How to keep active with cancer?

Cancer survivors' experiences of a tailored exercise programme CUFITTER™: results of an explorative survey

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Background

Cancer will affect 4 million people in the UK by 2030.[1] Growing evidence suggests that regular physical activity (PA) or exercise may reduce treatment-related symptoms and risk of cancer recurrence, and improve recovery, quality of life and survival rates.[2,3] However, PA levels often decline following a cancer diagnosis and adherence to the UK PA guidelines (150 minutes of moderate intensity activity per week) is low.[4] Disease and treatment side-effects, older age, and lack of knowledge or confidence are frequently identified as barriers to exercise.[5,6] Other factors include low referral rates, lack of patient education or advice from healthcare professionals (HCPs).[7,8] Supervised PA programmes tailored to individual needs and preferences could support and motivate cancer survivors to become or stay more active.

Methods

Study aim: to describe the experiences of people attending CUFITTER™, - a tailored programme for those in cancer recovery. It offers various classes and 1-to-1 sessions with qualified trainers at low costs in a specially designed facility or at venues visited by trainers (pop-up gyms).

Study design: survey with convenience sampling examining demographic/health status, exercise awareness, information provision, previous/current PA levels (Godin-Shephard questionnaire[9]), barriers/benefits to PA, lifestyle changes, future intentions and use of technology.

Results

- ★ 60 surveys were evaluable of 67/100 returned
- ★ **Sample characteristics** - 60% female, 68% >60 years, 62% partnered, 47% ≥ sixth form education, 15% employed, 66% breast or prostate cancer, 67% on cancer treatment (10% chemotherapy, 48% hormone therapy), 62% comorbidity (top 3: hypertension, arthritis, diabetes)
- ★ **Exercise awareness and information provision** -
  - 52% were aware of UK guidelines for PA
  - 57% received verbal advice - from their hospital doctor, 23%; specialist nurse, 32%; or GP, 12%
  - 74% read information about exercise - leaflets from cancer charities: Cancer Research UK, 25%; Macmillan, 32%; or the hospital, 17%
  - 32% used the internet to search for exercise information, mainly charity websites
- ★ **CUFITTER™ use** -
  - information about programme provided by - HCPs, 38%; advertising, 20%; friends, 15%
  - 68% attended classes for ≤ 6 months - most often once (48%) or twice (37%) per week
  - 75% travel ≤ 5 miles to classes
  - main reasons for joining: to improve health after treatment, 54%; to access knowledgeable trainers, 23%; to exercise with people in a similar situation, 20%
- ★ **Self reported PA levels** - PA levels were higher ($p \leq 0.05$), and frequency of strenuous exercise increased ($p < 0.01$) since joining the programme
- ★ **Barriers and benefits of PA** - main barrier: physical impact of cancer/cancer treatment, 35%; main benefit: regaining/improving health or fitness, 42%
- ★ **Healthier lifestyle** – 67% made other lifestyle changes: healthy eating, 70%; stress management, 35%; alcohol reduction, 25%
- ★ **Future PA plans** – stay active, 48%; increase PA, 33%; extend/resume PA in other sport facilities, 15%
- ★ **Use of technology** –
  - 25% used a digital fitness tool (wearables, pedometers) to track PA or monitor progress
  - 53% would be interested in using these tools in the future

Conclusions

- ★ Exercise as a standard part of cancer care via social prescribing needs further investigation
- ★ Tailoring exercise to individual needs and having easily available community-based programmes may engage and support people with cancer to stay active
- ★ Development of formal PA guidelines for this population needs to be prioritised

References: **1** Maddams et al, 2012, DOI:10.1038/bjc.2012.366; **2** Mishra et al, 2012b, DOI:10.1002/14651858.CD008465.pub2; **3** Lahart et al, 2015, DOI: 10.3109/0284186X.2014.998275; **4** Blaney et al, 2010, DOI:10.2522/ptj.20090278; **5** Blaney et al, 2013, DOI:10.1002/pon.2072; **6** Fisher et al, 2016, DOI:10.1007/s00520-015-2860-0; **7** Daley et al, 2008, DOI:10.1186/1479-5868-5-46; **8** Smith et al, 2017, DOI:10.1111/ecc.12641; **9** Godin and Shephard, Can J Appl Sport Sci 1985, 10:141-146

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