

AICR's Federal Priorities: Access to Lifestyle Interventions for Cancer Survivors

Background

In 2019, more than 16.9 million Americans were living with or beyond cancer.¹ By 2026, the number of cancer survivors is expected to rise to nearly 20.3 million.² This should be celebrated, as it reflects an increase in quality and accessibility of care, as well as improved early detection when cancers are more treatable. However, cancer survivors have healthcare needs that continue even after being declared cancer-free.

Survivors face both physiological and psychological hurdles following treatment: they are more likely to develop secondary cancers, have cardiovascular disease risk factors, and experience symptoms of depression than similar populations without a diagnosis.^{3,4,5} Despite these health challenges, studies have shown that the health behaviors of cancer survivors do not significantly differ from those of the general population- the majority of survivors tend to be physically inactive, and there is little difference between the two groups in regard to smoking and alcohol intake.⁶

As the leading authority on lifestyle and cancer, the American Institute for Cancer Research (AICR) recognizes the potential impact changes in diet, nutrition and physical activity can have on the health outcomes of cancer survivors, along with increasing their quality of life. In our [10 Cancer Prevention Recommendations](#), we stress the importance of survivors following the same recommendations, if they can. We know that common side effects of many cancer treatments often impact eating patterns, leading to malnutrition.⁷ Obesity can also impact outcomes for survivors by masking malnutrition and contributing to recurrence in certain cancer sites.⁷ These markers underscore the need for lifestyle interventions for cancer survivors to address diet, obesity and physical activity. As a tireless champion of research on the effects of lifestyle factors on cancer survivorship, AICR advocates for access to evidence-based interventions to promote a healthy lifestyle before, during and after cancer treatment.

Lifestyle Interventions for Chronic Disease Management

Lifestyle interventions have already been successfully implemented for other chronic diseases. The Diabetes Prevention Program (DPP), for instance, was created in 2010 as a partnership between public and private organizations to help decrease the prevalence of type 2 diabetes.⁸ This program is the first community-based lifestyle intervention to be broadly covered by many public and private insurers. It provides a structured behavior change program that aims to achieve weight loss by increasing healthy eating and physical activity amongst at-risk populations.⁹ Studies have shown modest evidence that these interventions are effective at reducing diabetes risk, more so than costly pharmacological interventions.¹⁰

These types of lifestyle interventions may be just as effective in cancer survivors. Studies have shown that exercise interventions have been able to decrease a multitude of psychological and physiological symptoms, such as depression and fatigue.^{11,12} Other studies have suggested that exercise-based interventions play a role in decreasing recurrence for cancer-related and all-cause mortality.¹³ Other interventions have also shown promise in increasing adherence to healthy eating guidelines (such as the [Dietary Guidelines for Americans](#)).^{14,15} These interventions also help to positively impact biomarkers that may play a role in recurrence of secondary cancers and in the development of other chronic diseases.^{14,15}

The Need for Access

Evidence is growing that lifestyle interventions are an effective means to increase quality of life in cancer survivors.¹¹⁻¹⁵ These types of interventions seem to be in-demand from this population, yet coverage is often uneven or nonexistent, leading to patient confusion, under-utilization of services that are available, and high costs. Under the Affordable Care Act (ACA), behavioral interventions for weight loss for individuals with obesity must be covered as a preventive service with no copays under most insurance plans, but such a requirement does not apply to lifestyle interventions provided to cancer survivors.¹⁶ Accessibility for such services often depends on where the patient receives oncology care, whether the care is provided in an inpatient or outpatient setting, and their ability to pay.^{17,18} While rehabilitative services, such as exercise rehabilitation for cancer survivors, are covered as an Essential Health Benefit within the ACA, these services still can incur high costs from co-pays and deductibles, making them inaccessible to many.¹⁷ Availability of Registered Dietitian Nutritionists (RDN) may also play a role in inadequate access to nutrition counseling for cancer survivors. One study found that, while 94 percent of outpatient cancer centers surveyed reported having at least one RDN on staff, the RDN-to-patient ratio was extremely high, with a mean caseload per RDN of well over 2,000 patients.¹⁹ Due to lack of insurance coverage, 77 percent of these centers did not directly bill the patient for their nutrition services.¹⁹

AICR supports and advocates for increased access to and insurance coverage for lifestyle interventions, particularly for those that are tailored to fit the unique needs of cancer survivors. Part of this long-term strategy includes advocating for and [funding research](#) on the effect of lifestyle interventions on cancer survivors through our own grant program, which has contributed more than \$109 million to cancer research to date. We have also joined forces with other organizations to advocate for legislative and regulatory changes that increase access and coverage, such as the [Medical Nutrition Therapy Act of 2020 \(H.R. 6971\)](#), which would expand access to medical nutrition therapy, a counseling service provided by a licensed nutrition professional, for Medicare recipients with certain chronic conditions, including cancer.²⁰

Source: CDC

Conclusion

As the number of cancer survivors in the United States continues to grow, lifestyle interventions will become increasingly necessary to care for their unique needs as well as mitigate the toll that they may incur on an already-overburdened healthcare system. AICR is dedicated to advocating for comprehensive access to and coverage for these programs and services to support cancer survivors.

