

## Provision of a healthy weight maintenance programme for men treated for prostate cancer: a study of patients' preferences

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Cancer represents a major global public health problem. With over 36 000 cases diagnosed in 2007 accounting for nearly a quarter (24.2%) of all new male cancer diagnoses, prostate cancer became the most common cancer in men in the United Kingdom. Prostate cancer is often curable by surgery or radiotherapy when confined to the gland. However, approximately 37% of patients may have recurrence within five years<sup>(1)</sup>. Despite inconsistent findings relating the incidence of prostate cancer with obesity, increased prostate cancer mortality in obese men appears to be more convincing<sup>(2)</sup>. Recent studies also suggest that obesity may be related to higher recurrence rates after treatment<sup>(3)</sup>. Therefore, this questionnaire survey aimed to evaluate patient's baseline knowledge, views and attitudes towards weight control and when they would have been ready to commence such a programme in order to inform the development of a weight management programme.

A total of 382 patients from Aberdeen Urology Cancer Charity (UCAN) Care Centre database who were diagnosed with localised and locally advanced prostate cancer were invited to participate in the study and mailed a questionnaire and 261 (68%) completed the questionnaire. The mean age of the respondents was 68.9 years (SD 7.6) and they had been diagnosed for a mean of 1.7 years (SD 1.3). Self-reported weight and height were used to calculate current body mass index (BMI). Even though more than half (54%) did not report currently having any concern about their weight, 75% ( $n = 187$ ) were overweight or obese (BMI > 25 kg/m<sup>2</sup>) with a mean BMI of 27.5 kg/m<sup>2</sup> (SD 3.7).

The majority of the respondents reported that they did not change their eating habits after being diagnosed in terms of either the type of food (89%), amount of food (86%) or frequency of eating (95%). Their exercise habit namely type (89%), intensity (84%) and amount of time spent in exercise (84%) also did not change. The majority (60%) of respondents who would have liked to do more exercise or physical activity preferred to do it on their own rather than in a group. Amongst those who preferred group exercise, the majority preferred sessions once (46%) or twice a week (34%). The preference was for gentle exercise such as walking (82%) or medium intensity exercise or physical activity such as cycling (37%), swimming (24%) and circuit training (17%) rather than running (9%). Those who would have liked more advice on how to maintain a healthy weight preferred to have it either straight away (69%) or within three months (19%) of diagnosis. Again group sessions were less preferable (17%) than individual advice given either as a one-to-one session (44%), by mail (30%) or via the internet (8%). Clinical settings such as the UCAN Care Centre within the Aberdeen Royal Infirmary (ARI) (53%), GP Surgery (27%) and ARI (12%) were the preferred places for the session to take place. Further information will be obtained from focus group discussions in which almost half (49.6%) of the men responding to the questionnaire said they would be willing to take part.

The questionnaire and focus group findings will inform the development of a suitable weight management programme for men treated for prostate cancer.

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