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Obesity management in colorectal cancer survivors – clinician's views

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Early detection and improved treatments for colorectal cancer have resulted in improved survival, but the survivors are at greater risk from a range of chronic diseases notably CVD⁽¹⁾. A recent study has shown that cancer survivors (CS) were more likely to have excess body weight⁽²⁾ and there are indications that exercise after the diagnosis of colorectal cancer might improve survival and decrease recurrence⁽³⁾. In addition, survivors who follow current dietary recommendations have higher health-related quality of life than those who do not⁽⁴⁾.

Cancer clinicians can be strong advocates for cancer prevention, but there is a general impression that their awareness about cancer recurrence and lifestyle change is low. This lack of awareness may result in a missed opportunity for promoting healthy lifestyles and/or misleading information about diet and exercise being provided⁽⁵⁾. The aim of the current study is to focus on cancer survivors who had completed potentially curative treatment for colorectal cancer and sought to identify clinicians' knowledge and understanding about the risks and benefits of weight management, document current practice and identify perceived barriers to providing appropriate advice.

Questionnaires were sent to 826 UK-based clinicians (medical and nursing staff) identified from specialist, professional databases. A total of 316 replies (38% response rate) were received, comprising 287 fully completed questionnaires.

Half (52%) of the respondents reported that they were familiar with guidance for lifestyle advice for cancer survivors. Most (80%) respondents stated it was important for body weight to be recorded, 77% thought reducing weight was important for improving the health of those who were overweight and 75% thought it appropriate to offer lifestyle advice to people with BMI over 30 kg/m². Fifty percent reported that weight reduction (in the overweight) was an important priority for the service to address as part of normal clinical practice.

In terms of current practice, 26% said they were always aware of the BMI of cancer survivors. For cancer survivors recognised as overweight, 31% reported having given verbal advice to most/all relevant patients and 3% said they had given written advice to most/all relevant patients in the last month. Almost half of the respondents (47%) had referred some overweight cancer survivors to other service providers for weight management although only 5% reported having referred most/all relevant patients. Many (41%) respondents rated their knowledge of weight management recommendations as poor. Only 22% thought they could give effective advice on eating habits and 9% on physical activity. Half (50%) of respondents said that they would like additional training in this area.

In conclusion, there is an awareness of the importance of weight management amongst colorectal clinicians and some indication of interventional advice being provided. However, current perceptions around knowledge and skills suggest scope for further training on this important component of disease reduction in cancer survivors.

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