



# DISCUSSING OBESITY With Your Patients

The Society of Gynecologic Oncology has launched an initiative to facilitate gynecologic oncology care professionals' directed discussion of obesity with their patients. This document is intended to help you, the busy practicing gynecologic oncologist, identify when and how to introduce the subject of obesity with your patients.

## INITIAL PREOPERATIVE VISIT

The initial preoperative meeting presents a unique opportunity to turn the shock of a cancer diagnosis into a teachable moment to empower the patient to confront her weight. The subject of weight is not an easy one to address and a nonjudgmental tone of voice is critical at this initial visit to gain trust with the patient. The National Institutes of Health (NIH) has published a provider guide to initiate obesity discussions with your patients that can be utilized in gynecologic oncology.<sup>1</sup> The premise of this guide is the use of three steps to initiate weight management discussions, which include 1) making the most of the patient's visit and setting an effective tone for communication, 2) accessing the patient's motivation and readiness to change her lifestyle, and 3) building a partnership to promote change.

The following strategies have been adopted from the NIH website ([www.nhlbi.nih.gov/health/prof/heart/obesity/aim\\_kit/steps.pdf](http://www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit/steps.pdf)) and modified for the gynecologic oncologist.

- Raising awareness of the link between obesity and endometrial cancer through a discussion of risk factors for endometrial cancer such as obesity is appropriate at this time.
- You may say, for example, a general statement such as "Endometrial cancer can be caused by excess estrogen. Fat tissue contains an enzyme that turns other steroids in your body into estrogen. Being overweight likely contributes to endometrial cancer."

- Ask the patient if she feels comfortable at this time discussing weight issues.
- When discussing obesity, patients prefer the terms "excess weight," "weight" or "BMI."
- Express your concerns regarding the increased surgical risks associated with excess weight.
- You may also state that, in general, "The risks of surgery are greater in larger patients."
- You may add: "Sometimes women who are overweight spend a longer time in the hospital after surgery," and "Women who are overweight are at higher risk of wound complications".
- Emphasize that you and the health care and hospital team are experienced in performing surgery safely in overweight patients.

## POSTOPERATIVE VISIT

The postoperative visit is an opportunity to assess a patient's readiness to lose weight. Here are some suggestions to encourage the discussion and gauge whether the patient is ready to make changes:

- You may begin by stating: "We have treated your cancer and now is a great time to begin making healthy lifestyle changes to make you live a long, cancer-free life."

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- You can also stress the importance of good quality of life in cancer survival.
- You can then ask the patient if she would consider lifestyle changes to lose weight and improve health.
- You can use a scale to help assess one's readiness to change. For example, "On a scale of 1-10, with 10 being 100 percent ready to take action, how ready are you to lose weight?"
  - ✓ An answer from 1 to 4 means the patient has very little intention to lose weight, so you could follow-up with, "What would have to happen for you to be more ready?" or "What would it take to increase your score?"
  - ✓ An answer from 5 to 7 means the patient is ambivalent about taking action to lose weight; therefore, acknowledge the patient's ambivalence in a nonjudgmental manner and invite the patient to bring up the subject at any time in the future. You could also follow-up with, "What would have to happen for you to be more ready?" or "What would it take to increase your score?"
  - ✓ An answer from 8 to 10 means the patient is very willing to take action about her weight.
- Ask the patient about previous attempts to lose weight. What were the most successful and least successful?
- Ask about the patient's physical activity level and attitude toward exercise.
- Ask the patient about the level of support she can expect from family and friends.
- Ask about potential barriers to success.

Patients who answer from 1 to 7 are not ready to change and may need more information and tools before they are ready to take action. For those patients, utilize this postoperative visit as opportunity to educate them more about their general disease risks (hypertension, diabetes, stroke, and other cancers) and how weight loss can change those risks. Patients may be encouraged to find out that even a 5 to 10 percent decrease in weight can lower one's risk of co-morbidities.

The Institute of Medicine recommends that every cancer patient have a survivorship plan and the postoperative time is a good opportunity to introduce this plan.<sup>2</sup> It is important to consider weight loss through diet and lifestyle change as an essential component of the endometrial cancer survivorship plan.<sup>3</sup>

## FIRST SURVEILLANCE VISIT

This is a good time to reinforce your support of the patient's healthy choices. You may choose to review her BMI with her once again and congratulate her for any positive healthy lifestyle changes that she has made.

The following are suggestions for approaching this topic in surveillance:

- "You have no evidence of cancer, which is great. You have made some great changes in your life to help you live longer. How can I help you to continue to lose weight and be healthy?"
- "How are your efforts in modifying lifestyle going?"

The NIH suggests setting goals at this point with some of the following strategies:

- Ask the patient what her weight goals are
- Discuss how you may help her
- Explain that even small losses in weight may lower disease risk
- Ask the patient if she would like assistance from a nutritionist or physical therapist
- Select 2 or 3 goals
- Provide handouts and resources

## REFERENCES

1. Three steps to initial discussion about weight management. National Heart, Lung, and Blood Institute, National Institutes of Health, Publication No. 02-5211 November 2002. Accessed Feb. 26, 2014.
2. From Cancer Patient to Cancer Survivor: Lost in Transition. The National Academies Press; 2005.
3. Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis. Institute of Medicine. Sept. 10, 2013.

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