Revised 2025 Scope and Standards of Practice for Registered Dietitian Nutritionists in Oncology Nutrition

A complementary document to the Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist

Laura Kelly, MS, RDN, CSO, CDN
Mridul Datta, PhD, MS, RD, LD, FAND
Anna E. Arthur, PhD, MPH, RDN

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AUTHOR INFORMATION

Laura Kelly, MS, RDN, CSO, CDN, is a Clinical Dietitian at Memorial Sloan Kettering Cancer Center, New York City, NY; Mridul Datta, PhD, MS, RD, LD, FAND, is a Clinical Associate Professor at Iowa State University, Ames, IA; and Anna E. Arthur, PhD, MPH, RDN, is an Associate Professor at the University of Kansas Medical Center, Kansas City, KS.

The CDR Practice Competence staff managed the editing, revision and review process of all drafts of the manuscript: Karen Hui, RDN, LDN, FAND; Michelle Strang, PhD, RDN; Carol J. Gilmore, MS, RDN, LD, FADA, FAND; Dana Buelsing Sowards, MS, CAPM, LSSGB; and Sharon McCauley, MS, MBA, RDN, LDN, FADA, FAND.

APPROVAL

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This document uses the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and the term NDTR to refer to both dietetic technicians, registered (DTR) and nutrition and dietetics technicians, registered (NDTR).

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INTRODUCTION

The Oncology Nutrition Dietetic Practice Group (ON DPG) of the Academy of Nutrition and Dietetics (Academy) under the guidance of the Commission on Dietetic Registration's (CDR) Practice Competence Committee, has revised the Scope and Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Oncology Nutrition (Scope and Standards in Oncology Nutrition), previously titled Revised 2017 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionist (Competent, Proficient, and Expert) in Oncology Nutrition.[1]

A focus area of nutrition and dietetics is a defined area of practice that requires focused knowledge, skills, and experience that applies to all levels of practice.[2] RDNs can use this document, along with the Code of Ethics[3] and 2024 Scope and Standards of Practice for RDNs[4] to guide their practice and performance. These foundational documents describe how RDNs in ON:

- are uniquely qualified to provide nutrition and dietetics care and services;
- demonstrate the knowledge, skills, and competencies for the provision of safe, effective, and quality care and services at the competent, proficient, and expert levels of practice; and
- use a systematic approach to benchmark levels of proficiency and determine paths for knowledge and skill development for personal and professional advancement.

SCOPE OF PRACTICE

The scope of practice in ON encompasses a range of roles, activities, practice guidelines, regulations, and the code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer[s] code of ethics) within which RDNs practice. Each RDN has a unique scope of practice with flexible boundaries to capture the breadth of the individual's professional practice, which is determined by initial and ongoing continuing education, training, credentialing, and experience.[2] Scope of practice may change throughout the RDN's career with professional advancement, expanded or revised roles within an organization, and additional training, certifications, and/or credentials (eg, CDR Board Certified Specialist in Oncology Nutrition [CSO], Certified Nutrition Support Clinician [CNSC], Registered Dietitian Nutritionist Advanced Practitioner [RDN-AP]). The Scope of Practice Decision Algorithm[5] (www.cdrnet.org/scope) guides credentialed nutrition and dietetics practitioners through a series of questions to determine whether a particular activity is within their scope of practice.

STANDARDS OF PRACTICE

The 2024 Scope and Standards of Practice for the RDN serves as a blueprint for the development of the focus area scope and standards of practice for oncology RDNs. As of 2025, there are 17 published focus area standards that can be accessed through CDR's website at www.cdrnet.org/focus. With the publication of the Revised 2024 Scope and Standards of Practice for RDNs, the revised focus area scope and standards are updated to the new format as part of their next 7-year review.

The Revised 2024 Scope and Standards of Practice for the RDN serves as the foundation for the development of focus area scope and standards of practice for RDNs in competent, proficient, and expert levels of practice. While this document addresses the oncology nutrition focus area, it is with the expectation that RDNs using the focus area scope and standards are meeting the minimum competent level of practice outlined in the Revised 2024 Scope and Standards of Practice for all RDNs.[4] Thus, the minimum competent level indicators are not repeated in this document unless they have been edited extensively to highlight their application within oncology nutrition.

The 2 scope and standards documents are intended to be used together.

The focus area Scope and Standards in Oncology Nutrition provides:

- a guide for self-evaluation, change management, and expanding practice;
- a means of identifying areas for professional development;
- a tool for demonstrating competence in delivering oncology nutrition and dietetic services; and
- a resource to determine the education, training, and experience required to maintain currency in the focus area and for advancement to a higher level of practice.

The indicators are measurable action statements that illustrate how each standard can be applied in practice. (see Figure 1) The Scope and Standards in Oncology Nutrition was revised with input from, and consensus of, content experts representing diverse practice and geographic perspectives, and was reviewed and approved by the Executive Committee of the ON DPG and the CDR Practice Competence Committee.

The 2024 Scope and Standards of Practice for the RDN, along with focus area scope and standards do not supersede state practice acts (eg, licensure, certification, or title protection laws). However, when state law does not define scope of practice for the RDN, the information within these documents may assist with identifying activities that may be permitted within an RDN's individual scope of practice based on qualifications (eg, education, training, certifications, organization policies, clinical privileges, referring physician-directed protocols or delegated orders, and demonstrated and documented competence).

OVERVIEW OF ONCOLOGY NUTRITION

Cancer is a constellation of diseases in which abnormal cells divide without control and can invade nearby tissues. It is a complex, multifactorial disease state including more than 200 different types, each with its own etiology, set of treatment regimens, and likelihood of response to treatment.[6] The most common cancer types

are prostate, lung, and colorectal for males, and breast, lung, and colorectal for females.[7] As of January 2022, there were 18.1 million cancer survivors in the United States (US) and this number is expected to grow to 26 million by 2040.[7] Over 2 million new cancer cases are expected to be diagnosed in the US in 2025.[7] For the purposes of this document, cancer survivors are defined as individuals from the time of diagnosis through the balance of life.[8]

Advances in cancer screening, diagnosis, and treatment have resulted in a steady increase in the number of cancer survivors, across the cancer care continuum.[8] While survival rates vary by cancer type, stage at diagnosis, and race, the relative 5-year survival rate for all cancers combined is 65-69%.[7] For example, 5-year survival rates range from 13% for pancreatic cancer to nearly 100% for in-situ breast cancers.[7] RDNs are essential members of the oncology care team, leading efforts to: identify and treat malnutrition,[9] and sarcopenia[10]; mitigate the effects of treatment on nutrition status[11] and educate patients on nutrition during survivorship.[12]

The American Cancer Society speculates that, apart from non-melanoma skin cancer, at least 42% of newly diagnosed cancers could be prevented through the adoption of a healthier lifestyle.[13] This includes 19% of cancers caused by smoking and an additional 18% caused by a combination of excess body weight, poor nutrition, and physical inactivity.[13] In general, risk factors for cancer can be categorized as modifiable or non-modifiable. Modifiable risk factors include poor diet quality, sedentary lifestyle, excess body weight, alcohol and tobacco use (including vaping),[14] certain untreated infections, and excessive ultraviolet radiation exposure.[7] Non-modifiable risk factors include age, race, ethnicity, family history, genetic mutations such as Lynch syndrome (colorectal cancer), and BReast CAncer gene (BRCA) (breast and ovarian cancer). According to a recent Surgeon General's Advisory on alcohol and cancer risk,[15] alcohol intake is the third major preventable contributor of several cancers, including mouth, esophagus, liver, breast, and colorectal cancer.[7,16,17] RDNs can positively impact modifiable risk factors by promoting healthy eating habits, physical activity, and limiting alcohol intake. In addition to the RDN's role during cancer treatment, they are also instrumental in preventing initial and/or the recurrence of cancers by helping patients reduce modifiable risk factors through outreach and nutrition education (eg, the American Institute for Cancer Research's 10 Recommendations for Cancer Prevention[18]). Oncology RDNs are skilled at interpreting research findings to inform practice, as well as translating and communicating complex evidence-based information to the public and to individuals with cancer, survivors, and their caregivers/advocates.

The oncology RDN is an essential member of the oncology interprofessional team,[19] providing care to individuals with cancer throughout the continuum of care.[20] In fact, the Commission on Cancer[21] strongly recommends that an RDN is included as a member of cancer committees, and names the RDN as the frontline provider delivering nutrition care across the cancer continuum and improving patient outcomes. The National

Institutes of Health's workshop on "Nutrition as Prevention for Improved Cancer Health Outcomes" recommends the following:[20,22]

- performing malnutrition screening for patients diagnosed with cancer;
- conducting large studies on nutrition interventions; and
- collecting data on the cost-effectiveness of nutrition intervention in outpatient settings.

Expert nutrition groups, such as the Academy of Nutrition and Dietetics,[23] the American Society of Clinical Oncology[24] and the European Society for Parenteral and Enteral Nutrition,[25] have developed clinical guidelines for nutrition screening and assessment of patients with cancer, noting that early nutrition interventions improve clinical outcomes.[26] The ON DPG has many resources available for the Oncology RDN, including this Scope and Standards in Oncology Nutrition, the Oncology Nutrition in Clinical Practice 2nd Edition textbook, and the Oncology Nutrition Resource and Tool Kit, that help guide new and experienced practitioners to provide quality care for patients with cancer and their families (Figure 2).

