

# Adhering to lifestyle guidelines reduced mortality in elderly female cancer survivors

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Achieving and maintaining a healthy body weight, staying physically active and maintaining a healthy diet improved survival after cancer diagnosis in an elderly female cancer survivor population, according to data presented at the 11th Annual AACR International Conference on Frontiers in Cancer Prevention Research, held here Oct. 16-19, 2012.

Researchers examined cancer survivors' adherence to the 2007 World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR) guidelines for body weight, physical activity and diet.

"Elderly female [cancer survivors](#) who achieve and maintain an ideal body weight, stay physically active and eat a healthy diet have an almost 40 percent lower risk for death compared with women who do not follow these recommendations," said Maki Inoue-Choi, Ph.D., R.D., research associate in the Division of Epidemiology and Community Health in the School of Public Health at the University of Minnesota.

[Study participants](#) included 2,080 women from the Iowa Women's Health Study who had a confirmed cancer diagnosis between 1986 and 2002 and who completed a follow-up questionnaire in 2004. Women provided information on body weight, physical activity level, dietary intake and other demographic and [lifestyle factors](#).

Through annual linkage with the State of Health Registry of Iowa and the National Death Index, researchers identified 495 deaths from 2004 to 2009, including 197 from cancer and 153 from cardiovascular disease.

Researchers adjusted for age, number of [comorbid conditions](#), general health, smoking, type and stage of cancer, current cancer treatment and subsequent [cancer diagnosis](#). They found all-cause mortality was 37 percent lower for women with the highest (6 to 8) versus the lowest (0 to 4) adherence scores.

Reaching the WCRF/AICR physical activity recommendation was also associated with lower risk for death from any cause, from cardiovascular disease or from cancer after the researchers adjusted for dietary and body weight recommendation adherence scores and other covariates.

However, reaching the dietary recommendations was not associated with mortality following adjustment for body weight and physical activity recommendation adherence scores.

**More information:** A09 Adherence to the WCRF/AICR recommendations for cancer prevention is associated with all-cause and cancer mortality among elderly female cancer survivors. Maki Inoue-Choi, DeAnn Lazovich, Kim Robien. University of Minnesota, Minneapolis, MN.

### **Abstract**

**Background:** Lifestyle recommendations to decrease risk of primary cancer such as eating a healthy diet, maintaining ideal body weight and staying physically active may also decrease risk of subsequent cancers and other chronic disease. The 2007 World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR) body weight, physical activity and dietary guidelines encourage cancer survivors to follow its cancer prevention recommendations. However, the quantity and quality of research available to support evidence-based recommendations specific to cancer survivors are deemed to be insufficient.

**Methods:** A total of 2,080 participants in the Iowa Women's Health Study who had a confirmed cancer diagnosis between 1986 and 2002 and completed the follow-up questionnaire in 2004 were included in analysis. Dietary intake, body weight, and physical activity level, as well as other demographic and lifestyle factors were collected in the 2004 survey. An adherence score to the 2007 WCRF/AICR recommendations (range: 0) was calculated assigning one point each of eight recommendations. Vital status and cause of deaths were collected through annual linkage with the State of Health Registry of Iowa and the National Death Index. Multivariate hazard ratios (HR) and 95% confidence intervals (CI) of cancer, cardiovascular disease (CVD), and all-cause mortality were computed for quartiles of adherence scores by Cox regression proportional hazard regression models. Mortality was also compared by body weight, physical activity, or dietary recommendation adherence scores.

**Results:** From 2004 through 2009, 495 deaths were identified, including 197 due to cancer and 153 due to CVD. All-cause mortality was lower for women with the highest (6-8) versus lowest (0-4) adherence scores (HR=0.63, 95%CI=0.47-0.85) after adjusting for age, number of comorbid conditions, perceived general health, current smoking, type and stage of cancer, type of cancer treatment, current cancer treatment and subsequent cancer diagnosis. When stratifying by time since diagnosis or cancer type, this inverse association was confined to women who survived 5-10 y, survivors of breast cancer, and survivors in the "other cancers" category (cancers other than breast, colorectal and endometrial cancers). Similarly, cancer mortality was lower among women with the highest versus lowest adherence scores (HR=0.55, 95%CI=0.34-0.90), but only among survivors in the "other cancers" category. CVD mortality was not different by adherence scores. Meeting the physical activity recommendation was associated with lower risk of death from any cause (ptrend

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