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Practice Note

Breast cancer survivors: Taking charge of lifestyle choices after treatment

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Introduction

Improvements in cancer detection and breast cancer treatment have resulted in a growing population of breast cancer survivors (Hewitt et al., 2007). Canadian population-based studies indicate a higher prevalence of obesity and lower levels of physical activity among cancer survivors compared with the general population (Courneya and Friedenreich, 2007). Life expectancy for breast cancer survivors has been steadily increasing, however those with a higher body mass index (BMI) and low physical activity levels are not only at increased risk of cancer recurrence and arm lymphedema but they could also develop co-morbidities common to aging such as diabetes, hypertension, cardiovascular diseases and osteoarthritis (Chlebowski et al., 2002; Goodwin et al., 1998). Unhealthy weight levels have been negatively associated with quality of life variables such as mood disturbances, sleep, fatigue and reduced overall physical functioning (Rooney and Wald, 2007). There is a significant need to develop effective interventions that will motivate women with early-stage breast cancer to manage their weight long-term by making better dietary choices and increasing their physical activity.

There are several obstacles to weight loss and its maintenance and the diagnosis of breast cancer, itself, is not a significant motivator to lose weight. Health professionals are positioned to take advantage of the "teachable moment for making positive lifestyle changes" created by the diagnosis (Demark-Wahnefried et al., 2005). Health promotion experts suggest that the development of effective weight loss or maintenance programs should be guided by behavioural change theory. The use of theory can help program developers better understand why individuals change their behaviours and the underlying variables that may affect their choices (Pinto and Floyd, 2008), ultimately leading to the creation of more effective interventions.

The Transtheoretical Model of Change (TTM) integrates several key constructs from various behavioural theories. Unlike other models, it focuses on individual decision-making and intention to change along with increasing self-efficacy or confidence (Prochaska et al., 1994). In the TTM model, behaviour change is a process wherein individuals move from one stage to another (Table 1). Completing one stage of change and moving to the next is deemed a success that can further motivate survivors to either maintain or achieve a healthy weight. The TTM model has been used with some success in a small number of health promotion interventions to improve diet and exercise in specific cancer populations (Pinto and Floyd, 2008).

Program development

The Marvelle Koffler Breast Centre at Mount Sinai Hospital in Toronto, Ontario provides a variety of services to women diagnosed with breast cancer. Many breast centre patients frequently request information about managing their weight and making healthy lifestyle choices. Oncologists in our centre support weight loss for their patients but often did not have effective strategies to offer them. To address this, the Centre's medical director and advanced

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Table 1
Prochaska & DiClemente stages of change.

Pre-contemplation "*Ignorance is bliss*"
Not ready to make changes in next 6 months
Contemplation "*Sitting on the fence*"
Intend to start making changes in next 6 months
Preparation "*Planning to act within 30 days*"
Ready to change
Action "*Practicing new behaviours for less than 6 months*"
Have been making changes
Maintenance "*Continued commitment to sustaining new behaviours*"
Have been continuing changes for more than 6 months

practice nurse (APN) led a multi-professional group in the development, implementation and evaluation of an out-patient program for breast cancer survivors that focussed on supporting women to make lifestyle changes, mainly diet and physical activity, in order to maintain or reach a healthy weight (BMI of 20–25 kg/m^2).

The team included a registered dietitian, social worker and two fitness experts. A literature review was conducted to learn optimal strategies and outcome measures (Table 2). Goodwin's et al. (1998) multi-modal intervention aimed at behavioural change was used together with the TTM framework, to develop the content for a multiple behaviour small group (8–10 participants) program. A formative questionnaire, including questions from Nigg et al. (1999) Stage of Change Survey, was created as the evaluation tool to measure attendance, satisfaction with the program, and five behaviours of interest – exercise frequency, minutes walking per week, weight loss and intake of high fat foods and fibre.

Program description

The *Taking Charge*: *Healthy Lifestyle Choices for Women after Breast Cancer Program,* consisting of 5–2 h sessions offered over a 10–12 week period, began in January 2006. The program is available, without charge, to women diagnosed with early-stage breast cancer who have completed active treatment. The program is advertised both internally, through local physician's offices and through our website (http://www.mountsinai.on.ca/care/mkbc/programs-and-classes/taking-charge). Women can self-refer or are referred by their health care providers.

Table 3
Overall feelings about the program.

Response options	Frequency	Percent
Valuable and useful	35	**83.3**
Worthwhile	7	16.7
It did not meet my expectations	0	0
Total	42	100.0

The program is a multifaceted intervention, involving the interprofessional team members. The APN facilitates group discussions using motivational interviewing techniques which assist participants to learn about their current stage of readiness. Each patient is provided with a take-home binder including a doctor's authorization form and food and physical activity logs for participants to complete during the program. The dietitian provides information about nutrition and works with individuals to calculate BMI, set weight loss goals and to review their diet logs. A social worker leads group discussions to address feelings that many women share regarding their breast cancer experience that may interfere with their health goals. Fitness experts review answers on the **P**hysical **A**ctivity **R**eadiness **Q**uestionnaire –PAR-Q (1978) present exercise information, teach participants to use a pedometer and a resistance band—given to each participant to keep—and create individualized fitness plans. An entire session is dedicated to outdoor power walking and participants receive a DVD CD with 30 and 50 min audio coach-guided walking sessions.

Evaluation results

The program has been completed five times by 51 women, post program evaluations were completed by 42 women (82% response rate). The percentage of attendance for the 5 groups ranged from 85.7% to 97.6% even though some women had some distance to travel to attend the group. Overall satisfaction with the program was high (Table 3). Analysis of participant's self-reported stage of

Table 2
Evidence informed guidelines[a] and outcome measures.

- Include diet and exercise strategies.
- Calculate body weight and BMI pre/post program.
- Aim for healthy range BMI 20–25.
- Modest weight loss of 5–10% still beneficial if BMI > 25.
- Measure Waist Circumference pre/post program.
- Optimally measure body fat percentage pre/post program.

Chlebowski et al., 2002; Doyle et al., 2006; Goodwin et al., 1998; Ingram et al., 2006.

Diet Activities
- Assess each participant readiness pre/post program (decisional balance, confidence level) and individualize strategies.
- Emphasize healthy eating versus dieting.
- Detailed diet records with portion sizes (2 week days & 1 weekend day).
- Lower fat intake to 20% of calories.
- Eat more whole foods, fruits and vegetables & increased fibre.
- Weight loss should be realistic – 1–2 pounds per week.

Chlebowski et al., 2002; Doyle et al., 2006. PEN: Practice-based Evidence in Nutrition, 2006; A Pro-Change Lifestyle Management Manual, 2003a,b.

Exercise
- Assess each participant readiness pre/post program (decisional balance, confidence level) and individualize strategies.
- Detailed activity record (3 week days & 1 weekend day).
- Complete PAR Q and have doctor authorization form prior to exercise.
- Include regular exercise initially 30 min 3–5 times per week can be done in the home.
- Encourage walking, 3–5 hours per week at average pace.
- Add resistance exercises to improve lean body mass – results in more metabolically active tissues.

Goodwin et al., 1998; Holmes et al., 2005; PAR-Q, 1978; A Pro-Change Lifestyle Management Manual, 2003a,b; Harris (2009).

[a] To date for the Taking Charge Program.

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