**Table 6a. Strength of evidence of studies among adults with cancer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number of Studies, Participants** | **Domains Pertaining to Strength of Evidence** | | | | **Strength of evidence**  **Range of mean differences between groups** |
|  | **Risk of Bias** | **Consistency** | **Directness** | **Precision** |  |
| **BMI change** |  | | | |  |
| Self-management  1 Observational study (n=1867) 1 | Moderate  Accounted for confounding and losses to followup | Not applicable  One study | Indirect  Substudy of a colorectal cancer registry | Precise  Statistically significant, but no meaningful between group difference | Low  Less than 5 hours per day television viewing associated with a 0.6 kg/m2 greater BMI 31 months after colorectal cancer diagnosis than viewing less than 3 hours per day. Borderline meaningful between group. |
| Diet |  |  |  |  | Insufficient |
| Physical activity |  |  |  |  | Insufficient |
| Combination  1 trial (2,164 analyzed)2 | Moderate  No blinding of outcome assessors | Not applicable  One study | Indirect  Goal of study to prolong relapse-free survivial | Precise  Clinically and statistically meaningful. | Low  Self-management and dietary intervention had a 1.1 kg/m2 lower BMI at 5 years. |
| **Weight change** |  | | | |  |
| Self-management |  |  |  |  | Insufficient |
| Diet  1 trial (97 analyzed)3 4 | Moderate  No blinding of outcome assessors | Not applicable  Only one trial | Indirect  Trial not designed to prevent weight gain | Imprecise  Standard errors not reported for difference in weight change | Low  No meaningful between group difference between interventions and control. |
| Physical activity  1 trial (N=101 analyzed)5 | Moderate  No blinding of outcome assessors | Not applicable  One trial | Direct  The intervention had a weight maintenance goal | Precise | Moderate  Aerobic and resistance exercise performed at home prevented weight gain over 5 years. |
| Combination  1 trial (2,164 analyzed)2 | Moderate  No blinding of outcome assessors | Not applicable  One study | Indirect  Goal of study to prolong relapse-free survivial | Precise  Clinically and statistically meaningful. | Low  Self-management and dietary intervention lost 2.9 kg compared to 0.2 kg weight gain in controls. |
| **Waist circumference** |  | | | |  |
| All approaches |  | | | | Insufficient |
| **Adherence** |  | | | |  |
| Self-management |  |  |  |  | Insufficient |
| Diet  1 trial (97 analyzed)3 4 | Moderate  No blinding of outcome assessors | Not applicable  Only one trial | Indirect  Trial not designed to prevent weight gain | Imprecise  Fewer than 400 participants analyzed | Low  60-90% adherence among intervention groups. |
| Physical activity  1 trial (N=101 analyzed)5 | Moderate  No blinding of outcome assessors | Not applicable  Only one trial | Direct  The intervention had a weight maintenance goal | Imprecise  Fewer than 400 participants | Low  65-79% adherence to intervention at 1 year. |
| Combination  1 trial (2,164 analyzed)2 | Moderate  No blinding of outcome assessors | Not applicable  One study | Indirect  Goal of study to prolong relapse-free survivial | Precise  Greater than 400 participants. | Low  Intervention group reduced calories from fat through 5 years of followup. |
| **Adverse events** |  | | | |  |
| Self-management |  |  |  |  | Insufficient |
| Diet |  |  |  |  | Insufficient |
| Physical activity |  |  |  |  | Insufficient |
| Combination  1 trial (2,164 analyzed)2 | Moderate  No blinding of outcome assessors | Not applicable  One study | Indirect  Goal of study to prolong relapse-free survivial | Imprecise  No event occurred. | Low  No adverse events associated with dietary and self-management intervention. |

**References**

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