and found a lack of knowledge and training regarding cancer cachexia among healthcare workers [28]. Another study in two European countries (Greece and Cyprus) supports the lack of knowledge regarding cancer cachexia among healthcare workers [29]. A study aimed to investigate knowledge, awareness, and assessment of cancer cachexia among nurses also confirmed that nurses lack knowledge, and the assessment of cancer cachexia is not completed routinely. Also, they found that nurses know their role in the assessment of cancer cachexia, but they are not confident in managing it [30].

Healthcare professionals' opinions on multimodal interventions for cancer cachexia were examined in a recent study; the results highlighted the necessity of interprofessional cooperation and better implementation techniques in clinical settings [31]. Furthermore, in a systematic review, Keaver and his colleagues noted that several healthcare providers mentioned barriers like lack of specialized knowledge, financial limitations, lack of time, and unclear responsibilities within the care team [21]. These elements played a part in the inconsistent implementation of nutritional therapy in cancer treatment. Similar to this, Ellis and his partners reported that clinical guidelines and formal education on managing cachexia were consistently lacking in various settings, which further led to under-recognition and delayed care. Furthermore, nurses frequently report low confidence and limited engagement in management practices, even though they are aware of their role in assessing cachexia [30].

These results highlight the necessity of interdisciplinary cooperation, standardized procedures, and structured training to improve cachexia care. The need for better training and awareness efforts was further supported by a study done in Greece and Cyprus, which found that healthcare professionals were not sufficiently aware of cachexia and its consequences [29].

3.2.3. Organizational Barrier. Gaafer and Zimmers found that until now, despite having a significant negative influence on patients' quality of life and lifespan, cancer cachexia has neither targeted medicines nor conventional supportive care regimens [18]. Since malnutrition, cachexia, and sarcopenia have not been consistently used in clinical studies, determining their incidence in cancer patients is frequently complicated [16]. Also, Gaafer and Zimmers mentioned that the present criteria are sometimes challenging to use in clinical practice and are insufficient to distinguish between no-cachexia and pre-cachexia. According to these criteria, insufficient solid data support the predictive validity of weight loss and muscle mass cutoffs [18].

A recent study also emphasized that despite the existing recommendations, the actual practice of multimodal care for cancer cachexia among physicians and nurses remains limited, indicating a gap between guideline awareness and organizational implementation [32]. Until now, studies have failed to examine the implementation of these recommendations. "The focus was on testing single interventions and has not integrated behavioral or psychosocial therapies" [33, 34]. Also, multiple barriers can relate to the availability of appropriate screening, care pathways, and protocol implementation [22].

In a study done in the United States to find out why health workers do not recognize malnutrition, "The first reason was there are no quality models specific to malnutrition or nutrition care in oncology that provide a framework for comprehensive care, the second reason was that nutrition is usually not included in general oncology care standards and guidelines" [17]. Gaafer and Zimmers state that a lack of agreement on criteria, weak clinical trial evidence, and a lack of comprehensive and systematic investigations are all barriers to establishing the best diet or other treatments for cancer cachexia [18]. A study by Muscaritoli and others advises focusing on increasing early screening of nutritional and metabolic deficiencies that could cause cancer cachexia because, till now, there are no effective medications to treat it [6].

Numerous studies have found that comprehensive patient management is limited by the lack of comprehensive and clear nutrition care models in oncology, as well as the limited inclusion of nutrition in oncology care standards and guidelines. Furthermore, the development of the best dietary or therapeutic interventions for cancer cachexia is complicated by the lack of systematic research and the weak clinical evidence base. Therefore, the poor management of cancer cachexia patients in healthcare facilities is largely caused by organizational barriers like a lack of standardized procedures, a lack of resources, and inadequate staff training.

4. Discussion

4.1. Summary of Evidence. Cancer cachexia is a complex and multifactorial syndrome characterized by a range of symptoms, including skeletal muscle catabolism, adipose tissue loss, increased energy expenditure, fatigue, anorexia, reduced muscle strength, and systemic inflammation. These symptoms significantly diminish patients' quality of life and

contribute to shortened survival. Despite its high incidence and profound impact, there is currently no standardized or evidence-based consensus for the treatment and management of cancer cachexia.

Given the progressive and often irreversible nature of cachexia in advanced stages, early prevention, screening, and timely intervention are crucial. Early diagnosis and comprehensive assessment play a pivotal role in managing symptoms effectively and improving patient outcomes. Multimodal therapy—typically involving nutritional support, physical activity, pharmacological agents, and psychosocial care—has shown promise, but its implementation remains inconsistent.

A key finding of this review is the significant knowledge gap in understanding, assessing, and managing cancer cachexia among healthcare providers, patients, and their families. This gap contributes to underdiagnosis, delayed intervention, and suboptimal care. Barriers to effective management were identified at three interconnected levels: patient, healthcare professional, and organizational.

At the patient level, limited awareness and misperceptions about cachexia often lead to late reporting of symptoms. Among healthcare professionals, inadequate training, lack of standardized assessment tools, and uncertainty regarding best practices contribute to inconsistent care. On an organizational level, systemic issues—such as the absence of clear clinical guidelines, time constraints, and lack of access to multidisciplinary teams—further hinder comprehensive management.

These barriers can be further categorized into modifiable (e.g., education, communication, and training) and non-modifiable (e.g., disease stage and prognosis) factors. Addressing the modifiable barriers through education, protocol development, and organizational support is critical to bridging the gap in care.

5. Conclusion

A significant knowledge gap in regard to understanding and treatment of cancer cachexia among patients, healthcare professionals, and organizations is brought to light by this review. Inadequate provider training, low patient awareness, and systemic issues like the lack of clinical guidelines are important barriers. To increase early detection and care quality, these problems—especially modifiable ones, like education, communication, and institutional support—must be addressed.

5.1. Limitation. A large group of literature review studies comparing quantitative and qualitative studies is one of the limitations of this study.

Data Availability Statement

No data generated during this review.

Conflicts of Interest

The authors declare no conflicts of interest.

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