A DESCRIPTION OF PROSTATE CANCER PATIENTS SEEN AT BC CANCER AT FIRST ONCOLOGIST VISIT

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INTRODUCTION

There is strong evidence that being overweight or obese increases the risk of developing advanced prostate cancer (1) and that obesity increases risk of prostate cancer recurrence (2). There is also evidence that an increase in comorbidities contributes to a higher risk of both cancer and non-cancer related death in men with prostate cancer (3). Diet and lifestyle counselling may improve quality of life and lifestyle outcomes (4) and may even delay the need for aggressive treatment (5). At BC Cancer (BCC), there are currently limited resources for preventative lifestyle and dietary counselling available to prostate cancer patients. The findings of this study will provide insight into this patient population and contribute to the evidence needed to propose a core program addressing lifestyle at BC Cancer.

METHODS

Charts and Nutrition Screening Tool (NST) forms were reviewed for 125 prostate cancer patients who had their first oncologist visit from Jan 1 to June 30, 2017. Data were collected on demographics, medical history, cancer staging, treatment plan, height, weight, BMI and whether or not they were seen by a BCC dietitian. This data was analyzed by descriptive statistics.

Figure 1 Distribution of Patients with Prostate Cancer seen at BC Cancer by BMI Classification

KEY RESULTS

The average age during the study period was 69.9 ± 8.4 years (range 50-91). The most frequent age category was 70-79 years old with 43% of patients in this age group.

Most patients (71.2%, n=89) had either stage 1 or stage 2 cancer. The majority also had cancer localized to the prostate gland (87.2%, n=109). Most patients (68.8%, n=86) were recommended potentially curative treatment plans.

The majority of patients in this study were either overweight (41.6 %, n=52) or obese (25.6%, n=32) and there were no underweight patients in our sample (Figure 1). The number of individuals who classified as overweight or obese was similar in this study to the general population of BC men over 65 (6).

The average number of comorbidities in this sample was 2.3 ± 2.1 . The majority of patients (80%, n=100) had at least one comorbidity and the most common was hypertension (43%, n=54) and cardiovascular disease (24%, n=30) (Figure 2).

Only 4 out of 125 patients were triaged by a BCC dietitian. Of these 4, 2 received nutrition counselling from a dietitian, one was referred to a community dietitian and one had no intervention.

Figure 2 Distribution of Comorbidities of Patients with Prostate Cancer seen at BC Cancer

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CONCLUSIONS

The BMI distribution in this study was similar to the general population in BC. However, there is a clear role for dietitian involvement given the high prevalence of comorbidities in combination with curative treatments with nutritionally relevant side effects. Future studies may benefit from focusing on other indicators of successful nutrition management for this population, such as improved biochemical markers associated with patients' comorbidities and measurements of quality of life.