Figure 2: Resources for RDNs Working in Oncology Nutrition Settings

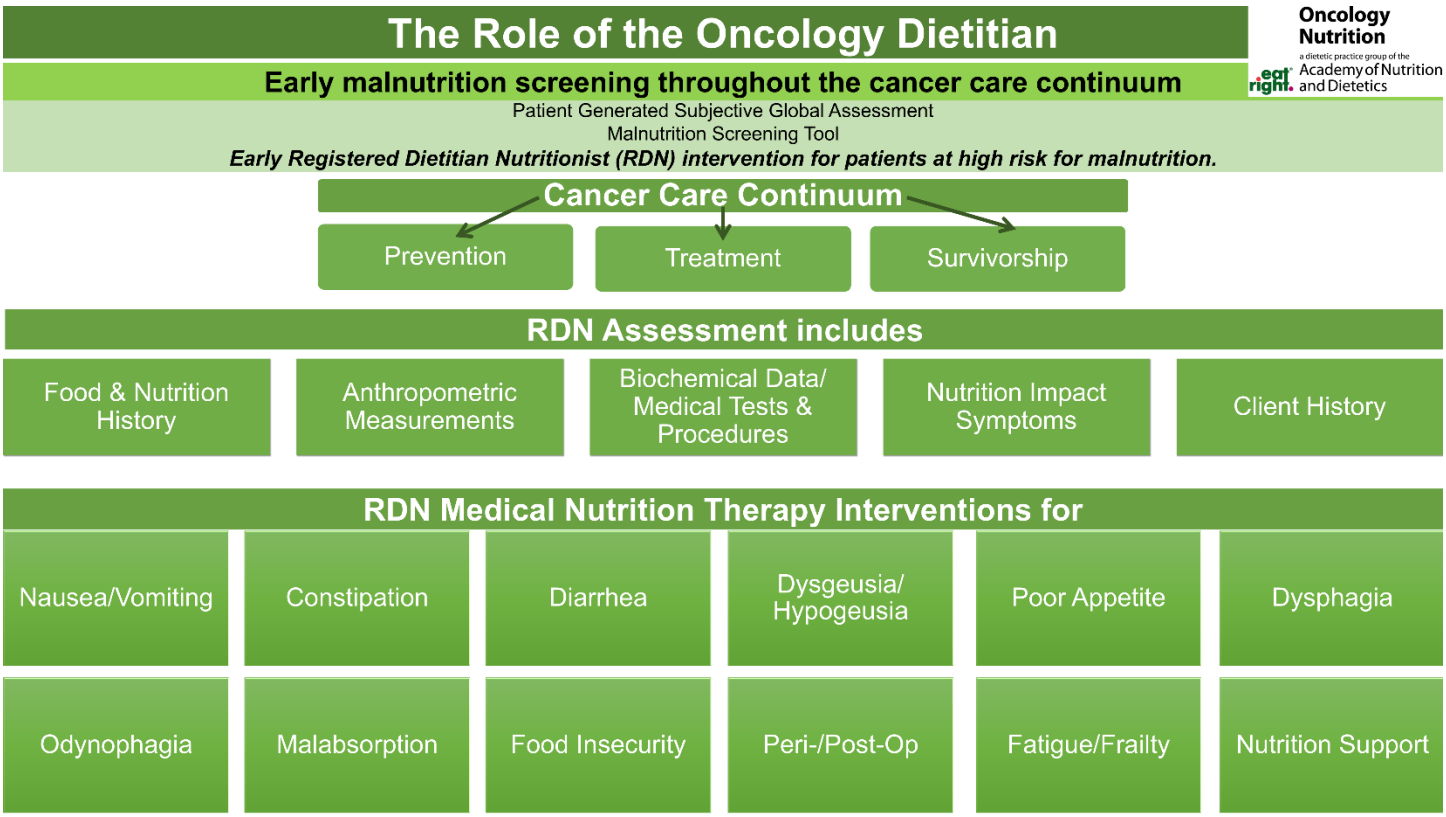
Category	Resource	Description
Oncology Resources from the Academy of Nutrition and Dietetics	Oncology Nutrition Dietetic Practice Group (ON DPG) (*membership required – some resources require purchase*)	Membership in the ON DPG provides access to valuable resources including newsletters, webinars, symposiums, and other materials relevant to those practicing in ON settings
	Oncology Nutrition: Educational Handouts and Resources	• Practical information for patients/survivors/caregivers: nutrient- and texture-modified diets, diets for conditions and/or after surgical procedures, home enteral nutrition, micronutrients, nutrition impact symptoms • Easy-to-prepare recipes: high-calorie shakes and other recipes to help with diarrhea, constipation, sore mouth, nausea, and more • Links to websites with suggestions and recommendations for practitioners
Certifications/ Credentials	Commission on Dietetic Registration (CDR) Board Certification Specialist in Oncology Nutrition (CSO)	Recognizes advanced expertise in providing tailored nutrition care for individuals with cancer to potential interprofessional health care providers, employers, patients, caregivers, and other stakeholders
Oncology Nutrition Practice Guidelines and Recommendations	2022 American Cancer Society Nutrition and Physical Activity Guideline for Cancer Survivors	Evidence-based, cancer-specific recommendations for anthropometric parameters, physical activity, diet, and alcohol intake for reducing recurrence and cancer-specific and overall mortality
	Academy of Nutrition and Dietetics Evidence Analysis Library (EAL) Oncology Nutrition Practice Guideline *(membership required)*	Series of systematic reviews and evidence-based nutrition practice guidelines developed on a predefined approach and criteria
	Oncology Nutrition for Clinical Practice, 2nd ed.	Up-to-date oncology nutrition practice recommendations and nutrition assessment tools

Category	Resource	Description
Professional Organizations Dedicated to Research and Training	American Association for Cancer Research (AACR)	Research organization focused on preventing and curing cancer through funding research, education, communication, collaboration, science policy and advocacy
	American Cancer Society (ACS)	Nationwide, community-based voluntary health organization committed to fighting cancer through research, education, patient service, and advocacy
	American Institute for Cancer Research (AICR)	Provide funding for cancer research and provide practical tools and information to prevent and survive cancer
	American Society of Clinical Oncology (ASCO)	World's leading professional organization for health care professionals providing care for people with cancer - focuses on research, education and promoting quality, equitable patient care
	American Society of Preventive Oncology (ASPO)	Interprofessional society dedicated to cancer prevention and control research
	American Society of Transplant and Cellular Therapy (ASTCT)	International organization focused on research, education and clinical practice to improve successful hematopoietic cell transplantation and other related cellular therapies
	Center for International Blood and Marrow Transplant Research (CIBMTR)	Research collaboration between the Medical College of Wisconsin and the National Marrow Donor Program, supporting research in cellular therapies to improve patient outcomes
	Multinational Association of Supportive Care in Cancer (MASCC)	International interprofessional organization dedicated to research and education in all aspects of supportive care for people with cancer
	National Cancer Institute (NCI)	Principal federal agency engaged in cancer research and training
	Society for Integrative Oncology (SIO)	Interprofessional organization that "enables communication, education, and research to occur by bringing together practitioners from multiple disciplines focused on the care of cancer patients and survivors"
	World Cancer Research Fund (WCRF)	Non-profit organization leading a network of cancer prevention charities
Standards for Organizations Providing Cancer Care	Commission on Cancer (CoC) Standards	Standards for the provision of cancer care by hospitals, treatment centers, and other facilities developed by the American College of Surgeons Commission on Cancer to ensure quality, interprofessional and comprehensive cancer care delivery
	National Comprehensive Cancer Network (NCCN)	A not-for-profit alliance of cancer centers dedicated to improving quality and effectiveness of care provided to patients with cancer. Experts from NCCN institutions develop and maintain the NCCN Clinical Practice Guidelines

SCOPE OF PRACTICE IN ONCOLOGY NUTRITION

Oncology RDNs (Figure 3) work at community hospitals, academic medical centers, outpatient cancer centers, non-government (eg, American Institute for Cancer Research) and governmental agencies (eg, National Institutes of Health: National Cancer Institute), state agencies, and universities. They are clinicians, managers, program directors, researchers, and educators who provide quality care, leadership, and contributions to the body of knowledge in oncology and ON. Oncology dietitians may hold specialist credentials such as CDR's CSO or RDN-AP. In addition, they may hold master's and/or doctoral degrees in nutrition or other related areas (eg, Master of Public Health).

Figure 3: Role of the Oncology Registered Dietitian Nutritionist



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Oncology RDNs:

- provide medical nutrition therapy (MNT) in inpatient, outpatient, and ambulatory clinical care settings with autonomy appropriate to their level of competence and in accordance with state regulations and organization and medical staff bylaws (eg, clinical privileging, delegated orders);
- precept nutrition and dietetics students/interns;

- mentor and serve as an ON resource to other nutrition and dietetics practitioners (RDNs, NDTRs) and members of the oncology interprofessional team;
- take part in interprofessional patient care rounds representing nutrition services;
- serve as a speaker on nutrition and cancer-related topics for community and professional audiences;
- plan and conduct ON research and mentor students and health professionals in developing research skills;
- routinely attend and contribute to the discussions at general or tumor-specific Tumor Boards; and
- act as their institution's RDN representative to the cancer committee in the American College of Surgeons' Commission on Cancer accredited centers.

In addition to providing direct care to individuals receiving cancer treatments or in survivorship, oncology RDNs work with the public to bring awareness to modifiable risk factors (lifestyle choices) that may reduce the risk of cancer through outreach, classes, and support groups.

QUALITY PRACTICE

Quality services are a foundation of the Academy's/CDR's Code of Ethics and the 2024 Scope and Standards of Practice for RDNs. RDNs in all areas of practice are expected to provide quality evidence-based nutrition care and services that are routinely measured and evaluated to assure quality outcomes. These expectations are also held by consumers, third party payers, and regulatory agencies as they utilize data to assess quality of facilities and to compare facilities' services to one another. Quality nutrition and dietetics services that demonstrate measurable outcomes and are incorporated into health care standards of care and provider practice settings also elevate the unique contribution of RDNs. The Optimal Resources for Cancer Care Standards developed by the Commission on Cancer of the American College of Surgeons specifies that RDNs provide ON services throughout the cancer care continuum.[27]

Code of Ethics

The Code of Ethics reflects the values and ethical principles guiding the nutrition and dietetics profession, and serve as commitments and obligations of the practitioner to the public, clients, the profession, colleagues, and other professionals.[3,28] As the profession of nutrition and dietetics evolves, and more specifically the practices in the ON focus area, new ethical situations may arise that require focus area knowledge, practice experience, and perhaps consultation with a knowledgeable professional colleague or legal counsel/risk management, if applicable. When questioning the ethical implications of a situation, personal self-reflection is required to determine what information and/or resources are needed to act safely, appropriately, and to the benefit of the individual(s) or programs involved.[29] Examples of such situations include use of social media,[30] contributing to or publishing blogs, use of online business platforms, delivering services through telehealth,[31] adherence to Health Insurance Portability and Accountability Act (HIPAA) regulations,[32] and/or developing materials that

require proper citation of intellectual property,[3,33] health equity,[34,35] and conflicts of interest.[36] Refer to ethics resources at www.cdrnet.org/codeofethics.

Principle 1 in the Code of Ethics states the following: "Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate." [3] The Scope and Standards in Oncology Nutrition are written in broad terms to allow for an individual practitioner's handling of non-routine situations. The standards are geared toward typical situations for practitioners with the RDN credential. Strictly adhering to standards does not always constitute the best care and service. It is the responsibility of individual practitioners to recognize and interpret situations and to know which standards apply and in what ways they apply.

Competence

In keeping with the Code of Ethics,[3] RDNs can only practice in areas in which they are qualified and have demonstrated and documented competence to achieve ethical, safe, equitable, and quality outcomes.[37] Competence is an overarching "principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis."[38] Lifelong learning and professional development enables practitioners to acquire and develop skills enhancing their competencies and levels of practice. Competent practitioners at all levels of practice in ON:

- understand and practice within their individual scope of practice;[2,4]
- use up-to-date knowledge, practice skills, critical thinking, judgment, and best practices;
- make sound decisions based on appropriate data;
- communicate effectively with patients, clients, customers, and others;
- critically evaluate and strengthen their own practice;
- identify the limits of their competence; and
- improve performance based on self-evaluation, applied practice, and feedback from others.

Professional competence involves the ability to engage in clinical or practice-specific reasoning that facilitates problem solving and fosters person-/client-/customer-centered behaviors and participatory decision making.

Evidence-Based Practice

A competent oncology RDN searches literature and applicable practice guidelines (eg, Figure 2) and assesses the level of evidence to select the best available research/evidence to inform recommendations. With high-quality, evidence-based practice and safety[2,39] as guiding factors when working with patients, clients, customers, and/or populations, the oncology RDN identifies the level of evidence, clearly states research limitations, provides safety information from reputable sources, and describes the risk of the intervention(s), when applicable. Oncology RDNs must evaluate and understand the best available evidence to be able to

converse with the interprofessional team and other decision makers/stakeholders authoritatively and with transparency and accuracy and must involve the patients, population, and caregivers in shared decision making.

LAWS AND REGULATIONS SHAPING RDN PRACTICE IN ONCOLOGY NUTRITION

Laws and regulations specific to an RDN's area(s) of nutrition and dietetics practice may impact roles and/or responsibilities. RDNs are responsible for adhering to and implementing all applicable laws, regulations, and standards related to their specific practice area(s) and responsibilities, department, organization, and other programs within their area of responsibility. If a task is delegated, the RDN is responsible for ensuring the task is completed by a legally appropriate, trained, and competent individual. The laws, regulations, and accreditation standards applicable to most health care facilities (refer to Scope and Standards of Practice for RDNs) include but are not limited to:

CDR's Practice Tips and Case Studies are helpful resources that credentialed nutrition and dietetics practitioners can use to guide their professional practice. Topics covered in this document with corresponding Practice Tips or Case Studies are marked with an asterisk (*). These resources can be found at https://www.cdrnet.org/tips.

