

Abstract Title

A description of patients with prostate cancer seen at BC Cancer at first oncologist visit

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Abstract

Background: Increased Body Mass Index (BMI) is associated with a higher risk of developing advanced prostate cancer and prostate cancer recurrence. There is evidence that diet and lifestyle counselling could be beneficial for prostate cancer patients. Currently, at BC Cancer (BCC), there are limited resources for preventative lifestyle and dietary counselling.

Objective: This study aims to describe prostate cancer patients seen at BCC for their first oncologist visit by BMI, comorbidities, medical history and demographic data, and also aims to identify how many received nutrition counselling from a BCC dietitian.

Methods: A convenience sample of all genitourinary cancer patients attending their first oncologist visit from January 1 to June 30, 2017 was generated using the Outcomes and Surveillance Integration System (OaSIS) database. Electronic charts and Nutrition Screening Tool forms (NST) were reviewed for all prostate cancer patients (n = 125) in this sample, and the data was analyzed using descriptive statistics.

Results: The distribution of BMIs was 23% (n =29) normal weight (18.5-24.9), 39% (n=49) overweight (25.0-29.9), 24% (n=30) obese (> 30) and 12% (n=15) unknown. The majority of patients had cancer localized to the prostate gland (87%, n = 109) and were recommended curative treatment (69%, n = 86). 80% (n = 100) of patients had at least one comorbidity. BCC dietitians saw 2 of 125 patients in this study for nutrition counselling.

Implications and Conclusions: The BMI distribution in this study was similar to the general population in BC. There remains a role for dietitian involvement given the high prevalence of comorbidities in combination with curative treatments with nutritionally relevant side effects.

Significance to the Field of Dietetics: The findings of this study will provide insight into the prostate cancer population in BC and contribute to the evidence needed to identify gaps in dietetic practice.