Nutrition - Adult

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, 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.

INITIAL ASSESSMENT

STATUS

EVALUATION

MANAGEMENT

Body mass index (BMI) Assessment

Underweight

Normal weight

Overweight/Obese

See Page 2

Is the patient following AICR guidelines?

Is the patient interested in change?

Yes

No

Reassess nutrition status on a regular basis

Refer to clinician

Refer to Registered Dietitian (RD), as appropriate

Review AICR guidelines with the patient, provide positive reinforcement, and encourage continuation of adherence to guidelines (see Appendices C and D)

Reinforce maintenance of normal body weight throughout lifetime

Reassess nutrition status on a regular basis

Yes

No

Review AICR guidelines with the patient

Discuss how to reduce the risk of initial or other cancers by adhering to AICR guidelines (see Appendices C, D, E and F)

Ongoing Motivational Interviewing (MI) to assess for medical and non-medical barriers to healthy eating changes

Reinforce maintenance of normal body weight throughout lifetime

Reassess adherence to AICR guidelines on a regular basis

Refer to RD or clinician, as clinically indicated

Yes

No

Review AICR guidelines with the patient

Discuss how to reduce the risk of initial or other cancers by adhering to AICR guidelines (see Appendices C and D)

Assess for medical and non-medical barriers to healthy eating changes

Ongoing MI to assess willingness to make healthy eating changes

Reinforce maintenance of normal body weight throughout lifetime

Reassess adherence to AICR guidelines on a regular basis

---

1 BMI = weight (in pounds) x 703 / height (in inches)² (see Appendix A)

2 The weight categories are as follow:
   - Underweight (BMI less than 18.5 kg/m²)
   - Normal weight (BMI 18.5-24.9 kg/m²)
   - Overweight (BMI 25-29.9 kg/m²)
   - Obese (BMI greater than or equal to 30 kg/m²)

3 American Institute for Cancer Research (AICR) guidelines (see Appendix B)

4 In addition, perform physical activity assessment based on the Physical Activity (PA) - Adult algorithm

5 If MI is not conducted, encourage and counsel patient on importance of meeting AICR guidelines

6 Assess for medical barriers such as:
   - Gastrointestinal dysmotility
   - Swallowing issues/dysphagia
   - Digestive enzyme insufficiency

7 The following conditions may necessitate further evaluation by RD or clinician:
   - Diabetes
   - Cardiovascular disease
   - Renal disease
   - Gastrointestinal disease
   - Liver disease
   - Thyroid dysfunction
   - Bowel dysfunction
   - Dental health
   - Gastrointestinal tract reconstruction/anastomoses
   - Concerns regarding medication or supplement use
   - Mood disorders (e.g., anxiety, depression)
   - Possible risk of malnutrition (see Consensus Statement under Appendix H)
The weight categories are as follows:
- Overweight (BMI 25-29.9 kg/m^2)
- Obese (BMI greater than or equal to 30 kg/m^2)

American Institute for Cancer Research (AICR) guidelines (see Appendix B)

In addition, perform physical activity assessment based on the Physical Activity (PA) - Adult algorithm

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 H)

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

If MI is not conducted, encourage and counsel patient on importance of meeting AICR guidelines

Assess for medical barriers such as:
- Gastrointestinal dysmotility
- Swallowing issues/dysphagia
- Bowel dysfunction
- Oropharyngeal anatomic changes
- Digestive enzyme insufficiency
- Gastrointestinal tract reconstruction/anastomoses
- Dental health
- Thyroid dysfunction
- Possible risk of malnutrition (see Consensus Statement under Appendix H)

Review AICR guidelines with the patient
Discuss how to reduce the risk of initial or other cancers by adhering to AICR guidelines (see Appendices C, D, E, F and G)
Ongoing MI to assess willingness to make healthy eating changes
Refer to clinician to evaluate, achieve, and maintain normal body weight throughout lifetime
Refer to diet and exercise counseling program for individualized help, as needed
Refer to community services as needed (See Appendix H)
Refer to RD, as clinically indicated

The following conditions may necessitate further evaluation by clinician or RD:
- Gastrointestinal dysmotility
- Swallowing issues/dysphagia
- Bowel dysfunction
- Oropharyngeal anatomic changes
- Digestive enzyme insufficiency
- Gastrointestinal tract reconstruction/anastomoses
- Dental health

Review and reinforce the importance of adherence to AICR guidelines
Refer to clinician to evaluate, achieve, and maintain normal body weight throughout lifetime
Refer to RD, as clinically indicated