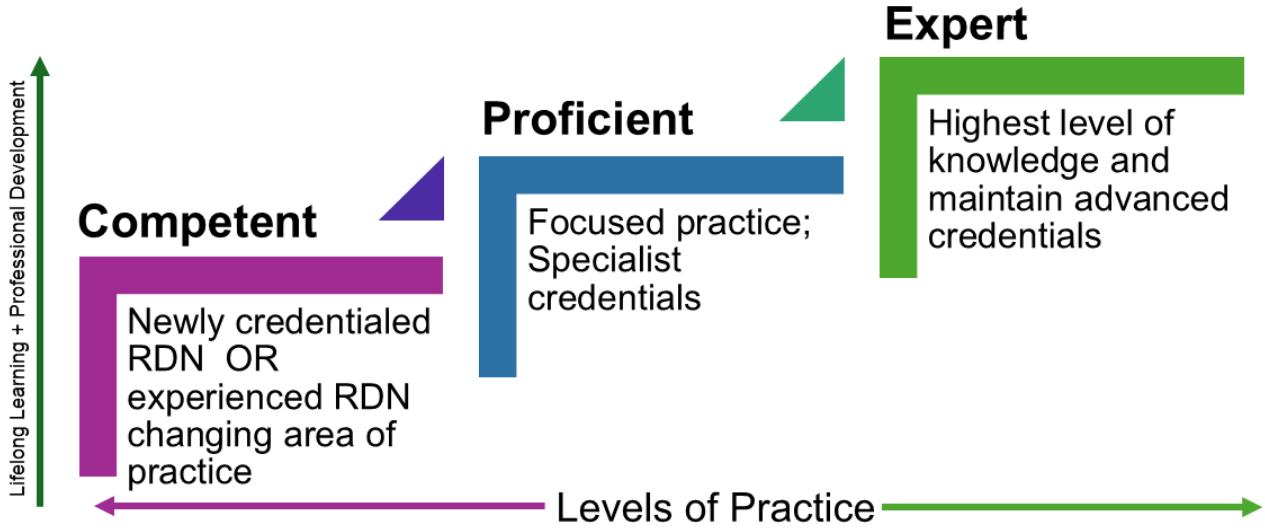
- accreditation standards for cancer centers outlined by the Commission on Cancer (CoC)[21]
- local, state, and federal laws (eg, state licensure, telehealth)*[31,40]
- organization accreditation standards (eg, The Joint Commission [TJC], Accreditation Commission for Health Care [ACHC], DNV GL Healthcare Accreditation and Certification)[41]
- federal health care facility regulations (eg, Centers for Medicare and Medicaid Services State Operations Manuals [eg, Appendix A-Hospitals, Appendix PP Long-Term Care]) https://www.cms.gov/files/document/som107appendicestoc.pdf
- federal or state/territory, local, and/or tribal laws and regulations related to RDN order writing privileges*
- management-related regulations (eg, employee safety),[42] human resources regulations and laws, as applicable,[43,44] federal, state, city, county, and retail food codes and food safety regulations[45,46]
- Health Insurance Portability and Accountability Act (HIPAA)[32,47]

FRAMEWORK TO ADVANCE PRACTICE FROM COMPETENT TO EXPERT

The Dreyfus model[48] identifies levels of proficiency (novice, advanced beginner, competent, proficient, and expert) (Figure 4) during the acquisition and development of knowledge and skills. In nutrition and dietetics, the first 2 levels are components of the required education (novice) and supervised practice experience (advanced beginner) that precede credentialing for nutrition and dietetics practitioners. Effective 2024, education must include a master's degree to qualify for the RDN credential. Upon successfully attaining the RDN credential, a practitioner enters professional practice at the competent level and manages their professional development to

achieve individual professional goals. This model can be used by RDNs to better understand the levels of practice described in focus area standards (competent, proficient, and expert).

Figure 4: Framework to Advance Practice: From Competent to Expert (based on the Dreyfus Model)



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Competent-Level Practitioner

In nutrition and dietetics, a competent-level practitioner is an RDN who is either just starting practice in a professional setting or an experienced RDN recently transitioning their practice to a new focus area of nutrition and dietetics. A competent practitioner consistently provides safe and reliable services by employing appropriate knowledge, skills, behaviors, and values in accordance with accepted standards of the profession; acquires additional on-the-job skills; and engages in tailored continuing education to further enhance knowledge, skills, and judgement obtained in formal education.[2]

All RDNs, even those with significant experience in other practice areas, must begin at the competent level when transitioning to a new setting or new focus area of practice. At the competent level, an RDN in ON is learning the principles that underpin this focus area and is gaining experience and developing knowledge, skills, and judgement, in order to provide safe and effective ON care and services. This RDN, who may be new to the profession or an experienced RDN, has a breadth of knowledge in nutrition and dietetics and may have proficient or expert knowledge/practice in another focus area. For example, an experienced RDN could have a general clinical practice or a practice with responsibilities across several areas of practice such as clinical, community nutrition, consultation and business, education and food and nutrition management. However, the RDN new to the focus area of ON must critically evaluate their current level of knowledge, skills, and experience against those required to practice in this focus area and when needed, seek assistance from more experienced practitioners. The type of assistance required will depend on the practitioner's task-specific

competence and may include activities such as mentorship, discussion, resource review, or hands-on training and competency assurance. It is incumbent upon the practitioner to ensure competence for tasks performed. Useful resources for self-evaluation include position descriptions, the Scope and Standards in Oncology Nutrition, other related focus area scope and standards, and applicable practice guidelines.

Proficient-Level Practitioner

A proficient-level practitioner is an RDN who has obtained operational job performance, knowledge, skills, and practice experience in a focus area, and consistently provides safe and reliable services to individuals with cancer. This RDN is more skilled at adapting and applying evidence-based guidelines and best practices and can modify practice according to unique situations (eg, managing complex or multiple comorbidities, creating or implementing evidence-based practice guidelines).[2] The RDN may possess or be working toward acquiring a specialist credential, such as CSO, to demonstrate proficiency in ON.

Proficient-level indicators within the standards in this document are consistent with, but not equivalent to, the CDR certification, CSO. Rather, the CSO designation recognizes the skill level of an RDN who has developed and demonstrated, through successful completion of the certification examination, ON knowledge and application beyond the competent practitioner, and demonstrates, at a minimum, proficient-level skills. An RDN with a CSO designation is an example of an RDN who has demonstrated additional knowledge, skills, and experience in ON by the attainment of a specialist credential.

Expert-Level Practitioner

Expert-level achievement is acquired through critical evaluation of practice, and feedback from others with additional knowledge, experience, and training.[2] Expert-level RDNs in ON are recognized within the profession as they are able to combine dimensions of highly developed focus area knowledge and skills, critical thinking, performance, and professional values as an integrated whole to formulate effective and appropriate judgements that reflect their advanced practice.[49]

An expert can quickly identify "what" is happening and "how" to approach the situation, and easily uses practice skills to demonstrate quality practice and leadership.[2] They not only develop and implement ON and dietetics services, they also lead, manage, drive, and direct clinical care; mentor colleagues and/or precept students/interns; engage in advocacy; conduct and collaborate in research and scholarly work; accept organization leadership roles; guide interprofessional teams; and lead the advancement of ON and dietetics practice. An expert practitioner may have an expanded and/or specialist role and may possess an advanced credential(s), such as the CDR RDN-AP and/or CSO. Generally, the practice is more complex and has a high degree of professional autonomy and responsibility.

HOW ARE THE STANDARDS STRUCTURED?

Each of the 7 standards is presented with a brief description of the competent level of practice[2] and a rationale statement explaining the intent, purpose, and importance of the standard. Indicators provide measurable action statements that illustrate applications of the standard. The standards are equal in relevance and importance and are not limited to the clinical setting (Figure 1). The term *appropriate* is used in the standards to mean: selecting from a range of best practice or evidence-based possibilities, one or more of which would give an acceptable result in the circumstances.

HOW CAN I USE THE STANDARDS IN ONCOLOGY NUTRITION TO ELEVATE AND ADVANCE MY PRACTICE AND PERFORMANCE?

While the focus area standards in ON are based on and complement the standards in the 2024 Scope and Standards for RDNs,[4] they provide additional guidance by providing focus area indicators for 3 levels of practice (competent, proficient, and expert) that are specific to RDNs practicing in ON. The 7 standards and subsection titles presented in Figure 1 are from the 2024 Scope and Standards for the RDN, while the indicators for competent, proficient, and expert levels are specific to practice in ON.

The indicators are measurable action statements that illustrate how each standard can be applied in practice. An "X" appears in the Level of Practice columns to indicate level of practice for each indicator. The depth with which an RDN performs each activity will increase as the individual moves beyond the competent level. Several levels of practice are considered in this document; thus, taking a holistic view of the Oncology Nutrition Standards is warranted. It is the totality of individual practice that defines a practitioner's level of practice and not any one indicator or standard.

As practitioners progress through levels of competence from competent to proficient and proficient to expert, their ability to perform the activities described in the indicators becomes more nuanced. For example, an indicator marked "proficient" would be applicable to both proficient- and expert-level practitioners. The expert, because of more extensive knowledge and experience, is able to more readily adjust their approach based on the specific context of the situation, such as patient/client goals, previous experience with similar situation(s), and knowledge of available resources. This diversity in approach is a hallmark of true expertise, showcasing the adaptability and depth of understanding that experts possess (see Scope and Standards of Practice Learning Module for Case Study examples). The indicators are refined with each review of these Standards as expert-level RDNs systematically record and document their experiences, often through use of exemplars.

RDNs can use the Scope and Standards in Oncology Nutrition (Figure 1) as a self-evaluation tool to support and demonstrate quality practice and competence.[37] More specifically, RDNs can use this document to:

- identify the competencies needed to provide safe, effective, equitable, and quality ON care and/or services;

- self-evaluate whether they have the appropriate knowledge, skills, and judgement to provide ON care and/or services for their current or desired level of practice;
- develop a continuing education plan where additional knowledge, skills, and experience are needed;
- demonstrate competence and document learning;
- apply applicable indicators and achieve the outcomes in line with work/volunteer roles, responsibilities, and desired outcomes;
- demonstrate value and competence by identifying additional indicators and examples of outcomes that reflect individual areas of practice/setting;
- enhance professional identity and provide a foundation for public and professional accountability as an RDN practicing in the ON focus area;
- support efforts for strategic planning and change management, performance improvement or quality improvement projects, outcomes reporting, and assist management in the planning and communicating the nature of ON and dietetics services and resources;
- guide the development of ON and dietetics-related education and continuing education programs, career ladders,* job descriptions, standards of care and services, best practices, protocols, clinical models, competency evaluation tools, career pathways; and advocacy; and
- assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in ON and dietetics, lead effectively in interprofessional teams/efforts, and grasp the full scope of this focus area of practice.

RDNs should review the Scope and Standards in Oncology Nutrition at determined intervals, as regular self-evaluation is important for identifying opportunities to improve and enhance practice and professional performance. RDNs are expected to practice only at the level at which have demonstrated and documented competence, which will vary depending on education, training, and experience.[37] RDNs are encouraged to pursue opportunities to collaborate and/or additional training and experience in order to maintain currency and expand individual scope of practice[2] within the limitations of the statutory scope of practice.[2] See Figure 5 for role examples of how RDNs in different roles and at different levels of practice may use the Scope and Standards in Oncology Nutrition.

