Update on . . . Lifestyle and Shared Decision Making

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The focus of this column is to present topics of interest from a variety of journals to Oncology Nursing Forum *readers. The topics of this issue are lifestyle choices related to cancer risk and shared decision making for cancer screening.*

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Television Viewing and Time Spent Sedentary in Relation to Cancer Risk

An increase in sedentary lifestyle has been identified as a potential risk factor for the development of chronic disease. This article identified the impact of prolonged TV watching along with other sedentary behaviors (e.g., computer use, less physically demanding occupations, video viewing, reading, sitting during long commutes, social inactivity) as possible cancer risk factors. This article quantitatively summarized the correlation between sedentary lives and cancer risk. TV watching has been the most commonly studied sedentary behavior associated with ingestion of unhealthy foods, leading to the potential to smoke and gain weight. Smoking and obesity are linked to an increased risk of cancer.

The authors of this study conducted an electronic literature search through February 2014 and identified 43 epidemiologic observational studies examining sedentary lifestyles in relation to cancer incidence, spanning a variety of cancer diagnoses. All of these studies were required to meet uniform inclusion criteria. The data were extracted independently by the authors and summarized using random-effects article and meta-regression; statistical tests were two-sided. Many of these studies adversely linked sedentary behavior with cancer incidence. Because these studies did not provide epidemiologic evidence correlating sedentary behavior with cancer risk, the article attempted to quantitatively link TV viewing and recreational, occupational, and total sitting time as risk factors for certain cancer diagnoses.

The article found that prolonged TV watching and sedentary behavior is associated with increased risk of colon and endometrial cancers. Every increase of two hours per day in sedentary time was related to a statistically significant 8% increase in colon cancer risk and a 10% increase in endometrial cancer risk. Colon and endometrial cancers are tumors that are related to the comorbidity of obesity; therefore, the authors suggest that sedentary behavior and obesity mediate the risk for certain cancers. In addition, a correlation was found between high versus low sedentary behavior and lung cancer. No associations between sedentary behavior and risk of developing cancer of the breast, ovaries, prostate, stomach, esophagus, testes, renal cell, or non-Hodgkin lymphoma were found.

This article illustrated a potential biologic cascade that associates sedentary lifestyle and cancer risk. Sedentary time takes away light-intensity physical activity and can cause a decrease in energy expended, resulting in weight gain and obesity, which are related to cancer risk.

The authors acknowledged that the major limitations of this study were the broad variation of the definition of high and low levels of sedentary behavior, as well as the use of self-reporting and interviews as opposed to the use of objective data collection methods. Both of these limitations may have affected the true amount of sedentary time spent in each study. The strengths of the review were the summarized risk of a large number of patients with cancer, studies with uniform criteria, and reporting on a variety of cancer diagnoses.

The relevance of this article for practicing oncology nurses is the clinical applicability of cancer prevention and the potential impact for developing public health programs focusing on accessible, active, and healthy lifestyles for diverse populations.

Schmid, D., & Leitzmann, M.F. (2014). Television viewing and time spent sedentary in relation to cancer risk: A meta-analysis. *Journal of the National Cancer Institute, 106*, 1–19. doi:10.1093/jnci/dju098

Lack of Shared Decision Making in Cancer-Screening Discussions

This study provided a description of decision-making processes and outcomes for cancer screening. The study focused on implications for cancer-screening decisions, the need to consider the impact of the outcomes of screening, and the dynamic between clinicians and patients regarding screening pros and cons. A model of shared decision making (SDM) for cancer screening should be promoted by clinicians and provided to patients facing options for cancer screening. This study was based on a national Internet survey of adults aged 50 years or older who faced cancer-screening decisions for breast, colorectal, and prostate cancers.

Engaging in cancer-screening decisions presents patients with complexities that should be guided by healthcare professionals. Patients should be actively engaged with clinicians within a framework of SDM that focuses on the need to choose options, full disclosure of the benefits and harms of screening, and the skills to use individual value systems to enable decisions. The National Survey of Medical Decisions (DECISIONS Study) was a national telephone survey of adults facing medical decisions regarding screening for breast, colorectal, and prostate cancer that occurred from 2006–2007. This study found that decisions were not always discussion-based and collaborative. About 20% of the time, participants reported screening without prior discussion. That survey served as the impetus for many healthcare advocacy groups to support SDM. The current study was undertaken to determine the impact of these recommendations on the

ONF, 41(6), 695–696.
doi: 10.1188/14.ONF.695-696

quality of decisions regarding cancer-screening options.

A total of 1,134 participants (n = 477 men, n = 657 women) aged 50 years or older made cancer-screening decisions for breast cancer, colorectal cancer, and prostate cancer. Of the 1,134 decisions, 1,098 were discussed with a healthcare professional. Most discussions (51%–67%) focused on the pros of screening, but only 7%–14% addressed the cons. Women were asked less often (43%–57%) than men (70%–71%) whether they wanted screening. Only 27%–38% of participants reported SDM, and 55%–76% reported that they would make the same decision again. The decision process in this study did not meet all of the SDM criteria because the potential harm of screening and patient preferences were not routinely discussed. The authors recommended more training for healthcare professionals regarding SDM, including tools for decision making and programs to discuss the risks and benefits of screening.

Hoffman, R.M., Elmore, J.G., Fairfield, K.M., Gerstein, B.S., Levin, C.A., & Pignone, M.P. (2014). Lack of shared decision making in cancer screening discussions: Results from a national survey. *American Journal of Preventive Medicine, 47,* 251–259. doi:10.1016/j.amepre.2014.04.011

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Key words: sedentary lifestyle; cancer risk; shared decision making; cancer screening