

# Tailored lifestyle recommendations during colorectal cancer screening promote healthy behaviors

A program that provided individually tailored lifestyle recommendations for patients undergoing screening for colorectal cancer helped encourage healthy behavior, according to results published in *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research.

“It is well known that a healthy lifestyle decreases the risk of colorectal cancer,” said the study’s lead author, Markus Dines Knudsen, PhD, Department of Bowel Screening at the Cancer Registry of Norway in Oslo and the Department of Research and Development at Telemark Hospital in Skein, Norway.

“We also know that the context of cancer screening provides a teachable moment to increase participants’ awareness of health behaviors,” he added. “We wanted to examine whether tailored feedback, delivered within a screening program, could effectively promote lifestyle changes that could reduce cancer risk.”

In this study, the researchers invited 3,642 men and women aged 50-74, from two different areas in southeastern Norway, to receive a sigmoidoscopy, a minimally invasive procedure used to screen for colorectal cancer. Ultimately, 1,054 enrolled in the study. Participants were asked to complete two lifestyle questionnaires, one before screening and one a year after screening. The lifestyle questionnaires included questions on smoking status, weight, physical activity, alcohol consumption, and intake of fruits, vegetables, and red or processed meat.

The participants were randomly assigned to receive either standardized, individually tailored, written feedback on their health habits; a standard leaflet about healthy behaviors; or nothing, as part of the control group. The group assigned to receive the standard leaflet received a one-page leaflet titled “Good habits for a healthier life.”

The group assigned to receive tailored feedback received a two- to three-page letter from the research team which reflected the participants’ answers to the lifestyle questionnaire before screening and urged them to improve cancer-preventive behaviors. For instance, a person who said they ate less than the daily recommended amount of fruits and vegetables would be reminded to eat at least five servings per day, and the letters provided examples and serving sizes.

One year after the participants completed the screening and questionnaire, they answered the second questionnaire on cancer preventive lifestyle behaviors. Overall, the researchers found that over the course of that year, those who received the individually tailored feedback increased their number of cancer preventive behaviors by 0.11 compared with the control group.

Some changes were larger among participants who had not previously adhered to healthy lifestyles. Among this population, those who received the individually tailored recommendations had a significantly larger weight loss of -0.84 kg compared to the control group.

Knudsen noted that while many changes were small and varied from group to group, the study indicates that individually tailored advice given in the context of colorectal screening may be helpful in encouraging behavior that could potentially lower cancer risk.

“The benefit of teaching cancer preventive behavior in the setting of population-based screening is that it could increase chances of reaching a major portion of the relevant age group or demographic,” Knudsen said. “At the time of screening, these people may be more responsive to information about cancer prevention.”

Knudsen noted that the researchers did not have information on the participants’ awareness of lifestyle behaviors prior to the study. He added that people willing to complete questionnaires and join a study may be more motivated than the general public to improve their health.

Source:

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