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THE UNIVERSITY OF TEXAS MDAnderson Nutrition - Adult

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Department of Clinical Effectiveness V5

Approved by the Executive Committee of the Medical Staff on 06/18/2024

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### **APPENDIX A: Body Mass Index (BMI)**

		Weight in Pounds																																			
Height	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265
4' 10"	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
4' 11"	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	53	54
5'	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
5' 1"	16	17	18	19	20	21	22	23	24	25	26	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	43	44	45	46	47	48	49	50
5' 2"	16	16	17	18	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	36	37	37	38	39	40	41	42	43	44	45	46	47	48	48
5' 3"	15	16	17	18	19	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	35	36	37	38	39	40	41	42	43	43	44	45	46	47
5' 4"	15	15	16	17	18	19	20	21	21	22	23	24	25	26	27	27	28	29	30	31	32	33	33	34	35	36	37	38	39	39	40	41	42	43	44	45	45
5' 5"	14	15	16	17	17	18	19	20	21	22	22	23	24	25	26	27	27	28	29	30	31	32	32	33	34	35	36	37	37	38	39	40	41	42	42	43	44
5' 6"	14	15	15	16	17	18	19	19	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32	33	34	35	36	36	37	38	39	40	40	41	42	43
5' 7"	13	14	15	16	16	17	18	19	20	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32	33	34	34	35	36	37	38	38	39	40	41	42
5' 8"	13	14	14	15	16	17	17	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	33	33	34	35	36	36	37	38	39	40	40
5' 9"	13	13	14	15	16	16	17	18	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	32	33	34	35	35	36	37	38	38	39
5' 10"	12	13	14	14	15	16	16	17	18	19	19	20	21	22	22	23	24	24	25	26	27	27	28	29	29	30	31	32	32	33	34	34	35	36	37	37	38
5' 11"	12	13	13	14	15	15	16	17	17	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	29	29	30	31	31	32	33	33	34	35	36	36	37
6'	12	12	13	14	14	15	16	16	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30	31	31	32	33	33	34	35	35	36
6' 1"	11	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30	30	31	32	32	33	34	34	35
6' 2"	11	12	12	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	22	23	24	24	25	26	26	27	28	28	29	30	30	31	31	32	33	33	34
6' 3"	11	11	12	12	13	14	14	15	16	16	17	17	18	19	19	20	21	21	22	22	23	24	24	25	26	26	27	27	28	29	29	30	31	31	32	32	33
	Underweight (18.4 or lower)														No	rmal	weig	ht (1	8.5-2	4.9)			Overweight (25-29.9)								Obese (30 or higher)						

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#### APPENDIX B: World Cancer Research Fund (WCRF)/American Institute for Cancer Research (AICR) Guidelines

These ten recommendations for cancer prevention are drawn from the World Cancer Research Fund (WCRF)/American Institute for Cancer Research (AICR) Third Expert Report:

- Be a healthy weight
- Be physically active
- Avoid sugary drinks. Limit consumption of energy-dense foods.
- Eat a diet rich in whole grains, vegetables, fruits, and beans

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- Limit consumption of red and processed meats
- Limit consumption of sugar-sweetened drinks
- Limit alcohol consumption
- Limit consumption of "fast foods" and other processed foods that are high in fat, starches, or sugars
- Do not use supplements for cancer prevention
- For mothers: breastfeed your baby, if you can<sup>1</sup>
- After a cancer diagnosis: follow the recommendations, if you can<sup>1</sup>

<sup>1</sup>Special Population Recommendations

#### **APPENDIX C: Patient Education Documents**

- Cancer Risk Reduction with Nutrition: Benefits
- Cancer Risk Reduction Through Nutrition
- Goal Setting for a Healthy Lifestyle
- Nutrition In Cancer Care and Prevention
- Weight and Your Health
- Weight Management Tools and Resources

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### **APPENDIX D: Resources**

• Academy of Nutrition and Dietetics: http://www.eatright.org/

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- American Cancer Society: https://www.cancer.org/cancer/risk-prevention/diet-physical-activity/acs-guidelines-nutrition-physical-activity-cancer-prevention.html
- American Institute for Cancer Research: http://www.aicr.org/
- Anticancer Lifestyle Program: https://anticancerlifestyle.org/
- Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/healthyweight/losing\_weight/
- Consensus Statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: http://journals.sagepub.com/doi/abs/10.1177/0148607112440285
- National Institute of Diabetes and Digestive and Kidney Diseases: https://www.niddk.nih.gov/health-information/weight-management/choosing-a-safe-successful-weight-loss-program
- Overeaters Anonymous: https://oa.org/
- United States Department of Agriculture (USDA) Choose My Plate: https://www.choosemyplate.gov/
- Weight Watchers: https://www.weightwatchers.com/us/
- Young Men's Christian Association (YMCA): http://www.ymca.net/

### **APPENDIX E: Diet and Exercise Setbacks and Slips**

Certain situations may tempt your healthy eating or exercise habits. These times may be during the holidays, social gatherings or even after a long day of work. You might indulge or postpone exercise and find yourself feeling guilty. If you associate slips with failure, consider the following:

- A slip does not undo all the success you have had so far
- A slip does not mean that you are weak or a failure
- Use the slip as a learning experience. Learn what triggers your unhealthy eating and inactive behaviors. Come up with a plan to help balance your lifestyle with your current health goal when you encounter these triggers.
- Explore your motivation. Take a closer look at your reasons to pursue a healthier lifestyle through diet and exercise. Do these reasons outweigh the reasons to eat unhealthy and not exercise?
- Does your goal work for you in your current situation? Take time to evaluate your goal. Goals can be changed. Think about what will work for you. For example, if your work schedule doesn't allow you to exercise for an hour, try for 30 minutes.
- If you slip, get back on track right away. Life happens and everyone can be tempted to eat unhealthy or avoid a workout day. Do not quit just because you slipped.
- Keep going. If you have had a major setback or just haven't reached your goal, keep going. A healthy diet and exercise is the best thing you can do to reduce your cancer risk.
- Talk with a professional. Resources for professional support on your journey to optimize health include The Healthy Living Clinic and The Integrative Medicine Center (internal referral).

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### SUGGESTED READINGS

American College of Sports Medicine., & Irwin, M. L. (2012). ACSM's Guide to Exercise and Cancer Survivorship. Champaign, IL: Human Kinetics.

Centers for Disease Control and Prevention (CDC). (2023) Losing Weight. Retrieved from https://www.cdc.gov/healthyweight/losing\_weight/index.html

Motivational Interviewing Network of Trainers Incorporated. (2018) Retrieved from: http://www.motivationalinterviewing.org/

National Comprehensive Cancer Network. (2023). Survivorship (NCCN Guideline Version 1.2023). Retrieved from https://www.nccn.org/professionals/physician\_gls/pdf/survivorship.pdf

- White, J. V., Guenter, P., Jensen, G., Malone, A., Schofield, M., Academy Malnutrition Work Group, ... ASPEN Board of Directors. (2012). Consensus statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Characteristics recommended for the identification and documentation of adult malnutrition (undernutrition). *Journal of Parenteral and Enteral Nutrition*, *36*(3), 275-283. doi: 10.1177/0148607112440285
- World Cancer Research Fund/American Institute of Cancer Research. (2018). *Diet, Nutrition, Physical Activity and Cancer: A Global Perspective*. Continuous Update Project Expert Report 2018. Retried from: https://www.wcrf.org/wp-content/uploads/2021/02/Summary-of-Third-Expert-Report-2018.pdf

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### **DEVELOPMENT CREDITS**

This screening algorithm is based on majority expert opinion of the Nutrition workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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