## Importance of nutritional status in hematopoietic stem cell transplantation.

## Rocco Barazzoni\*

Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden

## Introduction

Hematopoietic stem cell transplantation (HSCT) is a life-saving medical procedure that treats various hematological disorders, such as leukemia, lymphoma, and aplastic anemia. It involves the infusion of healthy stem cells into a patient's bloodstream to replace damaged or malfunctioning bone marrow. While HSCT has proven to be a powerful therapeutic option, its success relies on numerous factors, and one often underestimated yet critical factor is the nutritional status of the patient. Adequate nutrition plays a significant role in the pretransplant preparation, the transplant process itself, and the post-transplant recovery. This article explores the importance of nutritional status in HSCT and its impact on the patient's overall outcome [1].

Before undergoing HSCT, patients typically undergo a thorough medical evaluation, which includes assessing their nutritional status. A patient's nutritional status is a reflection of their overall health and can significantly influence their ability to tolerate the transplant procedure and its associated complications. Malnutrition or nutritional deficiencies may increase the risk of infection, graft failure, and other complications during and after HSCT. The assessment of nutritional status involves evaluating factors such as body weight, body mass index (BMI), muscle mass, serum albumin levels, and dietary history. These assessments help identify patients who may benefit from nutritional interventions before the transplant. For example, patients with low BMI or muscle wasting may be recommended to undergo nutritional supplementation to improve their physical condition and immune function, making them better candidates for the transplant [2].

Nutrition plays a pivotal role in maintaining a healthy immune system, which is critical during HSCT. Patients undergoing HSCT experience a significant suppression of their immune system as part of the conditioning regimen, making them highly susceptible to infections. Adequate nutrition can help support the immune system and reduce the risk of post-transplant infections [3].

Vitamins and minerals, such as vitamin C, vitamin D, zinc, and selenium, are essential for immune function. Patients deficient in these nutrients may benefit from supplementation to bolster their immune response. Additionally, protein intake is crucial for maintaining muscle mass, which can serve as a

reservoir of amino acids that the body can use during periods of stress, such as transplant procedures [4].

Malnutrition or poor nutritional status can lead to a range of complications during and after HSCT. Patients who are malnourished may experience delayed wound healing, increased risk of graft-versus-host disease (GVHD), and a higher incidence of transplant-related mortality. Adequate nutrition can mitigate these risks by supporting the body's healing processes and reducing inflammation. Furthermore, patients who maintain a healthy weight and receive appropriate nutrition are more likely to tolerate the side effects of the conditioning regimen, which can include nausea, vomiting, diarrhea, and mucositis. These side effects can make it challenging for patients to eat and absorb nutrients. Proper nutritional support can help minimize these side effects and maintain the patient's strength and energy levels throughout the transplant process [5].

The ultimate goal of HSCT is to achieve a successful engraftment of the transplanted stem cells in the patient's bone marrow. Nutritional status can impact graft success in several ways. First, a well-nourished body provides an optimal environment for stem cell engraftment and proliferation. Adequate nutrition ensures that the bone marrow has the necessary building blocks to support the production of healthy blood cells. Second, nutrition can affect the patient's overall health and fitness, which is critical for surviving the rigors of the transplant procedure. A well-nourished patient is better equipped to endure the physical and emotional stress of HSCT and is more likely to have a positive outcome [6].

Graft-versus-host disease (GVHD) is a common complication of HSCT, where the donor's immune cells attack the recipient's tissues. Proper nutrition can help manage the symptoms of GVHD by supporting tissue repair and reducing inflammation. Nutrients like omega-3 fatty acids and antioxidants have been shown to have anti-inflammatory properties and may be beneficial for patients with GVHD. Additionally, infections are a significant concern post-transplant due to the weakened immune system. Good nutrition can reduce the risk of infections by supporting immune function. Patients are often advised to follow specific dietary guidelines and practice safe food handling to minimize the risk of foodborne illnesses, which can be particularly dangerous for immunocompromised individuals [7].

<sup>\*</sup>Correspondence to: Rocco Barazzoni, Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden, USA, E-mail: Roccobarazzoni@gmail.com

\*Received: 26-Dec-2023, Manuscript No. AAJFNH-24-135298; \*Editor assigned: 29-Dec-2023, Pre QC No. AAJFNH-24-135298(PQ); \*Reviewed: 12-Jan-2024, QC No. AAJFNH-24-135298; \*Revised: 17-Jan-2024, Manuscript No. AAJFNH-24-135298(R), \*Published: 23-Jan-2023, DOI:10.35841/aajfnh-7.1.188

The importance of nutritional status in hematopoietic stem cell transplantation cannot be overstated. Proper nutrition before, during, and after HSCT can significantly impact the patient's overall outcome and quality of life. Nutritional support helps enhance immune function, reduce complications, optimize graft success, and manage GVHD and infections. Patients undergoing HSCT should receive regular nutritional assessments and tailored interventions to address any nutritional deficiencies or malnutrition. A multidisciplinary healthcare team, including dietitians and nutritionists, should collaborate to ensure that patients receive the appropriate dietary support throughout their transplant journey. As medical advancements continue to improve the success rates of HSCT, addressing the nutritional needs of patients becomes even more critical in maximizing the potential for a successful transplant and a healthier post-transplant life [8-10].

## Reference

- Liu W. Pretreatment nutritional risk as a prognostic factor in head and neck cancer patients receiving radiotherapy or chemoradiotherapy. Asia Pac J Clin Nutr. 2019; 28:223–9.
- 2. Di Bella A. Assessing the concurrent validity and interrater reliability of patient-led screening using the malnutrition screening tool in the ambulatory cancer care outpatient setting. J Acad Nutr Diet. 2020;120:1210–5.
- 3. Schiesser M. Assessment of a novel screening score for nutritional risk in predicting complications in gastro-intestinal surgery. Clin Nutr. 2008;27:565–70.

- 4. Gioulbasanis I. Baseline nutritional evaluation in metastatic lung cancer patients: mini nutritional assessment versus weight loss history. Ann Oncol. 2011;22:835–41.
- 5. Hauner H. Häufigkeit eines risikos für mangelernährung bei patienten in onkologischen schwerpunktpraxen eine querschnittserhebung. Dtsch Med Wochenschr. (2020) 145:e1–e9.
- 6. Ferreira ÉE, Guerra DC, Baluz K, et al. Nutritional status of patients submitted to transplantation of allogeneic hematopoietic stem cells: A retrospective study. Revista brasileira de hematologia e hemoterapia. 2014;36:414-9.
- 7. So EJ, Lee JS, Kim JY. Nutritional intake and nutritional status by the type of hematopoietic stem cell transplantation. Clinical Nutrition Research. 2012;1(1):3.
- 8. El-Ghammaz AM, Ben Matoug R, Elzimaity M, et al. Nutritional status of allogeneic hematopoietic stem cell transplantation recipients: influencing risk factors and impact on survival. Supportive Care in Cancer. 2017;25:3085-93.
- 9. Krawczyk J, Kraj L, Korta T, et al. Nutritional status of hematological patients before hematopoietic stem cell transplantation and in early posttransplantation period. Nutrition and Cancer. 2017;69(8):1205-10.
- 10. Rzepecki P, Barzal J, Sarosiek T, et al. Which parameters of nutritional status should we choose for nutritional assessment during hematopoietic stem cell transplantation?. InTransplantation proceedings 2007;39(9)2902-2904.