For more information about AICR's federal policy priorities and how you can get involved, please visit <https://www.aicr.org/impact/policy-advocacy> or contact k.kiefer@aicr.org.

¹ American Cancer Society. "Cancer Facts and Figures 2020." 2020. Available at <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html>.

² National Cancer Institute. "Cancer Statistics." Updated April 27, 2018. Available at <https://www.cancer.gov/about-cancer/understanding/statistics>.

³ Stein, K.D., Syrjala, K.L. & Andrykowski, M.A. "Physical and psychological long-term and late effects of cancer." 2008. *Cancer*, 112(11). Doi: [10.1002/cncr.23448](https://doi.org/10.1002/cncr.23448)

⁴ Armenian, SH et al. "Cardiovascular disease among survivors of adult-onset cancer: A community-based retrospective cohort study." 2016. *Journal of Clinical Oncology*, 34(10). Doi: 0.1200/JCO.2015.64.0409

⁵ Niedzwiedz, C.L., Knifton, L., Robb, K.A., Katikireddi, S.V. & Smith, D.J. "Depression and anxiety among people living with and beyond cancer: A growing clinical and research priority." 2019. *BMC Cancer*, 19. DOI: 10.1186/s12885-019-6181-4

⁶ Williams, K., Steptoe, A. & Wardle, J. "Is a cancer diagnosis a trigger for health behaviour change? Findings from a prospective, population-based study." 2013. *British Journal of Cancer*, 108(11) pp. 2407-2412. Doi: 10.1038/bjc.2013.254

⁷ Greenlee et al. "Helping patients eat better during and beyond cancer treatment." 2019. *The Cancer Journal*, 25(5).

⁸ Centers for Disease Control and Prevention. "About the National DPP." Updated November 15, 2018. Available at <https://www.cdc.gov/diabetes/prevention/about.htm>

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- 9Centers for Disease Control and Prevention. "About the National DPP." Updated November 15, 2018. Available at <https://www.cdc.gov/diabetes/prevention/about.htm>
- 10 NYS Health Foundation. "Policy brief: The effectiveness of community-based diabetes prevention programs." 2015. Available at <https://nyshealthfoundation.org/wp-content/uploads/2017/11/brief-diabetes-prevention-in-community-settings.pdf>
- 11 Patsou, E.D., Alexias, G.D., Anagnostopoulos, F.G. & Karamouzis, M.V. "Effects of physical activity on depressive symptoms during breast cancer survivorship: A meta-analysis of randomized control trials." 2017. *Cancer Horizons*, 2(5). Doi: 10.1136/esmooopen-2017-000271
- 12 Mustian, K.M. et al. "Comparison of pharmaceutical, psychological and exercise treatments for cancer-related fatigue: A meta-analysis." 2017. *JAMA Oncology*, 3(7). Doi: 10.1001/jamaoncol.2016.6914
- 13 Cormie, P., Zopf, E.M., Zhang, X. and Schmitz, K.H. "The impact of exercise on cancer mortality, recurrence and treatment-related adverse effects." 2017. *Epidemiologic Reviews*, 39(1). Doi: 10.1093/epirev/mxx007
- 14 Spees CK et al. "Impact of a tailored nutrition and lifestyle intervention for overweight cancer survivors on dietary patterns, physical activity, quality of life and cardiometabolic profiles." 2019. *Hindawi Journal of Oncology*, 2019. Doi: 10.1155/2019/1503195
- 15 Pekmezi, D.W. and Demark-Wahnefried, W. "Updated evidence in support of diet and exercise interventions in cancer survivors." 2011. *Acta Oncology*, 50(2), pp. 167-178. Doi: 10.3109/0284186X.2010.529822
- 16 U.S. Preventive Services Task Force. "Weight loss to prevent obesity-related morbidity and mortality in adults: Behavioral interventions." September 2018. Available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions>
- 17 Burke S, Wurz A, Bradshaw A, et al. Physical Activity and Quality of Life in Cancer Survivors: A Meta-Synthesis of Qualitative Research. *Cancers (Basel)* 2017; 9(5): 53. doi: [10.3390/cancers9050053](https://doi.org/10.3390/cancers9050053).
- 18 Basen-Engquist K, Alfano CM, Maitin-Shepard M, et al. Agenda for Translating Physical Activity, Nutrition, and Weight Management Interventions for Cancer Survivors into Clinical and Community Practice. *Obesity (Silver Spring)*. 2017; 25 Suppl 2:S9-S22. doi:10.1002/oby.22031.
- 19 Trujillo, E. et al. "Inadequate nutrition services in outpatient cancer centers: Results of a national survey" 2019. *Journal of Oncology*. Doi: 10.1155/2019/7462940
- 20 Academy of Nutrition and Dietetics. "MNT versus nutrition education." Updated August 2006. Available at <https://www.eatrightpro.org/payment/coding-and-billing/mnt-vs-nutrition-education>