Asian and South Asian population: suggests 31-32 kg/m²

### Evaluation

![Flowchart of weight status and management](flowchart.png)

1. **Underweight**
2. **Normal weight**
3. **Overweight/Obese**

- **Is the patient following WCRF/AICR guidelines?**
  - Yes
  - No

- **Is the patient interested in change?**
  - Yes
  - No

### Management

1. **Refer to clinician**
2. **Refer to Registered Dietitian (RD), as appropriate**
3. **Reassess nutrition status on a regular basis**

- **Review WCRF/AICR guidelines** with the patient, provide positive reinforcement, and encourage continuation of adherence to guidelines (see Appendix C)
- **Reinforce maintenance of normal body weight throughout lifetime**
- **Reassess nutrition status on a regular basis**

- **Review WCRF/AICR guidelines** with the patient
- **Discuss how to reduce the risk of initial or other cancers by adhering to WCRF/AICR guidelines (see Appendix C)**
- **Ongoing Motivational Interviewing (MI)** to assess for medical and non-medical barriers to nutrition and lifestyle changes
- **Reinforce maintenance of normal body weight throughout lifetime**
- **Reassess adherence to WCRF/AICR guidelines** on a regular basis
- **Refer to RD or clinician, as clinically indicated**
- **Refer to diet and exercise counseling program** for individualized help

- **Review WCRF/AICR guidelines** with the patient
- **Discuss how to reduce the risk of initial or other cancers by adhering to WCRF/AICR guidelines (see Appendix C)**
- **Assess for medical and non-medical barriers to nutrition and lifestyle changes**
- **Ongoing MI** to assess willingness to make healthy eating changes
- **Reinforce maintenance of normal body weight throughout lifetime**
- **Reassess adherence to WCRF/AICR guidelines** on a regular basis

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1. BMI = weight (in pounds) x 703 / height (in inches)² (see Appendix A)
2. The optimal BMI ranges for older adults age > 65 years are not currently agreed upon, however limited data suggests 31-32 kg/m² and 27-28 kg/m² for female and male respectively
3. The weight categories are as follows:
   - Underweight (BMI < 18.5 kg/m²)
   - Normal weight (BMI 18.5-24.9 kg/m²)
   - Overweight (BMI 25-29.9 kg/m²)
   - Morbidly obese (BMI ≥ 35 kg/m² with metabolic syndrome or BMI ≥ 40-49 kg/m²)
   - Super morbid (BMI ≥ 50 kg/m²)
4. World Cancer Research Fund (WCRF)/American Institute for Cancer Research (AICR) guidelines (see Appendix B)
5. In addition, perform physical activity assessment based on the Physical Activity - Adult algorithm
6. If MI is not conducted, encourage and counsel patient on importance of meeting WCRF/AICR guidelines
7. Assess for medical barriers such as:
   - Gastrointestinal dysmotility
   - Oropharyngeal anatomic changes
   - Diabetes
   - Renal disease
   - Liver disease
   - Cardiovascular disease
   - Gastrointestinal disease
   - Thyroid dysfunction
   - Concerns regarding medication or supplement use
   - Mood disorders (e.g., anxiety, depression)
   - Possible risk of malnutrition (see Consensus Statement under Appendix D)
8. Integrative Medicine Center or The Healthy Living Clinic (internal referral) are available to support patients who are clinically appropriate for diet or weight change and are interested in change

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Department of Clinical Effectiveness V5
Approved by the Executive Committee of the Medical Staff on 06/18/2024
**Nutrition - Adult**

**ASSESSMENT**

- Is the patient following WCRF/AICR guidelines?  
  - Yes
  - No

**STATUS**

- Overweight/Obese
  - Yes
  - No

**EVALUATION**

- Is the patient clinically appropriate for diet or weight change?  
  - Yes
  - No

**MANAGEMENT**

- Review and reinforce the importance of adherence to WCRF/AICR guidelines.  
  - Refer to clinician to evaluate, achieve, and maintain normal body weight throughout lifetime.  
  - Refer to RD, as clinically indicated.  
  - Refer to diet and exercise counseling program for personalized help.

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1. The weight categories are as follow:
   - Overweight (BMI 25-29.9 kg/m²)
   - Obese (BMI 30-34 kg/m²)
   - Morbidly obese (BMI ≥ 35 kg/m² with metabolic syndrome or BMI ≥ 40-49 kg/m²)
   - Super morbid (BMI ≥ 50 kg/m²)

2. Asian and South Asian population:
   - Overweight (BMI 23-24.9 kg/m²)  
   - Obese (BMI ≥ 25 kg/m²)

3. The optimal BMI ranges for older adults age > 65 years are not currently agreed upon, however limited data suggests 31-32 kg/m² and 27-28 kg/m² for female and male respectively.