Review AICR guidelines with the patient
Discuss how to reduce the risk of initial or other cancers by adhering to AICR guidelines (see Appendices C, D, and G)
Assess for medical and non-medical barriers to healthy eating changes
Ongoing MI to assess willingness to make healthy eating changes
Refer to clinician to evaluate, achieve, and maintain normal body weight throughout lifetime
Refer to diet and exercise counseling program for individualized help, as needed
Refer to community services as needed (See Appendix H)
Refer to RD, as clinically indicated

Review AICR guidelines with the patient
Discuss how to reduce the risk of initial or other cancers by adhering to AICR guidelines (see Appendices C, D, and G)
Assess for medical and non-medical barriers to healthy eating changes
Ongoing MI to assess willingness to make healthy eating changes
Refer to clinician to evaluate, achieve, and maintain normal body weight throughout lifetime
Refer to diet and exercise counseling program for individualized help, as needed
Refer to community services as needed (See Appendix H)
Refer to RD, as clinically indicated

Review AICR guidelines with the patient
Discuss how to reduce the risk of initial or other cancers by adhering to AICR guidelines (see Appendices C, D, and G)
Assess for medical and non-medical barriers to healthy eating changes
Ongoing MI to assess willingness to make healthy eating changes
Refer to clinician to evaluate, achieve, and maintain normal body weight throughout lifetime
Refer to diet and exercise counseling program for individualized help, as needed
Refer to community services as needed (See Appendix H)
Refer to RD, as clinically indicated

Review AICR guidelines with the patient
Discuss how to reduce the risk of initial or other cancers by adhering to AICR guidelines (see Appendices C, D, and G)
Assess for medical and non-medical barriers to healthy eating changes
Ongoing MI to assess willingness to make healthy eating changes
Refer to clinician to evaluate, achieve, and maintain normal body weight throughout lifetime
Refer to diet and exercise counseling program for individualized help, as needed
Refer to community services as needed (See Appendix H)
Refer to RD, as clinically indicated

Review AICR guidelines with the patient
Discuss how to reduce the risk of initial or other cancers by adhering to AICR guidelines (see Appendices C, D, and G)
Assess for medical and non-medical barriers to healthy eating changes
Ongoing MI to assess willingness to make healthy eating changes
Refer to clinician to evaluate, achieve, and maintain normal body weight throughout lifetime
Refer to diet and exercise counseling program for individualized help, as needed
Refer to community services as needed (See Appendix H)
Refer to RD, as clinically indicated
### APPENDIX A: Body Mass Index (BMI)

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight in Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>4' 10&quot;</td>
<td>185</td>
</tr>
<tr>
<td>4' 11&quot;</td>
<td>189</td>
</tr>
<tr>
<td>5'</td>
<td>190</td>
</tr>
<tr>
<td>5' 1&quot;</td>
<td>190</td>
</tr>
<tr>
<td>5' 2&quot;</td>
<td>192</td>
</tr>
<tr>
<td>5' 3&quot;</td>
<td>195</td>
</tr>
<tr>
<td>5' 4&quot;</td>
<td>195</td>
</tr>
<tr>
<td>5' 5&quot;</td>
<td>200</td>
</tr>
<tr>
<td>5' 6&quot;</td>
<td>205</td>
</tr>
<tr>
<td>5' 7&quot;</td>
<td>210</td>
</tr>
<tr>
<td>5' 8&quot;</td>
<td>215</td>
</tr>
<tr>
<td>5' 9&quot;</td>
<td>220</td>
</tr>
<tr>
<td>5' 10&quot;</td>
<td>225</td>
</tr>
<tr>
<td>5' 11&quot;</td>
<td>230</td>
</tr>
<tr>
<td>5' 12&quot;</td>
<td>235</td>
</tr>
<tr>
<td>5' 13&quot;</td>
<td>240</td>
</tr>
<tr>
<td>5' 14&quot;</td>
<td>245</td>
</tr>
<tr>
<td>5' 15&quot;</td>
<td>250</td>
</tr>
<tr>
<td>5' 16&quot;</td>
<td>255</td>
</tr>
<tr>
<td>5' 17&quot;</td>
<td>260</td>
</tr>
<tr>
<td>5' 18&quot;</td>
<td>265</td>
</tr>
</tbody>
</table>

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, 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.