Figure 5: Role Examples: RDNs in Oncology Nutrition Using the Scope and Standards of Practice and other Resources

Role	Level of Practice	Role Examples
Clinical Inpatient	Competent	ML is a newly credentialed RDN employed at a teaching hospital providing inpatient clinical care. They are assigned to the telemetry and step-down units but have been asked to cover the oncology unit while a colleague is on medical leave. The clinical nutrition manager (CNM) recognizes that ML requires additional training and mentorship, as they have not provided oncology-specific nutrition services since their internship. To identify areas for which additional knowledge and training will be required, the CNM asks ML to review and use the standards and indicators described in the Scope and Standards of Practice in Oncology Nutrition to assess their position-specific competencies. Once completed, it is determined that ML will need further education and training specific to oncology medications and side effects in patients with cancer. The CNM compiles a list of resources such as the Oncology Nutrition for Clinical Practice, American Cancer Society Nutrition and Physical Activity Guidelines for Cancer Survivors and clinical practice guidelines from the National Comprehensive Cancer Network. (Figure 2)
Clinical Outpatient at Cancer Center	Proficient	TJ, an RDN working in an ambulatory cancer center, was asked to participate on a task force to create a cancer survivorship program. TJ reflects on the key concerns frequently expressed by the patients, as well as some of the interesting and unconventional inquiries received in the past. To create effective program materials, TJ uses the Scope and Standards of Practice in Oncology Nutrition to identify recent evidence-based resources that provide relevant information and clinical guidelines to address any concerns.
Clinical Nutrition Manager	Expert	BN, a CNM and an oncology nutrition expert, oversees several RDNs providing nutrition care to patients with cancer. BN uses the Scope and Standards of Practice in Oncology Nutrition to assess and identify each RDN's individual level of practice to develop career ladders; create appropriate educational and training opportunities; and assign complex cases to RDNs based on their skills and competencies.
Researcher	Expert	SP is a research RDN who was recently awarded a National Institutes of Health (NIH) grant to demonstrate how nutrition interventions, provided by RDNs, impact health outcomes of patients with cancer. Findings from the study will be used to inform the NIH's Prevention Workshop: Nutrition as Prevention for Improved Cancer Health Outcomes. SP uses indicators in the Scope and Standards of Practice in Oncology Nutrition to generate grant-specific research questions and guide training of students and future oncology nutrition researchers.
Graduate Program Director	Expert	CR, a program director for an ACEND-accredited graduate program, is reviewing preceptor feedback for the most recent cohort of students and notices that many were not able to successfully demonstrate competence providing oncology-specific nutrition care. CR reviews the competent level indictors in the Scope and Standards of Practice in Oncology Nutrition to develop appropriate projects, learning opportunities, and seminars to better prepare students for their oncology rotations.

The Scope and Standards in Oncology Nutrition can also be used as part of CDR's *Professional Development Portfolio* (PDP) recertification process,*[50,51] to develop goals and focus continuing education efforts. CDR's PDP encourages RDNs to use the essential practice competencies to determine professional development needs, develop a learning plan for their 5-year recertification cycle, report completed continuing education, and report application of outcome(s) of self-reflection and learning.[50,52] For information about PDP policy updates and announcements, visit CDR's Professional Development Portfolio webpage.

EMERGING ISSUES

The Scope and Standards for RDNs in Oncology Nutrition is an innovative and dynamic document. Each new iteration reflects changes and advances in practice, changes to dietetics education standards, regulatory changes, advances in technology, and outcomes of practice audits. Emerging areas specific to ON include the following:

Malnutrition and Cachexia: Though it is recommended before treatment initiation and regularly thereafter, screening for malnutrition is not widely practiced in outpatient cancer centers.[9] There are 6 validated malnutrition screening tools[9,53,54] but at present, there is no universally accepted approach for screening individuals with cancer. Research is needed to recognise to what degree early diagnosis and treatment of malnutrition improves clinical outcomes.[9] Malnutrition appears to be underdiagnosed by both RDNs and physicians in the hospital setting, which may lead to significant clinical, operational, and financial implications in cancer care.[9,55] The nutrition focused physical exam (NFPE) is a useful tool in diagnosing malnutrition in the oncology setting. Other emerging technologies that exist for diagnosing malnutrition include phase angle (PhA) value determined by bioelectrical impedance analysis (BIA) for measuring body composition changes[56] and CT-imaging for body composition.[57,58]

The Malnutrition Composite Score (MCS, formerly known as the Global Malnutrition Composite Score or GMCS) measures the quality of malnutrition care following evidence-based guidance in hospitalized patients 65 years or older having a length of stay 24 hours or longer. [9,59] Beginning with Reporting Calendar Year 2026 (data collection period), the age range for hospitalized patients to be included in the measure will be expanded from 65 year to 18 years or older.[60,61] MCS is the first nutrition-focused electronic clinical quality measure to be included in the Centers for Medicare and Medicaid (CMS) Hospital Inpatient Quality Reporting Program.

Adequate Staffing and Cost-Benefit Analysis Research: Adequate staffing of oncology RDNs is critical for optimal oncology care. However, current staffing levels are insufficient to meet the needs of the growing number of individuals with cancer. A recent study revealed that the average RDN-to-patient ratio in outpatient cancer centers is 1:2,308 (compared to a proposed ratio of 1:120), indicating a significant gap in access to nutrition services.[62] This limited access is particularly concerning given the strong association between malnutrition and poor clinical outcomes in patients. To fully realize the potential benefits of MNT, it is essential

to prioritize adequate RDN staffing and explore innovative reimbursement models to ensure sustainable access to these vital services.[62] Additionally, further research is needed to quantify the cost-benefit analysis of nutrition interventions in oncology care, which will strengthen the evidence base for advocating for increased RDN staffing and reimbursement.[22]

Screening For and Alleviating Food Insecurity: Food insecurity, the lack of consistent access to enough nutritious food,[63] is a significant challenge for 17-55% of patients with cancer.[64] A cancer diagnosis can exacerbate financial strain, leading to compromised food access and negatively impacting treatment outcomes.[64] However, a recent study found that many oncology RDNs lack the knowledge and tools to effectively screen for and address food insecurity.[65] Oncology RDNs can play a critical role in helping improve health outcomes and quality of life by proactively addressing food insecurity, employing validated tools for routine patient screenings (see Standard 7.2.2) and implementing the following strategies:

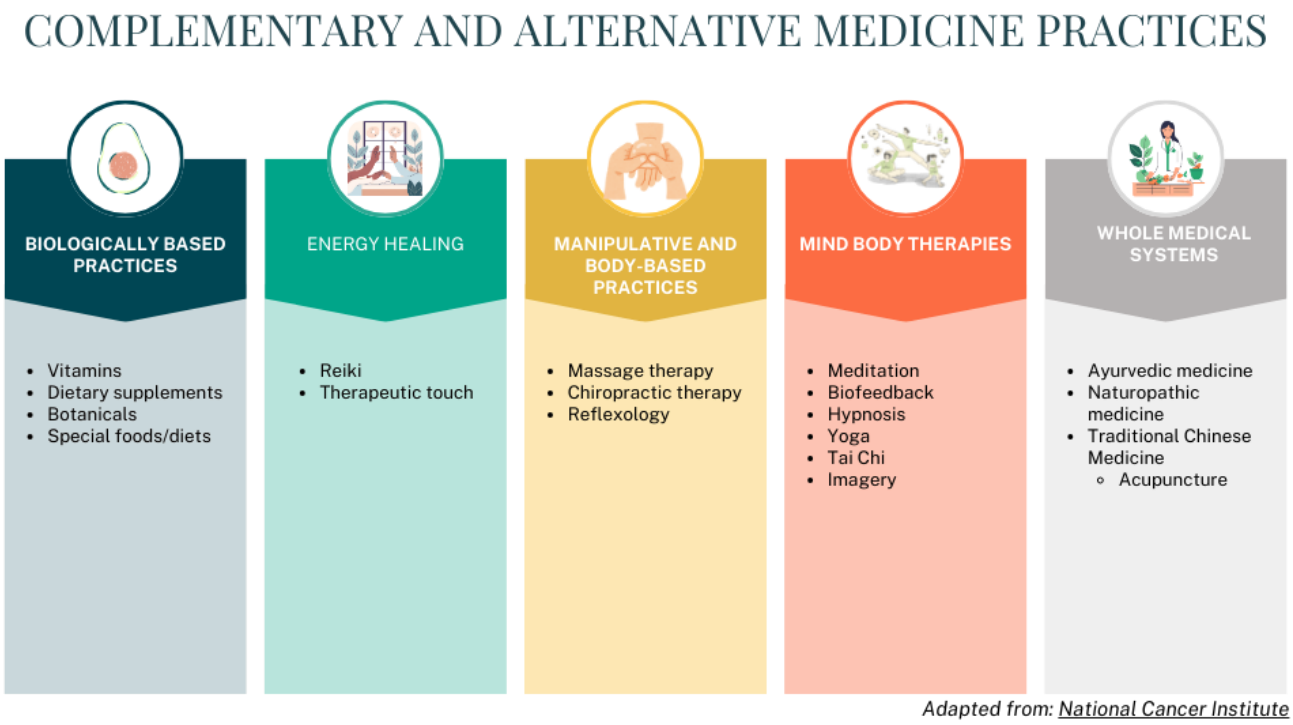
- providing individualized nutrition counseling to address specific needs and challenges related to food access;
- connecting patients with appropriate clinical/resource specialists (eg, social workers) and community resources such as food banks, meal delivery services, and government assistance programs; and
- advocating for policies that support food security for patients.[64]

Mitigating Nutrition Impact Symptoms (NIS): As individuals with a history of cancer are living longer than ever before, the evolving oncology care landscape has shifted the focus beyond solely optimizing survival rates, placing a growing emphasis on improving survivors' quality of life during and following treatment. In this context, NIS have emerged as a significant concern for patients with cancer. NIS are defined as any symptom that impacts the ability and/or desire to eat, that are a common and often debilitating side effect of cancer treatment. These symptoms, such as taste changes, loss of appetite, and difficulty swallowing, can significantly impact patients' quality of life and adherence to treatment.[63] Oncology RDNs play a significant role in mitigating and managing NIS by providing tailored nutrition counseling, recommending appropriate dietary modifications, and suggesting strategies to manage symptoms. By addressing NIS, oncology RDNs can help patients maintain their nutrition status, improve quality of life, and enhance treatment outcomes.

Complementary and Alternative Medicine (CAM): Use of CAM practices among patients with cancer has increased exponentially. These practices range from simple mind-body therapies (eg, yoga, meditation, guided imagery) to biologically based therapies (eg, botanical and dietary supplements) to complex world medicine systems (eg, Ayurveda and traditional Chinese medicine)[66] (Figure 6). Although mind-body therapies, energy healing, and manipulative body practices can complement conventional cancer treatments and help with symptom management, biologically-based therapies (eg, botanical and dietary supplements), administered either

alone or as part of the whole medical system, have the potential to create a dangerous milieu when combined with chemotherapy and other prescribed medications.[67] Oncology RDNs need to educate themselves on the indications and contraindications of CAM practices, particularly food-drug-supplement interactions, and consistently assess and reassess at each visit. RDNs may suggest referrals to an integrative practitioner based on patient/caregiver interest.

