Mismatch between lifestyle needs of colorectal cancer survivors and clinicians views

Professor Annie S. Anderson
Centre for Public Health Nutrition Research
Centre for Research into Cancer Prevention and Screening
Ninewells Medical School,
University of Dundee
email: a.s.anderson@dundee.ac.uk
Cancers of 17 sites – 80% of incidence and deaths worldwide

http://www.dietandcancerreport.org
The Panel emphasises the importance of not smoking and of avoiding exposure to tobacco smoke.
Nutrition and Physical Activity Guidelines for Cancer Survivors

Cheryl L. Rock, PhD, RD\textsuperscript{1}; Colleen Doyle, MS, RD\textsuperscript{2}; Wendy Demark-Wahnefried, PhD, RD\textsuperscript{3}; Jeffrey Meyerhardt, MD, MPH\textsuperscript{4}; Kerry S. Courneya, PhD\textsuperscript{5}; Anna L. Schwartz, FNP, PhD, FAAN\textsuperscript{6}; Elisa V. Bandera, MD, PhD\textsuperscript{7}; Kathryn K. Hamilton, MA, RD, CSO, CDN\textsuperscript{8}; Barbara Grant, MS, RD, CSO, LD\textsuperscript{9}; Marji McCullough, ScD, RD\textsuperscript{10}; Tim Byers, MD, MPH\textsuperscript{11}; Ted Gansler, MD, MBA, MPH\textsuperscript{12}

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<thead>
<tr>
<th>TABLE 2. American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Survivors</th>
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<td>Achieve and maintain a healthy weight.</td>
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<td>- if overweight or obese, limit consumption of high-calorie foods and beverages and increase physical activity to promote weight loss.</td>
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<td>Engage in regular physical activity.</td>
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<td>- Avoid inactivity and return to normal daily activities as soon as possible following diagnosis.</td>
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<td>- Aim to exercise at least 150 minutes per week.</td>
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<td>- Include strength training exercises at least 2 days per week.</td>
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<td>Achieve a dietary pattern that is high in vegetables, fruits, and whole grains.</td>
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<tr>
<td>- Follow the American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention.</td>
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Lifestyle issues for Colorectal cancer survivors – perceived needs, beliefs and opportunities

Anderson AS, Steele R, Coyle J (2012) Lifestyle issues for colorectal cancer survivors- perceived needs, beliefs and opportunities
Support Cancer Care
Participants

Six focus group discussions (FGD) with Healthy bowel cancer survivors in 6 UK locations

20 men, 20 women
Aged 27 - 84 years
Most retired
41% educated to degree level

Most consumed alcohol within gvt guidelines
Most non-smokers
Mean BMI 26.2 (range 21 to 48 kg/m2)

Mean time from treatment - 18 months
Patients views on receiving lifestyle advice

“some dietary advice would be extremely relevant I would have thought... I basically want to stack the odds in my favour.”

Mark FG 1
Patients views on receiving lifestyle advice

“I think it’s all very well, oh I need to go and exercise, but maybe knowing what it is you should do. Something more specific.”
Janet, FG 2

“It should be reviewed in six months...how are you getting on with your diet, how are you feeling about your programme,
Ruth, FG 3
Patients views on receiving lifestyle advice

“Essentially we have the same diet at home before and after the cancer. I think it’s a sore point with me,...whenever diet is given as some sort of explanation for bowel cancer, I think it unnecessarily, sort of, stigmatises people...” Graham, FG 2

“I don't think it [healthy diet] will make any difference personally....I take the view it’s the luck of the draw, you know. .....I just think it’s almost bad luck really.” ...Bob, FG 4
Lifestyle Needs

- Translation of evidence on nutrition, physical activity and diet in cancer survivorship into patient communications
- Personalised advice to meet individual circumstances, abilities and disabilities
- Advocating healthy lifestyles and the rationale why these are important
Obesity and lifestyle interventions in colorectal cancer survivors- how well are clinicians prepared?

A.S. Anderson, R.J.C. Steele, S. Caswell E.M. Wells
Centre for Research into Cancer Prevention and Screening
Ninewells Medical School,
University of Dundee
email: a.s.anderson@dundee.ac.uk
Obesity and lifestyle interventions in colorectal cancer survivors—how well are clinicians prepared

Questionnaires sent to 768 colorectal cancer clinicians (medical and nursing staff) identified from professional databases.

- levels of awareness of lifestyle and risk
- perceived importance of lifestyle change
- current practice
- training needs on obesity management and lifestyle change.

complemented by in-depth interviews on opportunities and barriers to giving lifestyle advice.
Responses

A total of 323 replies (42%), 288 fully completed questionnaires (63% medical and 37% nursing) and 20 respondents interviews.

53% reported they were familiar with guidance for lifestyle advice for cancer survivors

75% thought it appropriate to offer lifestyle advice for patients with BMI > 30kg/m²
Giving weight loss advice

- 38% had given verbal advice to patients recognised as overweight
- 6% had given written information (few resources)
- 47% had referred to other services
Benefits of weight management

“......it means that they can enjoy life more, if they’re not grossly overweight or...you know, what’s the fun in being overweight really?” (CNS53)

“Survivorship, I don’t know about cancer survivorship, but it certainly might help all the other morbidities that they seem to get”. (Consultant 65)
Assessing Body weight

80% reported “important” for body weight to be recorded at follow up clinics

37% thought there might be risks in promoting weight loss amongst overweight and obese patients
Weight loss as an indicator of recurrence

“Patients may then mention later on, ‘oh I’ve put weight on,’ and often the clinician might say to them, ‘well that’s good, that’s better than losing it.’ If the patient’s losing weight then obviously that rings alarm bells” (CNS)
Barriers to giving advice

% reporting acceptable to discuss

- Nutrition (75%)
- Smoking (71%)
- Alcohol (53%)
- Physical activity (50%)
- Weight management (47%)
Barriers to giving advice

Lack of evidence for weight management

*I think without any evidence that it actually does them good from a cancer point of view, people probably would be quite embarrassed. *”

(Consultant)
Barriers to giving advice

Patient perspectives

“I think we have to respect patients’ wishes and if they don’t want to change then we have to sort of acknowledge that” (CNS55)

Time constraints
Barriers to giving advice

Roles and responsibilities

“it should be in the community and you know, let hospital-based practice stick with hospital-based issues” (consultant)

“you know, they (surgeons) have got a nice relationship with the patient and you don’t want to spoil that by saying, “and by the way you are a fat bastard and you need to do something about it”. (Consultant)
Communication Skills

- 21% said they could give effective advice on eating habits
- 9% felt able to give effective advice on physical activity
- 50% said they would like training on weight management
Conclusions

- Issues of body weight change may be dominated about concerns over weight loss
- Clinicians report numerous barriers to patient communications on lifestyle despite awareness of current recommendations
- Perceptions, knowledge and skills suggest considerable scope for further training