



THE UNIVERSITY OF TEXAS  
**MD Anderson**  
~~Cancer~~ Center  
Making Cancer History®

## Implementing Effective Weight Management and Physical Activity throughout the Breast Cancer Care Continuum

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# Why is it important to address weight management and exercise in oncology/survivorship care?

## Provider advice can support behavior change

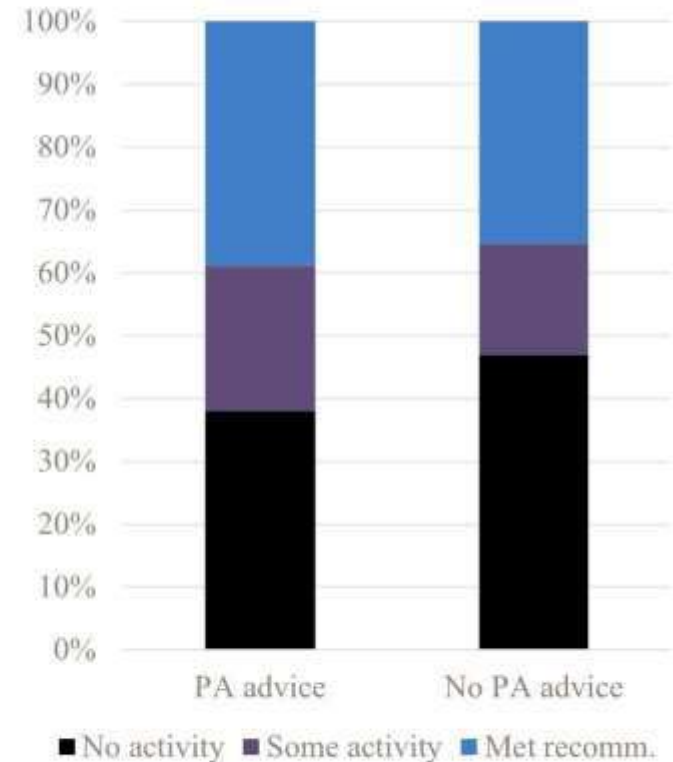
Tarasenko, 201

Data from the 2005 and 2010 NHIS

3,498 cancer survivors who reported seeing/talking to a health care provider in the prior year

Those who recalled advice from provider more likely to be active, more likely to meet recommendations

**40%** recalled receiving a PA recommendation from a provider



Fisher et al BMJ, 2015

## Are providers talking about weight?

Nyrop et al, *Nutrition and Cancer*, in press

Chart review of clinical encounters with 237 stage I – III breast cancer survivors, BMI  $\geq 30$

Identified documentation of inquiries or recommendations related to **weight**

Overall, 39% of the patients' charts documented weight related communications; total of 120 communications

Many comments refer to exercise and physical activity, without mention of diet and weight management. 67% of all communications referred to weight specifically.



### Patient handout - 12%

- “It’s important that you exercise to keep your muscles strong. Walking is an excellent exercise...we recommend that you walk 30 minutes or more a day – 5 times a week.”



### Referral to specialist – 22%

- “Exercise/weight loss – refer to nutritionist. Also recommended Weight Watchers and discussed walking or stationary bike as the best way to get exercise.”