Figure 6: Complementary, Alternative and World Medicine Practices



Adapted from: National Cancer Institute

Microbial Perturbations:[68–71] The human intestinal microbiota plays a role in the maintenance of intestinal barrier integrity and host immune response. Many factors can influence the composition of the intestinal microbiota, either positively or negatively, including chemotherapy and radiotherapy, dietary pattern changes, antibiotic use, fecal transplants, and probiotic/prebiotic/postbiotic supplementation.[72] Evidence suggests that the intestinal microbiota may confer susceptibility to certain cancers and may also influence response to therapeutics, including anti-cancer immunotherapies.[70] Thus, there is reason to gain a deeper understanding of host–microbial interactions and potential impact that food choices and eating patterns may have on explaining and altering these interactions.[70]

Nutrition for Patients Undergoing Hematopoietic Cell Transplantation (HCT) and Cellular Therapy: Oncology dietitians are increasingly playing a critical role in managing the nutrition needs of patients undergoing HCT and cellular therapy. Emerging research areas include: optimal nutrition support delivery, including enteral nutrition when appropriate; energy and protein needs in HCT and cell therapy; microbiome

perturbations and their effect on outcomes; food safety; and prehabilitation and rehabilitation[73] of HCT and cell therapy recipients. The role of vitamin D in transplantation, particularly its impact on outcomes and immunomodulatory properties in acute or chronic graft-versus-host disease (GVHD), is gaining significant attention.[70,71,73,74] By staying informed about these developments, oncology RDNs can optimize patient care and improve outcomes for individuals undergoing HCT and cellular therapy.[71,73]

Evidence-Based Food Safety:[70] Oncologic therapies can place patients at higher risk for developing infections.[75] Historically, patients have been placed on neutropenic/anti-microbial diets to reduce infection rates, however several published studies have shown no improvement in outcomes in patients who follow a neutropenic diet.[76–80] Furthermore, the neutropenic/anti-microbial diet eliminates foods such as fresh fruits and vegetables, which often results in patient dissatisfaction and compromised diet quality.[70] Current evidence suggests that, instead of placing people on a neutropenic/anti-microbial diet, they should be educated on avoiding high risk foods and how to practice safe food handling.[76]

SUMMARY

RDNs face complex situations every day. Addressing the unique needs of each situation and applying scope and standards appropriately is essential to providing safe, timely, effective, efficient, equitable, person-centered, quality care and service. All RDNs are advised to conduct their practice based on the most recent editions of the Code of Ethics for the Nutrition and Dietetics Profession, the 2024 Scope and Standards of Practice for RDNs, and applicable federal, tribal, state, and local regulations and facility accreditation standards. The Scope and Standards for RDNs in Oncology Nutrition is a complementary document and a key resource for RDNs at all knowledge and performance levels. These standards can and should be used by RDNs who provide oncology care and/or services to consistently improve and appropriately demonstrate competence and value, and as a professional resource for self-evaluation and professional development. Just as a professional's self-evaluation and continuing education process is an ongoing cycle, these standards are also a work in progress and will be reviewed and updated every 7 years.

Current and future initiatives of CDR and the Academy, as well as advances in oncology care and services, will guide future updates by clarifying and documenting the specific roles and responsibilities of RDNs at each level of practice. As a quality initiative of CDR and the Academy ON DPG, these standards are an application of continuous quality improvement and represent an important collaborative endeavor.

These scope and standards are intended to be used by individuals in self-evaluation, practice advancement, development of practice guidelines and specialist credentials, and as indicators of quality. These do not constitute medical or other professional advice and should not be taken as such. The information presented in the scope and standards is not a substitute for the exercise of professional judgment by the credentialed nutrition and dietetics practitioner. These scope and standards are not intended for disciplinary actions, or determinations of negligence or misconduct. The use of the standards for any other purpose than that for which they were formulated must be undertaken within the sole authority and discretion of the user.

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Figure 1. Standards of Practice

The 2025 Scope and Standards of Practice in Oncology Nutrition (ON) provides focus area-specific indicators intended to guide and expand practice for RDNs working in ON settings. However, because many standards are universally applicable across various settings or focus areas, RDNs using this document are also expected to review the primary indicators in the 2024 Scope and Standards of Practice for RDNs.

Unlike the 2024 Scope and Standards of Practice, which includes only competent-level indicators, this document provides indicators for multiple levels of practice (competent, proficient, and expert) indicated by the columns titled C, P, and E. Consider role(s) and responsibilities in job or volunteer activities to identify applicable indicators. Refer to the information below when determining which indicators are relevant to your specific level of practice:

- X in the "C" column: applies to competent, proficient and expert levels
- X in the "P" column: applies to proficient and expert levels
- X in the "E" column: applies to the expert level

Note: The term "patient" is used in the Scope and Standards of Practice in Oncology Nutrition as a universal term inclusive of the terms patient, client, resident, individual, group, and population, and the term "caregivers" is used as a universal term inclusive of the terms caregivers, family members, and advocates, to which an RDN provides care or services. The terms are used interchangeably in the article and the standards (Figure 1), depending on the context.

Indicators identified with **bold** numbering align with topics included in the exam content outline for the CDR Specialist Credential in Oncology Nutrition (CSO). Identified indicators are **not** intended as a study guide, but rather, may assist practitioners in identifying competencies they may need to improve through professional development when considering the CSO credential.

See end of Figure 1 for alphabetical acronym list.

STANDARD 1. DEMONSTRATING ETHICS AND COMPETENCE IN PRACTICE

Standard
The registered dietitian nutritionist (RDN) demonstrates competence, accountability, and responsibility for ensuring safe, ethical, and quality person-centered care and services through regular self-evaluation, and timely continuing professional education to maintain and enhance knowledge, skills, and experiences.

Standard Rationale
Professionalism in nutrition and dietetics practice is demonstrated through:

- evidence-based practice;
- continuous acquisition of knowledge, skills, experience, judgment, demonstrated competence; and
- adherence to established ethics and professional standards.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope/Standards of Practice.

Each RDN in Oncology Nutrition:		C	P	E
1.1 Adheres to code of ethics				
1.1.1	Adheres to applicable code(s) of ethics (eg, The Academy and CDR, ACS, other national cancer organizations, employer code of ethics)	X		
1.1.2	Demonstrates responsibility for actions and behaviors by: • understanding their individual scope of practice; • referring to appropriate colleague(s) when a task exceeds individual scope of practice; • collaborating with others; • acknowledging self-disclosures (ie, actual or potential conflicts of interest or fiscal relationships); and • identifying, acknowledging, and correcting errors when needed	X		
1.1.3	Demonstrates ethical and responsible practices appropriate to the role and setting (eg, providing/withholding nutrition support at end of life, setting realistic expectations for patients/families), while considering human, environmental, social, and financial resources available to the patient/family		X	
1.1.4	Exemplifies professional integrity, serves as a resource for evidence-based practice in ON, and educates fellow members of the interprofessional team/organization			X
1.2 Ensures competence in practice				
1.2.1	Demonstrates competence in practice by: • seeking out and using current resources and research in ON to guide practice (eg, Scope and Standards of Practice in Oncology Nutrition, Nutrition Care Manual, ACS, AICR, AACR, ASCO, NCCN guidelines [Figure 2]); • seeking out and using current oncology nutrition care and education resources (eg, Oncology Nutrition for Clinical Practice, 2nd edition, Oncology Nutrition Education handouts and resources, [Figure 2]); and • analyzing research and resources for limitations (eg, various forms of bias, small sample size, inappropriate study design, data collection methods, statistical analysis)	X		
1.2.2	Compiles and submits evidence of practice (eg, chart notes and other deliverables) consistent with level of practice and performance expectations for review per organizational policy	X		
1.2.3	Identifies and uses technology aimed at improving client/organization privacy, confidentiality, effectiveness, and safety (eg, wearable devices to track food/activity)	X		
1.2.4	Evaluates evidence of practice (eg, chart notes) and provides feedback and guidance to improve competence of employee(s) under peer review		X	
1.2.5	Crafts corporate/institution policy, guidelines, and human resource materials (eg, career ladders, job descriptions) using applicable Focus Area Scope and Standards as guides			X
1.2.6	Provides mentoring and skill development opportunities to support colleagues and staff in advancing practice and expanding scope of practice (eg, critically analyze research and apply to practice)			X
1.3 Adheres to laws and regulations				
1.3.1	Performs within individual and statutory scope of practice, complying with applicable federal, state, tribal, and local laws and regulations, and organization/program policies specific to setting and population (eg, providing oncology nutrition services via telehealth, ensuring compliance with HIPAA)	X		

Each RDN in Oncology Nutrition:		C	P	E
1.3.2	Adheres to provider/organization protocols (eg, appropriate documentation for enteral nutrition reimbursement) and assigned privileges	X		
1.4 Completes self-evaluation to identify needs for continuing education				
1.4.1	Compares individual performance to goals and identifies areas for professional development with the goal of improving competence in specific areas and expanding individual scope of practice by: • using self-assessment tools to assess knowledge, skills, and practice; • evaluating results, according to level of practice, using research findings and best practices (eg, CoC); • seeking formal/informal feedback from colleagues, members of the interprofessional team, and supervisors; and • exploring new or expanded responsibilities to advance practice	X		
1.5 Pursues continuing education				
1.5.1	Develops and implements a plan for achieving and maintaining the knowledge, skills, and experience required for advanced practice (eg, CSO, CNSC, RDN-AP)	X		

STANDARD 2. STRIVING FOR HEALTH EQUITY

Standard
The registered dietitian nutritionist (RDN) approach to practice reflects the value the profession places on health equity in all forms of interaction when delivering care and/or services to colleagues, customers, students/interns, and when interacting with stakeholders.

Standard Rationale
Health equity is at the core of nutrition and dietetics practice where:

- all individuals have the same opportunity and access to healthy food and nutrition;
- RDNs advocate for a world where all people thrive through the transformative power of food and nutrition; and
- RDNs work to accelerate improvements in health and well-being through food/nutrition.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope/Standards of Practice.

Each RDN in Oncology Nutrition:		C	P	E
2.1 Addresses social determinants of health, nutrition security, food insecurity, malnutrition				
2.1.1	Identifies and selects criteria for, and participates in the development of cancer screening tools and processes that capture the needs of diverse oncology populations (eg, screens for food insecurity during initial nutrition screening)	X		
2.1.2	Evaluates patient belief systems and social determinants of health (eg, socioeconomic status, cultural, behavioral) to adapt practices and guide design and delivery of person-centered oncology care and services that minimize health disparities (eg, providing referrals to food pantries and financial assistance programs to avoid delays in seeking oncology care)	X		
2.1.3	Develops a listing of established community resources, services, and organizations; and culturally appropriate patient education materials aimed at serving the needs of marginalized populations/communities (eg, food pantry, food safety materials in various languages, religious support groups)	X		
2.1.4	Measures and assesses health outcomes using knowledge of personal biases and relevant health disparities associated with social determinants of health (eg, increased risk of developing cancer and poor outcomes in people of color)		X	
2.1.5	Establishes new policies and collaborations between patients and stakeholders to facilitate unbiased health-related decision making (eg, use of Survivorship Care Plan)			X
2.2 Promotes sustainability practices (eg, food systems, food/ingredient/supply choices)				
2.2.1	Investigates and facilitates access to healthy food/water and food assistance programs for underserved populations undergoing treatment for cancer (eg, community gardens, food pantries, and local/regional food assistance programs with emphasis on food safety for the oncology population)	X		
2.2.2	Collaborates with interprofessional and community partners to improve access to healthy food systems that consider sustainability of food, water, packaging, utility usage, and waste management (eg, access to community gardens in cancer center)		X	
2.2.3	Communicates to community partners and health professionals the potential health issues associated with specific foods, food packaging, supply chain, and preparation methods, as well as myths surrounding these topics regarding cancer risk factors (eg,		X	

Each RDN in Oncology Nutrition:		C	P	E
	endocrine disrupting chemicals such as BPA, organic vs. non-organic options and cancer risk)			
2.3 Maintains awareness of public health and community nutrition/population health				
2.3.1	Identifies culturally sensitive programs and services that offer resources for individuals with cancer, such as: • food banks, food pantries, congregate meal programs; • meal delivery services (eg, medically tailored meals, home delivered meals); and • social and community services	X		
2.3.2	Performs need assessments to identify gaps in community programs and services to support the population with cancer		X	
2.3.3	Conducts population health research and develops solutions on gaps and needs for community services and programs serving individuals with cancer			X
2.4 Recognizes the impact of global food and nutrition				
2.4.1	Translates nutrition information in a culturally appropriate manner to provide adequate and safe nutrition care and services to patients undergoing cancer treatment (eg, meal planning during fasting/holidays)	X		
2.4.2	Examines the global supply chain, food supply, and sustainability to identify oncology population needs and barriers (eg, providing information on appropriate substitutions for enteral nutrition when shortages occur)		X	

STANDARD 3. ILLUSTRATING QUALITY IN PRACTICE

Standard
The registered dietitian nutritionist (RDN) provides quality services effectively and efficiently using systematic processes with identified ethics, leadership, accountability, and dedicated resources.

