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 2030, the number of cancer survivors is expected to rise to nearly 22.2 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 health care needs that continue through long-term survivorship.

Cancer survivors face both physiological and psychological hurdles following treatment. Survivors are more likely to develop secondary cancers and cardiovascular disease risk factors compared to similar populations without cancer,\(^3,4\) and they often face short- and long-term effects of cancer and its treatment, including, in some cases, advice to change their physical activity and dietary habits. Additionally, studies have found a higher prevalence of depression in some cancer survivors, although more research is needed on the relationship among survivors of differing cancer and treatment types and demographic characteristics.\(^5\) While a cancer diagnosis may underscore the need for a lifestyle that includes physical activity and a healthy diet, there is little difference between the health behaviors of cancer survivors and the general population with respect to physical activity, smoking, and alcohol intake, indicating a need for more support to help cancer survivors make healthy lifestyle choices.\(^6\)

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 and quality of life of cancer survivors. In our 10 Cancer Prevention Recommendations, we stress the importance of survivors following the same recommendations as those who have not experienced a cancer diagnosis, 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.\(^8\) Studies have shown modest evidence that these interventions are effective at reducing diabetes risk, more so than costly pharmacological interventions.\(^9\)

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.\(^10,11\) Other studies have suggested that exercise-based interventions play a role in decreasing recurrence for cancer-related and all-
cause mortality. Other interventions have also shown promise in increasing adherence to healthy eating guidelines (such as the Dietary Guidelines for Americans). These interventions help positively impact biomarkers that may play a role in recurrence of secondary cancers and in the development of other chronic diseases.

The Need for Access
Evidence is growing that lifestyle interventions are an effective means to increase quality of life in cancer survivors. Yet coverage for lifestyle interventions 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. 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 the patient’s ability to pay. 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. Availability of Registered Dietitian Nutritionists (RDN) may also play a role in inadequate access to nutrition counseling for cancer survivors. One study found that 94 percent of outpatient cancer centers surveyed reported having at least one RDN on staff, but the RDN-to-patient ratio was extremely high, with a mean caseload per RDN of well over 2,000 patients. Due to lack of insurance coverage, 77 percent of these centers did not directly bill the patient for their nutrition services. Instead, these centers relied on other financial models to providing this service.

Policy Recommendations
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 over $110 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, a bill that has been newly reintroduced as S.1536/H.R.3108 in the 117th Congress. The MNT Act seeks to expand access to medical nutrition therapy, a counseling service provided by a licensed nutrition professional, for Medicare participants with certain chronic conditions, including cancer. Additionally, AICR supports Moving Through Cancer, an initiative led by the American College of Sports Medicine, which aims to make exercise part of the standard of care in oncology by 2029. AICR is actively engaged in developing a policy agenda focused on providing insurance coverage and reimbursement for exercise oncology interventions.

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 of cancer to both survivors and the health care system. AICR is dedicated to advocating for comprehensive access to and coverage for these 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 advocacy@aicr.org.