---

Underweight (18.4 or lower) | Normal weight (18.5-24.9) | Overweight (25-29.9) | Obese (30 or higher)
These ten recommendations for cancer prevention are drawn from the World Cancer Research Fund (WCRF)/American Institute for Cancer Research (AICR) Second 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 can

After a cancer diagnosis: follow the recommendations, if you can

\[1\] Special Population Recommendations

APPENDIX C: Cancer Risk Reduction with Nutrition Benefits

- Eating a balanced diet provides nutrients to help your body work better. This lowers your chance of getting certain diseases, including some cancers.
- Research has shown that eating a plant-based diet can lower your cancer risk. A plant-based diet can include meat, but is mostly made up to:
  - Vegetables
  - Seeds
  - Whole grains
  - Fruits
  - Nuts
  - Beans
- Include a variety of fruits and vegetables in your diet. Vegetables like spinach, cauliflower, cucumbers, zucchini, artichokes, and bell peppers and fruits like berries, kiwi, cherries, peaches, nectarines, apples, and grapes may help to lower your chance of getting the following cancers:
  - Head and neck
  - Rectal
  - Esophageal
  - Ovarian
  - Lung
  - Pancreatic
  - Esophageal
  - Stomach
  - Colon
  - Endometrial
- A balanced diet also helps you maintain a healthy weight and lose body fat. Extra body fat can lead to the following cancers:
  - Esophageal
  - Pancreatic
  - Endometrial
  - Colon
  - Kidney
  - Rectal
  - Liver
  - Breast (postmenopausal)
- A balanced diet may lower your chance of other health problems, such as:
  - Heart disease
  - Diabetes
  - High blood pressure
APPENDIX D: Cancer Risk Reduction through Nutrition

Following the five steps below may reduce your risk of a cancer diagnosis or a cancer recurrence. These guidelines come from a comprehensive, evidence-based literature review led by the American Institute for Cancer Research (AICR). If you have questions about your nutrition needs, ask your health care provider to schedule an appointment with the dietitian.

1. Eat a variety of vegetables, fruits, whole grains and beans
   - Fill at least ⅔ of your plate with vegetables, fruits, whole grains, beans, nuts and/or seeds
   - Eat at least 2 ½ cups of non-starchy vegetables and fruits a day. Aim for more vegetables than fruits.
   - Aim for eating a variety of colorful vegetables and fruits

2. Eat no more than moderate amounts of red meat (such as beef, pork, and lamb). Eat little, if any processed meats.
   - Limit animal source foods to no more than ⅓ of your plate
   - Eat no more than 18 ounces of red meat per week. Keep in mind that 3 ounces (1 serving) of red meat is about the size of a deck of cards.
   - Limit processed meats as much as possible. This includes sandwich meats, ham, bacon, pastrami, salami, hot dogs and sausages.
   - Processed meats are preserved by smoking, curing or salting or have added chemical preservatives. Cancer-causing substances (carcinogens) can form when meats are preserved.
   - Include animal-based protein rich foods such as seafood, poultry and dairy foods and occasionally with lean meat

3. Eat less salty foods and foods processed with salt (sodium)
   - Limit your daily intake of salt to less than 2,400 milligrams (1 teaspoon), this includes the salt you add to your food and the salt (sodium) in the food product
   - Foods that do not taste “salty” such as processed foods, soups, pizza, breakfast cereals, breads, frozen meals, canned foods, sweets and desserts can contain sodium
   - Check the nutrition label for sodium content information. For more information, see the handout “Nutrition Facts: Reading Food Labels.”

4. Limit consumption of sugar-sweetened drinks and high calorie foods
   - Choose plain or flavored waters that do not contain added sugar or infuse your water with fruit
   - Sugary drinks include soft drinks, energy drinks, juice flavored drinks, sports drinks, fruit juice and coffee or tea with added sugar
   - High calorie foods (candy, cakes, pies, cookies, ice cream, chips, and fast foods) have added sugar and fat to improve their taste
   - In excess, high-calorie foods and sugary drinks can lead to weight gain and increase your cancer risk

5. Limit Alcohol consumption
   - AICR recommends for cancer prevention, it’s best not to drink alcohol
   - If consumed, limit alcohol to no more than two drinks per day for men and no more than one drink per day for women (one drink is equal to 12 ounces of beer, 5 ounces of wine, or 1 ½ ounces of liquor)
You are ready to improve your health with nutrition and exercise. Goal-setting is an important step to a healthy lifestyle. Use the tips below to help create a goal for your nutrition and/or exercise plan in order to reach your desired results. A good goal-setting strategy is the SMART goal checklist.

- **Specific:** Be specific. Describe exactly how and what you want to do. A SMART goal has specific details and is not vague.
  - Example of a goal: Eat healthy food.
  - Example of a SMART goal: Eat at least 2 ½ cups of non-starchy vegetables and fruits a day.