Standard Rationale
Delivery of quality nutrition and dietetics care and/or services reflects:

- application of knowledge, skills, experience, and judgement;
- demonstration of evidence-based practice, adherence to established professional standards, and competence in practice; and
- systematic measurement of outcomes, regular performance evaluations, and continuous improvement to illustrate quality practice.

Locate additional competent-level indicators for all RDNs in the
Revised 2024 Scope/Standards of Practice.

Each RDN in Oncology Nutrition:		C	P	E
3.1 Incorporates quality assurance and performance improvement (QAPI) processes				
3.1.1	Identifies best practices in collaborating with peers and other members of the interprofessional care team to accurately collect and analyze QAPI data	X		
3.1.2	Evaluates and promotes the delivery of safe ON care using organization-specified process and/or performance improvement models	X		
3.1.3	Recognizes needs, anticipates outcomes and consequences of different approaches, and makes necessary modifications based on QAPI data to achieve desired patient-related and program outcomes		X	
3.1.4	Leads efforts to design ON services using national quality and safety data (eg, using national ON staffing data for outpatient nutrition clinics)			X
3.1.5	Integrates QAPI processes into management of human and financial resources and information technology as they relate to ON services (eg, electronically tracking referrals to the food pantry by nutrition services for food insecure patient monitoring, readmission rates after oncology GI surgery)			X
3.1.6	Updates PI initiatives with guidance from current local, state, and national quality initiatives			X
3.1.7	Leads performance improvement initiatives to ensure national quality and safety guidelines are implemented			X
3.1.8	Trains and guides members of the interprofessional team in oncology-specific quality improvement (QI) activities across organization			X
3.1.9	Creates reports and disseminates findings from QI projects (eg, designated nutrition services representative in a Commission on Cancer accredited institution presenting at a quarterly cancer committee meeting)			X
3.1.10	Disseminates QAPI results through written publications and by presenting at local, regional, and national events			X
3.2 Identifies and uses tools for determining/conducting quality improvement (QI)				
3.2.1	Identifies tools to collect patient outcomes, program resources, participation, and expense data to evaluate and adjust services (eg, facility-specific performance improvement data collection)	X		

Each RDN in Oncology Nutrition:		C	P	E
3.2.2	Develops or adapts QAPI tools to evaluate and adjust services that improve stakeholder satisfaction based on organization needs		X	
3.2.3	Uses a continuous QAPI approach to design, conduct, monitor, and evaluate audits to quantify outcomes (eg, results from patient satisfaction surveys and nutrition interventions)		X	
3.2.4	Uses data from national programs and standards to set benchmarks for department performance, goals, and expected outcomes. (eg, using national oncology nutrition staffing data for staffing oncology services)		X	
3.2.5	Monitors, documents, and evaluates program and service resource usage against budget or other metrics (eg, monitors staff to patient ratio, revenue data)		X	
3.2.6	Directs operational audits to evaluate, manage, and modify the design and delivery of programs and services (eg, monitors insurance reimbursement trends)			X
3.3 Identifies measures and outcomes				
3.3.1	Uses systematic processes and tools to collect and document performance measures that are population specific (eg, using Key Performance Indicators [KPI] to evaluate readmission rates post GI oncology surgery), nationally standardized (eg, MST), and consensus based (eg, ECOG- Karnofsky Performance Status)	X		
3.3.2	Reports site-specific tumor performance measures (eg, dysphagia and dysgeusia rates in patients with head and neck cancer undergoing radiation therapy) to appropriate individuals and interprofessional groups (eg, institutional cancer committee, cancer center director, supervisor)		X	
3.3.3	Selects criteria for and helps develop data-collection tools to accurately measure clinical, operational, and financial outcomes		X	
3.3.4	Identifies and develops or helps implement QI strategies that reflect the needs of the organization and oncology population (eg, adherence to evidence-based practice guidelines and protocols, skills training and competence assessment for staff)		X	
3.3.5	Leads implementation of QI strategies that reflect the needs of the organization and oncology population			X
3.3.6	Leads efforts to evaluate strategies and goals based on tribal, local, state, and federal public health and population-based benchmarks (eg, Healthy People 2030 Leading Health Indicators, Health Effectiveness Data and Information Set, national oncology QI measures) to improve program planning and development			X
3.4 Monitors and addresses customer safety				
3.4.1	Collaborates with interprofessional team to systematically monitor oncology-specific recommendations from the Institute for Safe Medication Practices, US Food and Drug Administration, and United States Pharmacopeia	X		
3.4.2	Promotes awareness of potential interactions between oncology treatments and foods, nutrients, and/or dietary supplements (eg, grapefruit and paclitaxel, green tea and bortezomib)	X		
3.4.3	Adjusts services based on current evidence-based information (eg, providing a dedicated oncology RDN in survivorship clinic due to increased referrals)		X	
3.4.4	Develops systematic approaches to monitor problematic product names and error-prevention recommendations (provided by Institute for Safe Medication Practices, US Food and Drug Administration, and United States Pharmacopeia) to alert patients and care providers about potential hazards		X	

STANDARD 4. DEMONSTRATING LEADERSHIP, INTERPROFESSIONAL COLLABORATION, AND MANAGEMENT OF PROGRAMS, SERVICES AND RESOURCES

Standard
The registered dietitian nutritionist (RDN) provides safe, quality service based on customer expectations and needs; the mission, vision, principles, and values of the organization/business; and integration of interprofessional collaboration.

Standard Rationale
Quality programs and services are designed, executed, and promoted reflecting:

- RDN's knowledge, skills, experience, and judgement;
- knowledge of organization/practice setting operations, culture, and the needs and wants of its customers; and
- competence in addressing the current and future needs and expectations of the organization/business and its customers.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope/Standards of Practice.

Each RDN in Oncology Nutrition:		C	P	E
4.1 Engages in collaborative ready practice				
4.1.1	Provides evidence-based nutrition information to the oncology patient care team, both formally (eg, investigating queries) and informally (eg, sharing relevant articles and resources)	X		
4.1.2	Collaborates with the interprofessional team to facilitate use of resources in evidence-based nutrition guidelines (eg, implementation of ERAS protocol)		X	
4.1.3	Contributes to interprofessional community as an ON expert (eg, presenting on an oncology-related topic to cancer committee and physician team rounds)			X
4.1.4	Leads the interprofessional team to develop innovative approaches (eg, develop and implement an ERAS protocol) that address complex clinical and management issues			X
4.2 Facilitates referrals				
4.2.1	Develops and maintains a listing of resources, and services specific to patient populations (eg, referral to https://www.eatright.org/health/health-conditions/cancer or the AICR for additional nutrition resources)	X		
4.2.2	Uses organization protocol and screening tools (eg, Hunger Vital Sign, USDA Six Item Short Form Food Security survey) to identify individual/population needs for referral to nutrition services	X		
4.2.3	Documents sources of referrals to monitor effectiveness (eg, appropriate, timely) and modifies referral tools/systems in collaboration with others when appropriate		X	
4.2.4	Directs referral processes and systems, providing training and resources to address individual and population needs, and evaluating and addressing gaps/barriers			X
4.3 Manages programs and services				
4.3.1	Uses evidence-based guidelines, best practices, and national and international guidelines in the delivery of ON service	X		
4.3.2	Contributes to the development and updating of policies, procedures, protocols, and evidence-based practice tools	X		

Each RDN in Oncology Nutrition:		C	P	E
4.3.3	Participates in operational planning (eg, staffing, marketing, budgeting, billing, program planning) and complies with applicable accreditation standards (eg, The Joint Commission, CoC's Cancer Program Standards) for ON programs		X	
4.3.4	Develops and/or maintains procedures for nutrition screening in the oncology population using evidenced-based screening tools		X	
4.3.5	Monitors and evaluates the effectiveness of ON screening (eg, MST) and assessment tools (eg, PG-SGA); refers to Academy Oncology Evidence-Based Nutrition Practice Guideline (Figure 2)		X	
4.3.6	Monitors, documents, and evaluates ON services and programs to ensure they accommodate patient goals and needs with consideration of, and input from, caregivers when appropriate, by: • collecting and using benchmarking data to guide staffing decisions; • maintaining, revising and creating evidence-based policies, protocols and guidelines according to patient/population needs; and • developing and/or collaborating with the interprofessional team to capture oncology-specific data through electronic health records or other data-collection tools to manage oncology programs, services, and resources		X	
4.3.7	Designs and evaluates marketing strategies for ON-related programs/services		X	
4.3.8	Monitors infection control reports and compliance with food safety guidelines to identify opportunities for improvement		X	
4.3.9	Participates in the evaluation and selection of new products and equipment to assure safe, optimal, and cost-effective delivery of oncology nutrition care and services		X	
4.3.10	Serves as a consultant to business, industry, and national oncology organizations regarding the nutrition education/counseling needs of patients/caregivers, survivors, and health care providers		X	
4.3.11	Leads and manages the development, monitoring, and evaluation of oncology-related evidence-based national and international guidelines and practice tools (eg, PG-SGA)			X
4.3.12	Develops and manages evidence-based oncology programs, services, and resources (eg, cancer prevention, oncology education, survivorship programs) that comply with national guidelines and standards (eg, Academy Oncology Evidence-Based Nutrition Practice Guidelines, ACoS CoC Program Standards) and meet evolving organization/institution goals and patent/client and caregiver needs by: • developing policies, overseeing implementation, and ensuring accountability in management roles (eg, developing and implementing policies for post-op dietary advancement or ERAS protocols); • developing tools to gather data on patient population (eg, population characteristics, diagnoses, service needs, transition of care needs/concerns); • reviewing and synthesizing results and outcomes of existing oncology services/programs to identify necessary revisions; • designing, providing justification for, promoting, and seeking executive commitment for new services; • leading strategic long-term thinking and operational planning, implementation, and monitoring to maintain/manage resources; • analyzing safety, effectiveness, and cost of programs/services at the organization and systems level; and • preparing and presenting outcomes reports for organization and/or oncology accrediting bodies			X

Each RDN in Oncology Nutrition:		C	P	E
4.3.13	Submits proposal with outcomes data to the organization credentialing committee for granting RDN order writing privileges (eg, ordering laboratory tests, changing diet orders, enteral and parenteral nutrition changes)			X
4.3.14	Negotiates and/or contributes to the establishment of privileges (eg, order writing, feeding tube placement) at the organization or systems level to advance practice and expand the RDN scope of practice			X
4.3.15	Contributes nutrition-related expertise to cancer-related bioinformatics projects as needed			X
4.4 Contributes to, manages, and/or designs food/nutrition delivery systems				
4.4.1	Collects data and offers feedback on current food/formula delivery systems reflecting needs of the oncology population	X		
4.4.2	Collaborates with the interprofessional team to determine medical food/nutritional supplements, and enteral/parenteral nutrition, in accordance with best practice for ON care		X	
4.4.3	Designs organization protocols that provide guidance on applying best practices for providing nutrition care/services for specific oncology populations (eg, complex disease states, oral health, GI disorders) and in emergency events (eg, utility outages, crisis, natural disasters, pandemics)			X
4.5 Precepts, supervises, and engages in career laddering				
4.5.1	Mentors newly credentialed nutrition and dietetics practitioners and serves as a preceptor for nutrition and dietetics students/interns	X		
4.5.2	Mentors RDNs interested in pursuing CSO or other advanced credentials		X	
4.5.3	Participates in peer review activities consistent with setting (eg, peer evaluation, peer supervision, clinical chart review, performance evaluations)		X	
4.5.4	Provides educational and professional development opportunities to RDNs and other health care professionals through formal and informal teaching activities, preceptorship, and mentorship		X	
4.5.5	Develops internship opportunities for nutrition and dietetics interns and mentors members of the oncology team and other health care professionals		X	
4.5.6	Trains professional, technical, and support personnel, and evaluates and documents their competence in ON (eg, training nursing staff in ERAS protocol)		X	
4.6 Contributes to a healthy work environment (eg, safety, incident reporting, anti-bullying, personal protective equipment)				
4.6.1	Models professional and collaborative behaviors that support clear rules of conduct in the provision of timely, effective care	X		
4.6.2	Addresses interactions among employees and outside consultants, patients/clients, and their caregivers to assure positive and ethical behaviors that support a healthy, safe, and effective work environment		X	
4.6.3	Develops a reporting culture and takes effective actions to reduce risk by analyzing and communicating outcomes from adverse events, close calls, and unsafe conditions		X	

STANDARD 5. APPLYING RESEARCH AND GUIDELINES

Standard

The registered dietitian nutritionist (RDN) applies, participates in, and/or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.

