

# Cooking Classes for Prostate Cancer Survivors and Their Partners

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## Objective

To test the feasibility of an innovative nutrition intervention directed at prostate cancer survivors and their partners

## Background

- Prostate cancer is the most commonly diagnosed cancer in Canadian men, with approximately 21,300 new cases diagnosed in Canada in 2017
- 1 in 7 men will be diagnosed during their lifetime
- Survival 5 years post-diagnosis in men aged 40-79 is more than 95%
- Post-treatment, many survivors live with the side-effects of the disease and/or treatment and may develop chronic conditions due to aging and/or cancer therapy (e.g., bone loss, weight gain)
- Nutrition can play a role in preventing some of the side-effects, or lessening their impact. For example, obtaining adequate levels of calcium and Vitamin D, as well as avoiding caffeine, can lead to better bone health

## Methods

### Cooking Class Intervention

- 6 weekly 2-hour group cooking classes x 4 intervention programs, led by an educator/chef team; last session hosted by a local VIP chef
- Demonstration kitchen with 6 individual kitchen workstations for hands-on experience

### Eligibility Criteria

- 18 years and over
- Diagnosis of prostate cancer
- Can read and understand English
- Living with wife or common law partner
- Have a desire to participate in cooking class with wife/partner

**Exclusion Criteria:** on a strict diet, such as gluten free

### Curriculum

- Session 1: The Breakfast Club
- Session 2: Bone Health
- Session 3: Plant-based Diet –Your New Best Friend
- Session 4: All About Fats
- Session 5: Grocery Store Shopping Trip
- Session 6: Celebrity Chefs Share Their Secrets



### Data Collection

Data assessed at baseline and post intervention:

- Demographics, anthropomorphic measures, self-reported measures of dietary intake, relationship quality, and quality of life

Data assessed 3-months post-intervention:

- Participant satisfaction data collected via telephone interview

### Primary Outcomes

- Accrual (attainment of target accrual); retention/adherence (dropout rate of < 20%, based on attendance at ≥ 4 sessions); and participant satisfaction (>75% satisfied); appropriateness/acceptability of candidate outcome measures

### Participant Characteristics (N=40)

61  
Average age

54%  
Retired

29  
Average number of years of relationship

78%  
Post-graduate education

## Results

### Accrual

- 22 people accrued, 92% of target (n=24)  
Ads on bulletin board and newsletters not successful; connection to Vancouver Prostate Centre was effective

### Retention/Adherence

- 20 people completed the intervention, 91% of participants (only 9% drop-out rate)
  - 17 people completed 5 or 6 sessions, 77% of participants (high adherence)
- Low attrition or drop-outs; missed sessions were due to medical issues or work schedule

### Feasibility of Measures

- Self report measures well accepted; very little missing data
- We considered collecting medical data including osteopenia and PSA. This was not feasible in the context of this healthcare setting, due to lack of data on osteopenia in medical records and the match between PSA test time and intervention

### Participant Satisfaction

- 100% of participants reporting that they were “very” or “quite” satisfied with the program
- 100% would recommend the program to others
- 97% felt that participating with their partner was useful

*“Participating in the project gave us hope and reminded us how important it is to have a good quality of life in spite of the ‘grimness’ of cancer.”*



## Conclusions

- Innovative approaches are urgently needed to prevent and mitigate negative effects of prostate cancer therapy and to promote healthy lifestyles in prostate cancer survivors
- Including both survivors and their partners is promising approach
- The cooking class format proved to be feasible and has the potential to be incorporated as part of standard supportive care

### Next Steps

- Creation of an online cooking show format would be a cost-effective method of targeting a much larger group of prostate cancer survivors and spouses and hard to reach (i.e., rural and remote; shift workers; house-bound) populations

## References & Acknowledgements

Canadian Cancer Statistics Advisory Committee. Canadian Cancer Statistics 2017. Toronto, ON: Canadian Cancer Society; 2017. Available at: [cancer.ca/Canadian-Cancer-Statistics-2017-EN.pdf](http://cancer.ca/Canadian-Cancer-Statistics-2017-EN.pdf)

Thanks to Drs. Gwen Chapman, Joyce Davison, Winkle Kwan and Ms's Cheri Van Patten, Rossana Ascencio, and Tracey Mager for their assistance on this project

Funding for this project was provided by Canadian Cancer Society Grant #702413