

# Reasons oncologists offer and avoid providing dietary guidance to cancer survivors

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## Introduction

- Healthy behaviors can significantly decrease risk of cancer recurrence and mortality – especially obesity-related cancers and positively impact patient quality of life<sup>1</sup>
- Very few cancer survivors are meeting the healthy lifestyle recommendations endorsed by the American Cancer Society<sup>1,2</sup>
- Physicians, especially oncologists, that have conversations about healthy lifestyle greatly elicit behavioral changes in patients<sup>2,3</sup>
- Oncologists infrequently discuss healthy diet and healthy lifestyle with their cancer survivors<sup>4,5</sup>
- OBJECTIVE: Explore the reasons why oncologists discuss or do not discuss healthy diet with cancer survivors.
- IMPACT: This study will help to develop feasible recommendations to promote these conversations and positively impact patient outcomes.

## Methods

**Study Design:** In developing the ORCHIDS (Oncologists' ReCommendation for Healthy Diet for cancer Survivors) intervention, we conducted a qualitative study using in-depth semi-structured individual interviews with oncologists (11/2020- 01/2021).

**Population & Setting:** Oncologists from academic medical centers at UAB, UTHSC, Duke, and WFU.

**Interview Guide:** Conversations on healthy diet and nutrition. How do they occur? Who brings them up? Why?

**Analysis:** Thematic analysis of individual in-depth oncologists' interview transcripts. Transcripts were coded using Nvivo 12 software by 4 independent coders; inter-coding agreement 91%.

## Results

**Table 1.** Oncologists' characteristics by oncology department (N=16)

Demographic Categories of Interviewed Oncologists	All Departments (N16)	Medical Oncology (N=6)	Radiation Oncology (N=6)	Surgical GYN/GU Oncology (N=4)
<b>Age Range</b>				
	32-58	38-58	32-44	35-47
Median	38.5	39.5	35	41.5
<b>Gender</b>				
Male	10	3	5	2
Female	6	3	1	2
<b>Race</b>				
White (including Latino)	9	2	5	2
African American	1	1	0	0
Asian	6	3	1	2
<b>Types of Cancers Treated</b>				
Breast	6	3	3	0
Colorectum	8	3	5	0
Endometrium	3	1	0	2
Kidney	6	4	0	2
Multiple Myeloma	4	2	2	0
Ovary	3	1	0	2
Prostate	8	4	2	2
Other	9	2	3	4
<b>Clinical Oncology Practice Experience</b>				
<10 years	12	4	5	3
10- 20 years	4	2	1	1
<b>Nutrition Education in Medical Training</b>				
Yes	6	3	3	0
No	10	3	3	4
<b>How Often Healthy Eating is Discussed With Patients</b>				
Always	4	1	1	2
Sometimes	10	4	4	2
Rarely	2	1	1	0

## Main Findings

*Oncologists reported having healthy diet conversations if a patient was initiating them; system mandates, or high-risk patient-related factors were eliciting providers to initiate them. The reasons healthy diet was not discussed were related to health care system and provider factors.*

## Results

**Table 2.** Major themes and selected quotes clarifying reasons oncologists discuss or do not discuss healthy diet with cancer survivors (N=16)

	Themes (codes)	N	Example Quotes
Discuss	If patient or family-member initiated	9	"Honestly, I let patients kind of lead the direction they want to go...[some] are interested in some lifestyle modification conversation" ( <i>Medical Oncologist, 40</i> )
	Provider-initiated (sometimes, limited)	3	"...And I do bring it up sometimes." ( <i>Medical Oncologist, 39</i> )
	Patient-related reasons (If high-risk patients with overweight and obesity, obesity-related cancer, other cancer needs)	7	"And we have a very obese population and so that's a patient that I really try to target with recommendations...in many cases they only have one kidney to live with for the rest of their lives. Many of those factors are modifiable if they address them sooner than later." ( <i>Urologic Oncologist, 47</i> )
Do Not Discuss	System-related reasons (mandated)	1	"I've gotten better about that because, you know, I don't know who mandated it, it was Medicare or somebody so that we need to make sure we're doing [healthy diet recommendations] and we now include some verbiage in our notes but yes, I've gotten better, and patients are more interested in it now." ( <i>Medical Oncologist, 46</i> )
	Patient-level (no need for pts with normal BMI, focus on cancer recurrence)	3	"To be honest people who have a good BMI and who are doing well, I don't really talk about nutrition much after that." ( <i>Medical Oncologist, 46</i> )
	Provider-level (limited knowledge, high cognitive burden, unsure of impact)	4	"I as a urologist can give general advice but whether that really sticks with the patient and leads to anything tangible, I don't know. The other thing is time." ( <i>Urologic Oncologist, 47</i> )
	System-level (limited time in clinic, nutrition counseling is done by another healthcare professional)	5	"We do have certain things built into our workflow that I'm not directly counseling the patients but where nutrition counseling is provided." ( <i>Gynecologic Oncologist, 35</i> )

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## Limitations

- Not generalizable to overall population of oncologists in the US (respondents worked at 4 cancer centers in the Southeast US).
- Self-reported information therefore is subject to recall bias.
- Researcher bias (although improved by use of Nvivo 12 software).

## Conclusions

While some oncologists initiate healthy diet conversations with their patients, many of these conversations only occur because patients themselves initiate them. Patient, provider, and system-level factors prevent many oncologists from having these conversations with cancer survivors. Strategies are needed to promote these important discussions with cancer survivors.

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