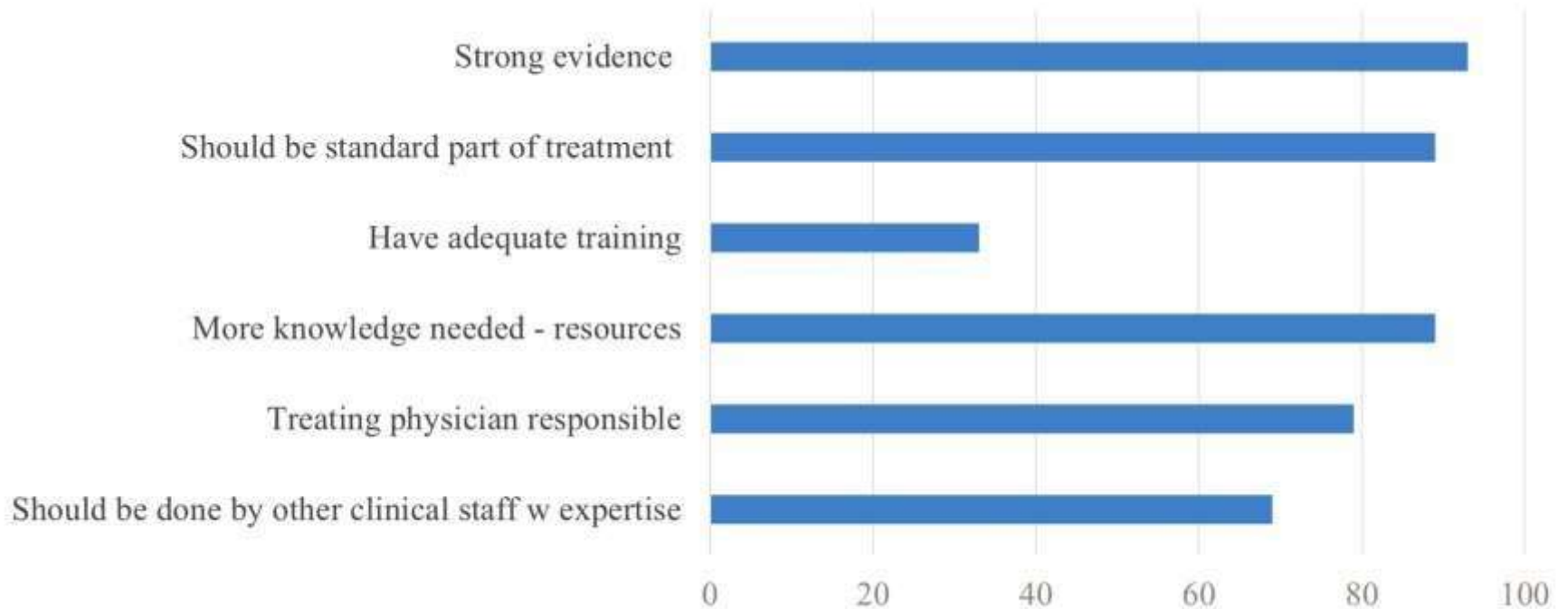


### Clinician free text – 67%

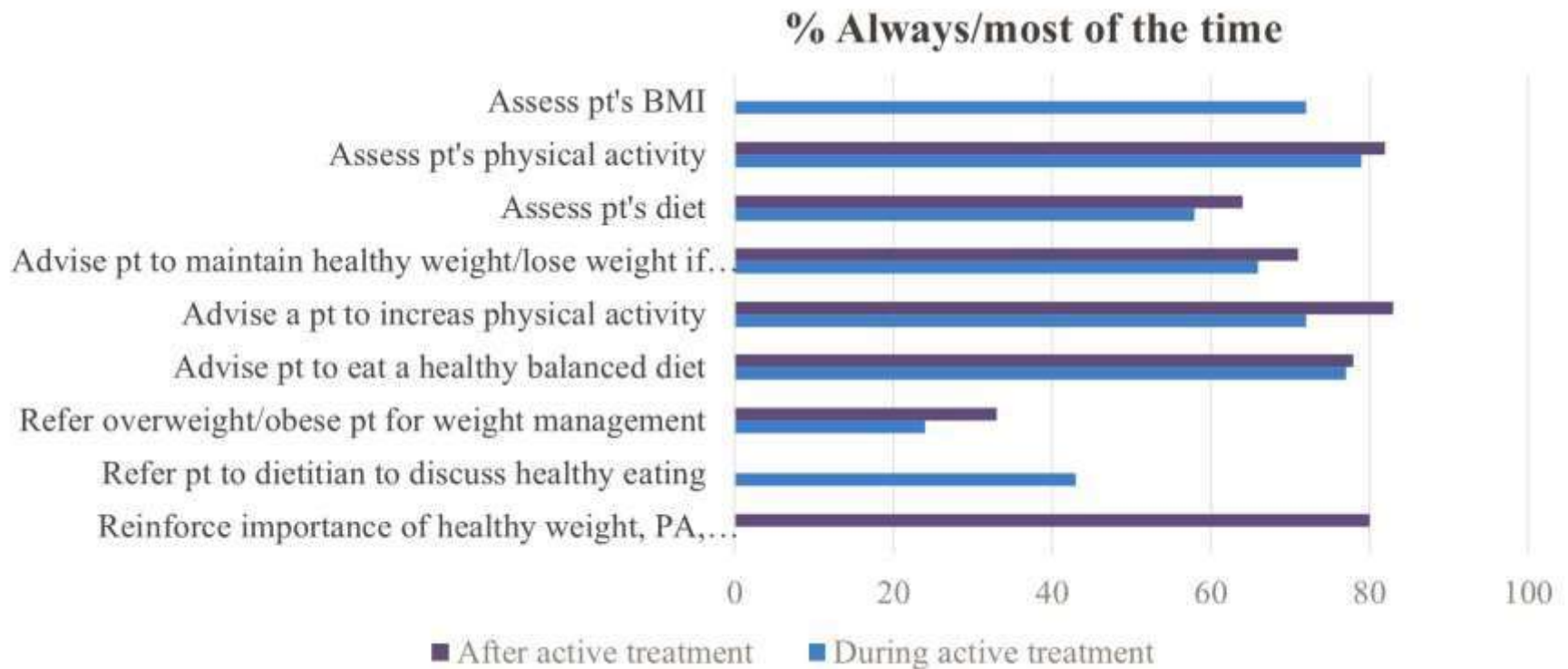
- “Have asked her to continue to exercise regularly, to try to eat healthy, and reduce her weight over the next year.”