Standard Rationale

Application, participation, and generation of research promotes:

- maintenance and enhanced familiarity with the peer-reviewed literature applicable to nutrition and dietetics and for specific populations and area(s) of practice to support evidence-based practice; and
- improved safety and quality of nutrition and dietetics practice and services.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope/Standards of Practice.

Each RDN in Oncology Nutrition:		C	P	E
5.1 Engages in scholarly inquiry (ie, identifies and uses evidence-based publications and practice guidelines applicable to practice area; and contributes to process of research)				
5.1.1	Seeks out oncology-focused conferences and seminars and uses knowledge to improve and expand practice (eg, attends journal clubs)	X		
5.1.2	Participates in research-related activities by: • developing or contributing to research protocols (eg, quality improvement initiatives, person-generated health data collection and evaluation, literature review); and • mentoring RDNs and other health care professionals in developing research skills (eg, help RDN write a research proposal for a grant) integrating research findings and evidence into peer-reviewed publications and recommendations for practice		X	
5.1.3	Reviews oncology-related publications as part of editorial boards		X	
5.1.4	Serves as primary advisor, mentor, preceptor, and/or committee member for ON research			X
5.1.5	Conducts/facilitates research as the principal investigator (PI) or co-investigator with an interprofessional team of health care providers and scientists			X
5.1.6	Leads interprofessional practice-based research activities including developing publications and presentations related to ON care and services			X
5.2 Applies critical thinking and judgement for evidence-based practice				
5.2.1	Integrates evidence-based tools and/or resources (eg, Academy EAL Oncology Nutrition Practice Guidelines) into current practice	X		
5.2.2	Assesses research findings by evaluating: • research design and methodology used; • strength and limitations of original research; • potential bias; • reliability; and • potential practice applications	X		
5.2.3	Participates in professional networking groups (eg, ON DPG listserv) and confers with peers to remain current in ON and guide practice	X		
5.2.4	Interprets and communicates research findings (eg, clinical trials, epidemiologic research) in specific patient populations, and integrates into practice when evidence-		X	

Each RDN in Oncology Nutrition:		C	P	E
	based practice guidelines for ON do not exist (eg, rare cancer types and new treatment modalities); seeks assistance as needed			
5.2.5	Integrates most current evidence-based publications, guidelines, and standards into policies, procedures, and protocols for oncology-related care and MNT		X	
5.2.6	Facilitates the application of ON research into practice by mentoring others (eg, journal clubs, professional discussion groups, practice-based research networks, ON DPG listserv)		X	
5.2.7	Translates research into practice by developing resources and recommendations that: • guide clinical practice (eg, post-op dietary advancement or ERAS protocols, food safety guidelines for patients who are immuno compromised); and • support patient/client behaviors and outcomes (eg, education handouts to reduce gas during pelvic radiation therapy)		X	
5.2.8	Integrates new ON knowledge into practice in complex situations such as, when using new research methodologies, and when communicating with interprofessional team (eg, using AI in providing clinical care)			X
5.2.9	Collaborates to develop and/or update evidence-based ON practice guidelines and resources (eg, EAL, Nutrition Care Manual)			X

STANDARD 6. PROVIDING EFFECTIVE COMMUNICATIONS AND ADVOCACY

Standard
The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications with customers and the public, and in public policy advocacy efforts.

Standard Rationale
The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services; and in contributing to public policy efforts by advocating for nutrition and dietetics programs and services that benefit patient/clients, individuals, customers, and the public.

The RDN works with others to:

- achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services; and
- contribute to public policy efforts by advocating for nutrition and dietetics programs and services that benefit patients/clients, and individuals, customers, and the public.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope/Standards of Practice.

Each RDN in Oncology Nutrition:		**C**	**P**	**E**
6.1 Engages in information dissemination through conversations, presentations, publications, media, and social media with various audiences				
6.1.1	Uses research-based publications and resources (eg, professional society guidelines, Academy ON DPG) to create messaging and materials for specific audiences (eg, individuals, public, interprofessional team)	X		
6.1.2	Considers target audience (eg, culture, literacy, numeracy, language) when determining appropriate communication methods (eg, verbal, written, visual) for providing education and counseling	X		
6.1.3	Identifies, directs, and guides patients and caregivers to appropriate ON information (eg, AICR; ACS)	X		
6.1.4	Collaborates with community groups (eg, cancer support groups) to provide services that support patients/clients, caregivers, and advocates	X		
6.1.5	Interprets and applies current evidence-based conventional and complementary ON research		X	
6.1.6	Co-authors practice-based research publications and disseminate findings (eg, present at conferences, exhibit posters, develop practical marketing and educational materials for target audience)		X	
6.1.7	Conveys complex concepts based on target audience appropriately (eg, organization leadership, other health care practitioners, individuals, the public)			X
6.2 Participates in advocacy and public policy engagement and outreach				
6.2.1	Serves on local oncology planning committees/task forces for health professionals, industry, and the community	X		
6.2.2	Advocates with local, state, and federal legislative representatives regarding benefits of ON interventions and prevention services on health outcomes and health care costs (eg, completing Academy Action Alerts, attending town halls, other calls to action)	X		

Each RDN in Oncology Nutrition:		C	P	E
6.2.3	Participates in cancer-related advocacy and awareness activities (eg, community cancer screenings, local ACS events), support groups, and community efforts to address needs of individuals with cancer and families	X		
6.2.4	Functions as an ON resource by actively participating in: • local/state organizations, program planning committees, and community coalitions; • industry task forces, committees, or advisory boards (eg, CoC, dietetic practice groups); and • research publication and presentation efforts (eg, reviewer, author, editor, exhibitor, speaker)		X	
6.2.5	Collaborates with stakeholders and policy makers on policy and legislation that promotes the role of the RDN in ON care across the cancer continuum of care		X	
6.2.6	Recognized as an ON expert resource by: • acting as a media spokesperson; • serving in leadership roles on local, state, regional, national, or international committees/task forces in professional, governmental, or community-based organizations; • leading cancer advocacy activities and networks; • collaborating with and advising other health care providers, business, industry and community agencies; and • identifying new opportunities for collaboration and leadership			X

STANDARD 7. PROVIDING PERSON-/POPULATION-CENTERED NUTRITION CARE

Standard

The registered dietitian nutritionist (RDN) conducts nutrition care process and workflow elements to identify and address nutrition-related problems which a RDN is responsible for treating incorporating the following elements:

- Reviews or obtains nutrition screening data to identify malnutrition or risk of malnutrition
- Obtains and evaluates medical, nutrition, and food-related information for relevance and accuracy
- Identifies and labels nutrition problem(s)/diagnosis(es)
- Develops plans and implements culturally appropriate person-/population-centered nutrition interventions
- Monitors and evaluates person-/intervention-specific indicators and outcomes data to determine whether planned interventions should be continued, revised
- Documents and communicates results with interprofessional team and patients/caregivers

Standards Rationale

Quality nutrition and dietetics patient/client/population care reflects the Nutrition Care Process and workflow elements:

- Nutrition screening - the preliminary step to identifying individuals who require a nutrition assessment performed by an RDN
- Nutrition assessment - a systematic process of obtaining and interpreting data in order to make decisions about the nature and cause of nutrition-related problems and provides the foundation for identifying a nutrition diagnosis; an ongoing, dynamic process that involves conferring with patient/client and others, initial data collection, and analysis of patient/client or population needs
- Nutrition diagnosis - the basis for determining goals and interventions
- Nutrition intervention/plan of care - consists of two interrelated components- planning with patient/client/caregivers, interprofessional team, and others; and implementation
- Nutrition monitoring and evaluation - provides an outcomes management system to assure quality care and determining when reassessment and revision of interventions/plan of care is required
- Discharge planning and transitions of care - process with patient/client/caregiver and interprofessional team for facilitating transfer of nutrition care plan and nutrition-related data between care settings

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope/Standards of Practice.

Each RDN in Oncology Nutrition:		C	P	E
7.1 Reviews or completes nutrition screening				
7.1.1	Screens for nutrition risk (eg, malnutrition, nutrient deficits, food security) and/or reviews data collected by the others (eg, NDTR, members of the interprofessional team, patient/client/caregiver) for factors that affect nutrition and health status using evidence-based screening tools for the setting and/or population (eg. MST, MSTC, MUST)	X		
7.2 Conducts nutrition assessment				
7.2.1	Conducts comprehensive nutrition assessment and reassessment by performing and/or collecting and evaluating the following: • Nutrition focused physical exam (NFPE) • Anthropometric indicators - compared to reference data and individual patterns and history (eg, hand- grip strength, anthropometry, pediatric growth charts, bioelectrical impedance or computerized tomography skeletal muscle mass)	X		

Each RDN in Oncology Nutrition:		C	P	E

	• Laboratory data (eg, liver enzymes, white blood cell counts, tumor markers, inflammatory markers, micronutrient levels)
	• Medical tests and diagnostic procedures specific to nutrition status (eg, comprehensive metabolic panel to assess renal or liver function, swallow evaluations, endoscopy, gastric-emptying studies)
	• Nutrient intake to include:
	  ○ macro- and micronutrient needs
	  ○ meal and snack patterns (eg, diet recall)
	  ○ food allergies and intolerances
	  ○ food and beverage modifications (eg, texture, consistency)
	  ○ dietary supplement(s) (vitamin, mineral, herbal)
	  ○ medical foods (eg, specialty formula for the management of fat malabsorption)
	  ○ oral nutrition supplement (eg, ready-to-use shakes, fortified pudding)
	  ○ enteral and parenteral nutrition
	• Nutrition impact symptoms (eg, mucositis, diarrhea, cachexia, dysgeusia) that impact the ability/desire to eat due to the cancer process and/or treatment-related complications affecting the ingestion, digestion, absorption and/or utilization of food/nutrients
	• Medication- and treatment-related impact on nutrition status (eg, chemotherapy, radiation therapy, surgery, biologics including immunotherapy, hormonal therapies, hematopoietic cell transplantation)
	• Stage of cancer cachexia (eg, signs of muscle wasting, weight loss)
	• Physical activity habits and restrictions related to access devise (eg, indwelling catheter) and nutrition support access
	• Physical ability to engage in developmentally appropriate nutrition-related tasks and ADLs
	• Current or past information related to medical, nutrition, psychosocial/social, and family history relevant to diagnosis and/or nutrition assessment			

7.2.2	Assesses factors related to the social determinants of health (SDOH) that affect intake, nutrition and health status using appropriate food security screening tools (eg, Hunger Vital Sign, USDA's Six Item Short Form Food Security survey) • Access to federal/state/local/tribal food- and health-related assistance program (eg, Supplemental Nutrition Assistance Program [SNAP], food bank/pantries, shelters) • Cultural, ethnic, religious, lifestyle factors (eg, religious fasting, cultural/dietary patterns)	X		
7.2.3	Evaluates social and emotional status related to food/nutrition and dietary intake: • Patient's nutrition literacy, short- and long-term goals for MNT, and readiness for change • Behavioral mediators/antecedents (eg, attitudes, self-efficacy, self-care skills, past trauma, social support, outside/caregiver influences, feelings about living with cancer) • Need for referrals to interprofessional team members, if needed (eg, mental health, pastoral care, social work, speech-language pathologist)	X		
7.2.4	Evaluates nutrition-related implications of interactions between diet (eg, nutrients, dietary supplement) and oncology treatments and other medications	X		
7.2.5	Assesses use, safety, and efficacy of medical food/nutrition and dietary supplements (eg, macro- and micronutrients, fiber, bioactive substances, caffeine, herbals)	X		