4. For management of morbidly obese or super morbid patients see Obesity Screening and Management - Adult algorithm.

5. World Cancer Research Fund (WCRF)/American Institute for Cancer Research (AICR) guidelines (see Appendix B).

6. In addition, perform physical activity assessment based on the Physical Activity - Adult algorithm.

7. The following conditions may necessitate further evaluation by clinician or RD:
   - Diabetes
   - Cardiovascular disease
   - Concerns regarding medication or supplement use
   - Renal disease
   - Gastrointestinal disease
   - Mood disorders (e.g., anxiety, depression)
   - Liver disease
   - Thyroid dysfunction
   - Possible risk of malnutrition (see Consensus Statement under Appendix D).

8. Integrative Medicine Center or The Healthy Living Clinic (internal referral) are available to support patients who are clinically appropriate for diet or weight change and are interested in change.

9. Modest weight loss of 5-10% of total body weight can produce health benefits such as improvements in blood pressure, cholesterol, and blood glucose levels. However there may be short-term situations where weight loss should be temporarily delayed (e.g., starting radiation therapy, post-operative setting).

10. If MI is not conducted, encourage and counsel patient on importance of meeting WCRF/AICR guidelines.
APPENDIX A: Body Mass Index (BMI)

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight in Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>5' 2&quot;</td>
<td>170, 175, 180, 185, 190, 195, 200, 205, 210, 215, 220, 225, 230, 235, 240, 245, 250, 255, 260, 265</td>
</tr>
<tr>
<td>5' 5&quot;</td>
<td>230, 235, 240, 245, 250, 255, 260, 265</td>
</tr>
<tr>
<td>5' 6&quot;</td>
<td>250, 255, 260, 265</td>
</tr>
</tbody>
</table>

Nutrition - Adult

and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

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Overweight (25-29.9)

Obese (30 or higher)

Underweight (18.4 or lower)
These ten recommendations for cancer prevention are drawn from the World Cancer Research Fund (WCRF)/American Institute for Cancer Research (AICR) Third Expert Report:

- Be a healthy weight
- Be physically active
- Avoid sugary drinks. Limit consumption of energy-dense foods.
- Eat a diet rich in whole grains, vegetables, fruits, and beans
- Limit consumption of red and processed meats
- Limit consumption of sugar-sweetened drinks
- Limit alcohol consumption
- Limit consumption of “fast foods” and other processed foods that are high in fat, starches, or sugars
- Do not use supplements for cancer prevention
- For mothers: breastfeed your baby, if you can¹
- After a cancer diagnosis: follow the recommendations, if you can¹

¹Special Population Recommendations

## APPENDIX C: Patient Education Documents

- Cancer Risk Reduction with Nutrition: Benefits
- Cancer Risk Reduction Through Nutrition
- Goal Setting for a Healthy Lifestyle
- Nutrition In Cancer Care and Prevention
- Weight and Your Health
- Weight Management Tools and Resources
APPENDIX E: Diet and Exercise Setbacks and Slips

Certain situations may tempt your healthy eating or exercise habits. These times may be during the holidays, social gatherings or even after a long day of work. You might indulge or postpone exercise and find yourself feeling guilty. If you associate slips with failure, consider the following:

- A slip does not undo all the success you have had so far
- A slip does not mean that you are weak or a failure
- Use the slip as a learning experience. Learn what triggers your unhealthy eating and inactive behaviors. Come up with a plan to help balance your lifestyle with your current health goal when you encounter these triggers.
- Explore your motivation. Take a closer look at your reasons to pursue a healthier lifestyle through diet and exercise. Do these reasons outweigh the reasons to eat unhealthy and not exercise?
- Does your goal work for you in your current situation? Take time to evaluate your goal. Goals can be changed. Think about what will work for you. For example, if your work schedule doesn’t allow you to exercise for an hour, try for 30 minutes.
- If you slip, get back on track right away. Life happens and everyone can be tempted to eat unhealthy or avoid a workout day. Do not quit just because you slipped.
- Keep going. If you have had a major setback or just haven’t reached your goal, keep going. A healthy diet and exercise is the best thing you can do to reduce your cancer risk.
- Talk with a professional. Resources for professional support on your journey to optimize health include The Healthy Living Clinic and The Integrative Medicine Center (internal referral).

APPENDIX D: Resources

- Academy of Nutrition and Dietetics: http://www.eatright.org/
- American Institute for Cancer Research: http://www.aicr.org/
- Anticancer Lifestyle Program: https://anticancerlifestyle.org/
- Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/healthyweight/losing_weight/
- Overeaters Anonymous: https://oa.org/
- United States Department of Agriculture (USDA) Choose My Plate: https://www.chooemeplate.gov/
- Weight Watchers: https://www.weightwatchers.com/us/
- Young Men’s Christian Association (YMCA): http://www.ymca.net/
SUGGESTED READINGS


This screening algorithm is based on majority expert opinion of the Nutrition workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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