## ASCO online survey; n=971 providers actively treating patients with cancer (Ligibel, JOP, 2019)

% Agree/strongly agree



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# Intervention Approaches

## Educational information

Why oncology practices should provide information:

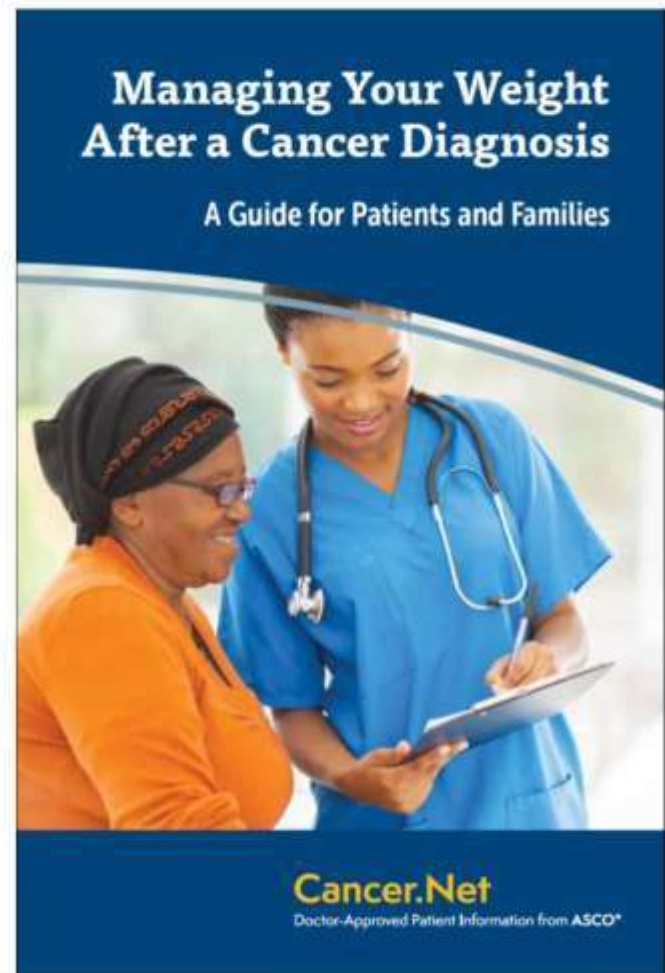
- Trusted source for reliable information

What it can do:

- Raise awareness among patients
- Connect motivated patients with resources that can provide more help

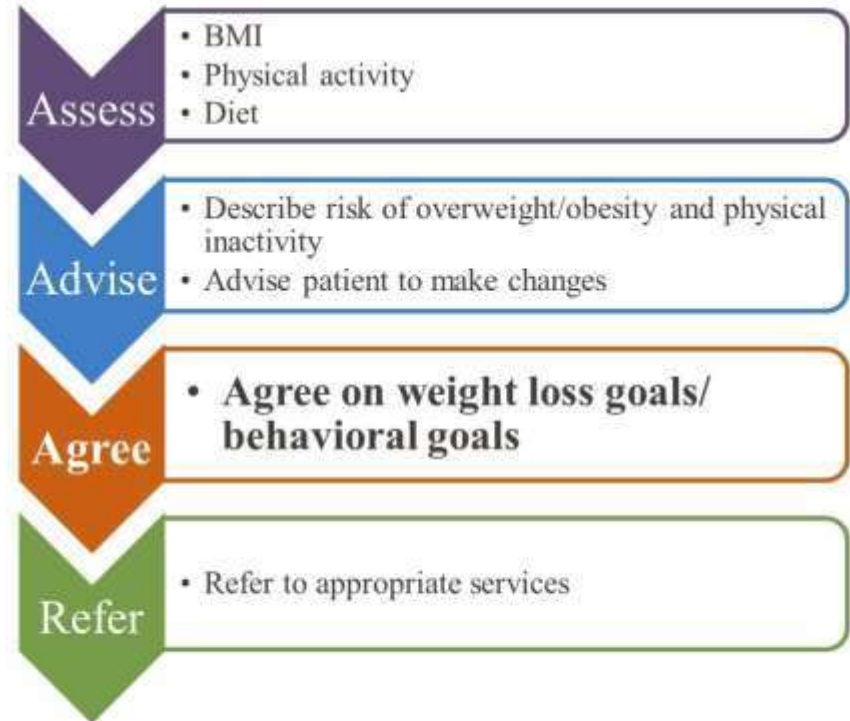
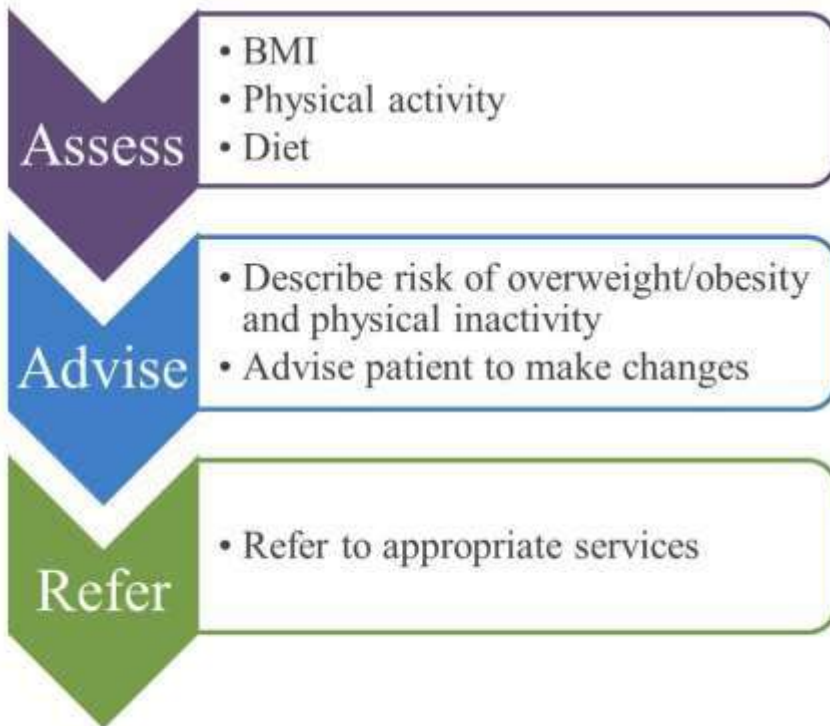
What it can't do:

- Produce meaningful behavior change/weight loss (in the absence of other support/services)

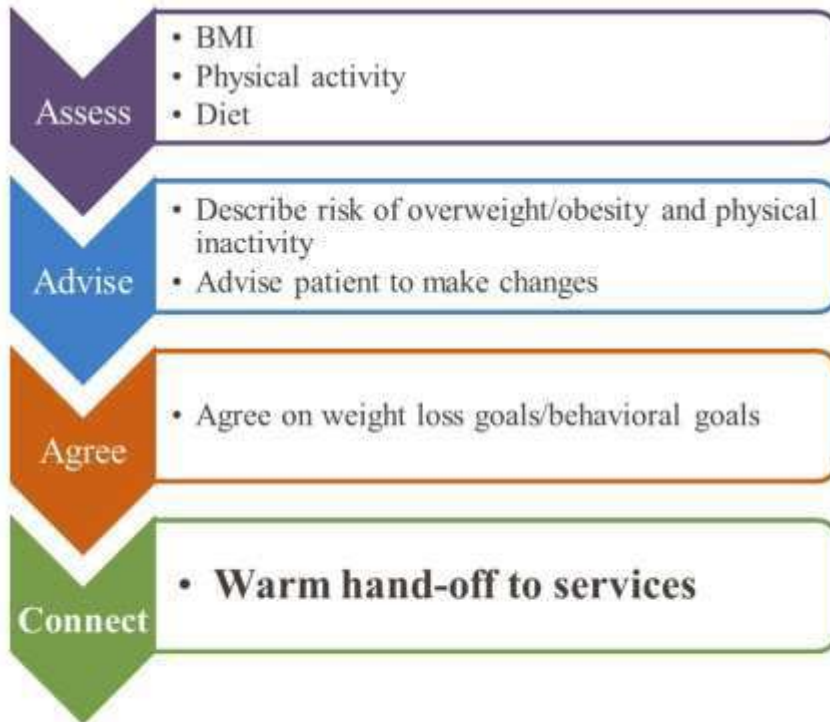




## 5 As: Simplified



## Assess, Advise, Agree, and CONNECT



Connect – facilitate the patient’s uptake of services

- Set up service/appointments at the office visit
- Have an initial trial of the service offered at the office visit
- Have service to contact the patient to schedule/arrange services

# Increasing uptake of tobacco quit line treatment

J. Irvin Vidrine et al, JAMA Internal Medicine 2013, Am J Prev Med, 2013

**Ask, Advise, Refer**

N=5 clinics

10,772

3,698

56

0.5%

53

# Smokers

# referred/  
connected

# talked to quitline

# received quit line treatment

**Ask, Advise, Connect**

N=5 clinics

7,237

2,941

1,707

14.6%

1,060

# Referral

## Home-based and community programs

以上内容仅为本文档的试下载部分，为可阅读页数的一半内容。如要下载或阅读全文，请访问：<https://d.book118.com/036154015021010100>