Each RDN in Oncology Nutrition:		C	P	E
7.2.6	Assesses tolerance to oncology treatment (eg, KPS, ECOG, Pediatric Quality of Life Inventory ADLs, NCI's Common Toxicity Criteria for Adverse Events)		X	
7.2.7	Assesses cancer survivor's risk for and/or presence of latent health and disease conditions (eg, diabetes, bone health, cardiovascular disease) related to cancer treatment and/or late-occurring side effects (eg, osteoradionecrosis, radiation enteritis, esophageal stenosis/fibrosis, osteoporosis, xerostomia)		X	
7.2.8	Evaluates alterations in nutrition status resulting from the cancer process and treatment (eg, B12 deficiency after total gastrectomy, osteoporosis risk after bone marrow transplant, and/or estrogen suppressing treatments)		X	
7.2.9	Assesses food, nutrient, and supplement intake and needs considering the following factors: • changes in dietary intake, eating patterns, and practices • stage of disease in the cancer continuum (eg, prevention, treatment and recovery, survivorship, living with cancer, hospice/palliative care) • comorbid conditions		X	
7.2.10	Evaluates food and nutrition supplement intake and parenteral/enteral nutrition needs based on individual's stage in the cancer continuum (eg, during treatment vs survivorship or end of life care; refer to Figure 2)		X	
7.2.11	Consults with case manager, home infusion company, and/or home care provider regarding oral, enteral, parenteral, and hydration prescription and management, when appropriate		X	
7.2.12	Evaluates use, safety, and efficacy of complementary and alternative practices (Figure 6)		X	
7.2.13	Assesses adequacy of current level of physical activity to facilitate recovery and to decrease the risk of cancer occurrence or recurrence using reference standards (eg, AICR, ACS)		X	
7.3 Identifies nutrition diagnosis				
7.3.1	Identifies nutrition-related implications (eg, neutropenia, anemia, nutrition impact symptoms, inadequate protein/ energy intake, hyperglycemia, alterations in growth and development) of cancer and treatments	X		
7.3.2	Uses evidence-based guidelines to prioritize nutrition diagnoses in order of importance or urgency based on care goals and current clinical status	X		
7.3.3	Identifies when nutrition and medical diagnosis are outside individual scope of practice, consults with peers, seeks professional resources, and refers patient to colleagues with appropriate training and expertise	X		
7.3.4	Recognizes chronic issues and/or impacts of late effects of cancer and treatments on nutrition diagnosis (eg, malabsorption, cardiovascular complications, NIS, weight change, alterations in growth and development, alterations in bone health, change in activity)		X	
7.4 Develops nutrition intervention/plan of care				
7.4.1	Establishes nutrition plan of care based on overall goals of treatment (curative vs palliative) in collaboration with patient/caregiver	X		
7.4.2	Develops, documents, and modifies medical nutrition therapy (MNT) plan of care to include objective and measurable short- and long-term goals related to: • cancer diagnosis (eg, location, stage); • life stage (eg, growth/developmental changes in pediatric patients); • intent and type of treatment (eg, curative vs palliative vs hospice; radiation vs chemotherapy vs surgery);	X		

Each RDN in Oncology Nutrition:		C	P	E
	• drug-nutrient interactions; • laboratory and other diagnostic tests; • national treatment guidelines (NCCN, AICR, ACS); • nutrition impact symptom management, education needs (eg, nausea, vomiting, diarrhea, weight change) and readiness for change; • enteral and parenteral nutrition; • oral nutrition supplementation including medical foods; • comorbidities (eg, renal disease, diabetes); • cancer continuum stage; and • referrals to other health care professionals, support groups and community programs (eg, meal programs)			
7.4.3	Collaborates with interprofessional team members to plan and implement MNT	X		
7.4.4	Develops and documents objectives and expected outcomes that are clear, concise, measurable, and attainable	X		
7.4.5	Identifies and/or creates resources to help patients/clients/caregivers gain access to available services and programs (eg, support groups, health care services, meal programs, community outreach programs, websites)	X		
7.4.6	Verifies that the patient/family/caregiver understands and can articulate goals and other relevant aspects of plan of care	X		
7.4.7	Uses a variety of approaches (eg, motivational interviewing, role play, coaching, technology) and behavior change theories (eg, health belief model, social cognitive/learning theory) to support patient/caregiver in following the plan of care and to promote success of ON interventions	X		
7.4.8	Coordinates with the interprofessional team to formulate an MNT plan of care specific to stage of cancer cachexia (eg, pre-cachexia, cachexia, refractory cachexia)		X	
7.4.9	Identifies and develops plan in treatment of comorbid diseases or conditions (eg, obesity, diabetes, cardiovascular disease, congestive heart failure, hypertension, dyslipidemia, osteoporosis) considering the patient's stage in the cancer continuum		X	
7.4.10	Recognizes situations for which it is appropriate to depart from established guidelines (eg, comfort/benefit of patient, to accommodate cultural preferences)		X	
7.4.11	Anticipates and communicates to the patient/caregiver and interprofessional team the potential complications of nutrition intervention (eg, refeeding syndrome, enteral intolerance, regimen-related toxicities affecting food intake)		X	
7.4.12	Plans nutrition interventions that minimize NIS and treatment delays by anticipating: • critical points in the oncology treatment process where nutrition interventions may contribute to positive treatment outcomes; and • potential for complications of the nutrition intervention and/or cancer treatment plan that may affect the nutrition intervention		X	
7.4.13	Educates and counsels patients/caregivers on use of over-the-counter dietary supplements to minimize interactions with medications and treatments		X	
7.4.14	Applies experiential and/or evidence-based knowledge about a patient/client population to individualize strategies for complex and dynamic interventions			X
7.5 Implements nutrition monitoring and evaluation				
7.5.1	Uses current validated tools and methods to monitor and evaluate progress towards established goals of the MNT plan of care	X		

Each RDN in Oncology Nutrition:		C	P	E
7.5.2	Modifies intervention(s) as appropriate to address individual patient/client needs (eg, arranges for additional resources to fulfill the nutrition prescription, adjusts tools and methods to ensure desired outcome)	X		
7.5.3	Collaborates with the interprofessional team and other health care practitioners to minimize NIS	X		
7.5.4	Addresses underlying factors interfering with meeting nutrition intervention goals (eg, mental health status, access to resources, lack of insurance, cost of medications and/or nutrition supplements, treatment adherence); consults with interprofessional team as indicated	X		
7.5.5	Uses evidence-based standards and protocols for ongoing monitoring of the following to update the MNT plan of care: • clinical, metabolic, and nutrition status, including growth and development for pediatric patients • barriers and facilitators of progress related to MNT prescription, diagnosis and/or interventions • short-term (eg, nausea, vomiting, anorexia) and long-term (radiation enteritis, chronic graft-vs-host disease) NIS • physical factors (eg, weight trends; fluid and electrolyte balance; bone density)	X		
7.5.6	Refers to and/or collaborates with the interprofessional team (chaplain, social work, case manager, speech language pathologist) and other colleagues with expertise for: • financial support (eg, access to resources, lack of insurance, cost of medications and/or nutrition supplements); and • tailoring strategies in complex and dynamic patient situations (eg, food insecurity or mental health issues)	X		
7.5.7	Determines need and makes applicable recommendations for further testing and referral based on findings of nutrition assessment (eg, nutrient deficiency testing) and communicates recommendations with interprofessional care team		X	
7.5.8	Plans interventions at critical points in the oncology treatment process or continuum of care (eg, radiation dose received; chemotherapy cycle; surgery received/planned; post hematopoietic cell transplant period, or survivorship)		X	
7.5.9	Determines whether barriers (eg, financial, language, cognitive, cultural, lack of support) are present and impacting patient/caregiver compliance with the nutrition intervention/plan of care		X	
7.5.10	Educates patient/caregiver on the impact of diet and nutrition for preventing new cancers, late effects of treatment, and treatment-related comorbidities		X	
7.5.11	Adjusts supportive services as needed (eg, training direct providers, collaborating with health care professionals)		X	
7.5.12	Identifies problems beyond the scope of nutrition that are interfering with the intervention and recommends appropriate adjustments or referrals (eg, food insecurity, mental health)			X
7.6 Participates in coordination and transitions of care				
7.6.1	Contributes to, develops, documents, and communicates information related to the transition of ON-related care as patients/clients return home or transition to another care setting (eg, acute rehab, assisted living): • works with patient/caregiver to identify goals, preferences, discharge/transitions of care needs, plan of care, and expected outcomes	X		

Each RDN in Oncology Nutrition:		C	P	E
	• ensures communication of appropriate information (eg, patient goals, needs, and preferences, MNT plan of care and transfer of nutrition-related data) between care settings (eg, home health, acute care, ambulatory care, long-term care) • provides relevant education materials, counseling, and resources (eg, arranging for home delivered meals) • communicates plan of care to referring provider and associated interprofessional team members • refers for follow-up with an RDN specializing in oncology nutrition			

Interprofessional: The term interprofessional is used in this evaluation resource as a universal term. It includes a diverse group of team members that work collaboratively, depending on the setting and needs of the individual/patient/client.

Advocate: An advocate is a person who provides support and/or represents the rights and interests at the request of the patient. The person may be a family member or an individual not related to the patient who is asked to support the patient with activities of daily living or is legally designated to act on behalf of the patient, particularly when the patient has lost decision-making capacity. (Adapted from definitions within The Joint Commission Glossary of Terms and the Centers for Medicare and Medicaid Services, Hospital Conditions of Participation.)

Acronym List

- AACR: American Association for Cancer Research https://www.aacr.org/
- ACoS: American College of Surgeons https://www.facs.org/
- ACS: American Cancer Society https://www.cancer.org/
- ADL: Activity of Daily Living
- AICR: American Institute for Cancer Research https://www.aicr.org/
- ASCO: American Society for Clinical Oncology https://www.asco.org/
- BPA: Bisphenol A
- CoC: Commission on Cancer https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/
- CNSC: Certified Nutrition Support Clinician https://www.nutritioncare.org/NBNSC/New_NBNSC/Landing_Pages/Certification_FAQs/CNSC_Certification/
- CSO: Certified Specialist in Oncology https://www.cdrnet.org/board-certification-as-a-specialist-in-oncology-nutrition
- ECOG: Eastern Cooperative Oncology Group https://ecog-acrin.org/clinical-trials/ea3132-head-and-neck-cancer/
- ERAS: Enhanced Recovery After Surgery https://www.erassociety.org
- GI: Gastrointestinal
- KPS: Karnofsky Performance Score http://npcrc.org/files/news/karnofsky_performance_scale.pdf
- MNT: Medical Nutrition Therapy www.cdrnet.org/definitions
- MST: Malnutrition Screening Tool (inpatient and outpatient)
- MSTC: Malnutrition Screening Tool for Cancer Patients (inpatient)

- MUST: Malnutrition Universal Screening Tool (inpatient)
- NCCN: National Comprehensive Cancer Network https://www.nccn.org/
- NCI: National Cancer Institute https://www.cancer.gov/
- NCRA: National Cancer Registrars Association https://www.ncra-usa.org/
- NIS: Nutrition Impact Symptoms
- ON: Oncology Nutrition
- PI: Performance Improvement
- PG-SGA: Patient-Generated Subjective Global Assessment
- QI: Quality Improvement
- RDN-AP: RDN Advanced Practice https://www.cdrnet.org/board-certification-in-advanced-practice
- USDA: U.S. Department of Agriculture https://www.usda.gov/

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For questions, please email scope@eatright.org