- **Measurable:** If you can measure a goal, then you can determine how successful you are at meeting the goal.
  - Example of a goal: Exercise more.
  - Example of a SMART goal: Walk 30 minutes a day, 5 days a week.

- **Attainable:** This is a goal that can work in your lifestyle.
  - For example, if your schedule doesn’t allow you to go to a gym 7 days a week, don’t make going to the gym 7 days a week a goal. Try alternative days or weekends. Set an attainable goal for yourself based on your schedule.

- **Realistic:** Everyone is different. Each person has different abilities, likes/dislikes, and schedules. Set a goal that is realistic for you.
  - If you are not physically capable of running, a goal of walking or swimming may be more realistic. Setting a realistic goal can help avoid potential failure.

- **Time-bound:** For a goal that has a measurable end, it is important to set a deadline. Goals without deadlines lend themselves to being put off until another day.
  - Example of a goal: Join a gym.
  - Example of a SMART goal: Join a gym this Saturday morning.

It is important to evaluate your goals often and adjust them as needed to maintain your healthy lifestyle.

**APPENDIX F: 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, try to get back on track right away. Life happens and everyone can be tempted to eat unhealthy or avoid a workout day. Don’t 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. The Healthy Living Clinic would like to support you on your journey of optimizing your health. If you have any questions or would like to schedule an appointment, call 713-745-8040.
APPENDIX H: Resources

- Academy of Nutrition and Dietetics: http://www.eatright.org/
- American Institute for Cancer Research: http://www.aicr.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.choosemyplate.gov/
- Weight Watchers: https://www.weightwatchers.com/us/
- Young Men’s Christian Association (YMCA): http://www.ymca.net/

Why is your health care provider concerned about how much you weigh?

- Higher chances for disease: A higher weight on the scale may indicate that you have more body fat than recommended. Evidence shows that people with a higher percentage of body fat are at greater risk of cancer, as well as other diseases such as heart disease and diabetes.
- Quality of life: Carrying too much body fat can limit your ability to participate in activities with family and friends. Extra weight also puts stress on your back and joints, causing aches and pains that can restrict activity even more.
- What affects your weight and body fat?
  - Diet: If you take in more calories than you burn, you will gain weight.
  - Physical activity: Your body burns more calories when you’re moving. It’s important to exercise most days of the week to prevent weight gain.
  - Genetics: Your genes influence your body shape. Genes also influence your metabolism, which is the rate at which you burn calories.
  - Life stage: Your body may burn fewer calories as you age, either because you are less active and/or because your metabolism changes. If you eat the same amount of food you ate when you were younger, your body will store the extra calories as fat. Physical limitation such as arthritis may make physical activity more difficult. Hormonal changes, such as menopause, can cause your body to store extra fat and distribute fat to different parts of your body.
  - Illness and medications: Being ill can make you feel tired, leading you to be less active. Some medications can have a similar effect on your body. Certain medical conditions, such as hypothyroidism and diabetes, can increase your body’s tendency to store fat. Some medications, such as steroids, can increase your appetite and cause weight gain.

What can you do to reduce your body fat?
Of all the factors affecting weight and body fat, there are two factors you can change: diet and physical activity. You can improve your weight and body fat by changing what you eat and exercising more often. **Even if you don’t lose a significant amount of weight, you will enjoy improved health and energy, and decreased cancer risk.** Lifestyle change does make a difference!

Benefits of lifestyle change include:

- Reduced risk of cancer and other diseases
- Improved quality of life
- Improved energy
- Improved mood
- Reduced need for medications (for some people)
SUGGESTED READINGS


**Nutrition - Adult**

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, 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.

**DEVELOPMENT CREDITS**

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

### Core Development Team Leads

Therese Bevers, MD (Cancer Prevention)

### Workgroup Members

Lori Chang, BA, MS (Clinical Nutrition)
Lorenzo Cohen, PhD (Integrative Medicine Research)
Karla Crawford, MPH, RD, LD (Integrative Medicine Center)
Rebekah Crowder, MS, RD, LD (Clinical Nutrition)
Olga N. Fleckenstein, BS
Katherine Gilmore, MPH (Cancer Survivorship)
Ernest Hawk, MD, MPH (Cancer Prevention)
Erma Levy, MPH, RD, LD (Epidemiology)
Gabriel Lopez, MD (Integrative Medicine Program)
Ana C. Nelson, DNP, RN (Cancer Prevention)
Whittney Thoman, MS, ACSM-CEP, ACSM-CET (Cancer Survivorship)

* Clinical Effectiveness Development Team