A LOW-TOUCH PHYSICAL ACTIVITY INTERVENTION FOR BREAST CANCER SURVIVORS IN ALIGNMENT WITH THE NATIONAL STANDARDS FOR CANCER SURVIVORSHIP CARE

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BACKGROUND

- Regular moderate-vigorous physical activity (MVPA) produces the largest and most replicable reductions in risk and recurrence of breast cancer of any lifestyle factor. [1]
- Regular MVPA is associated with a 40–50% reduction in all-cause mortality among breast cancer survivors. [2]
- Guidelines recommend cancer survivors get ≥150 minutes of MVPA/week. [3]
- New National Standards for Cancer Survivorship Care emphasize lifestyle behaviors; leaders in the field are calling for exercise counseling to become standard of care in oncology by 2029.[4]
- To realize this vision, physical activity promotion strategies that can be delivered as part of routine follow-up care are needed.

Primary Objectives

1. Test the low-touch intervention package for proof-of-concept

2. Compare patterns of means across two exercise prescription strategies

METHOD

PARTICIPANTS

- ☐ Stage 0-III breast cancer survivors (≥18 years)
- ☐ ≤5 years since completing cancer treatment
- ☐ Baseline accelerometer verified MVPA <90 mins/week

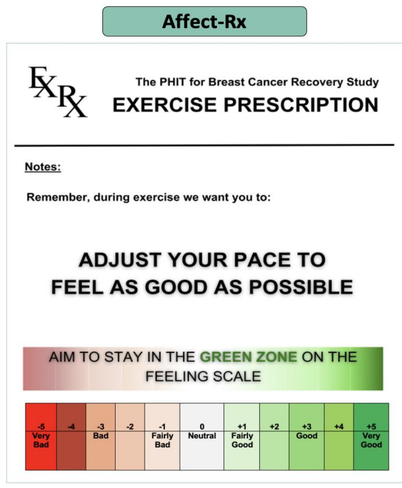
PRIMARY OUTCOME MEASUREMENT



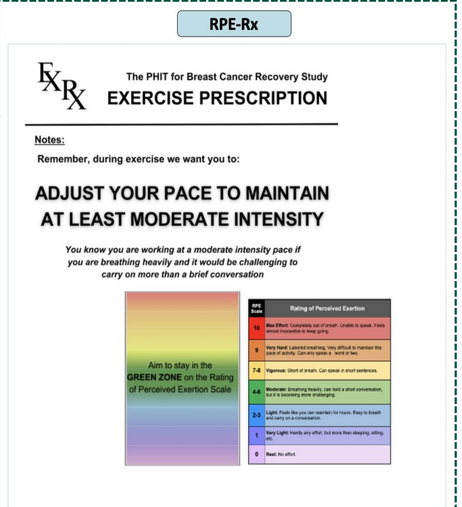
- ➢ Baseline
- ➢ 2-week
- ➢ 6-week
- ➢ 12-week

Exercise Prescription

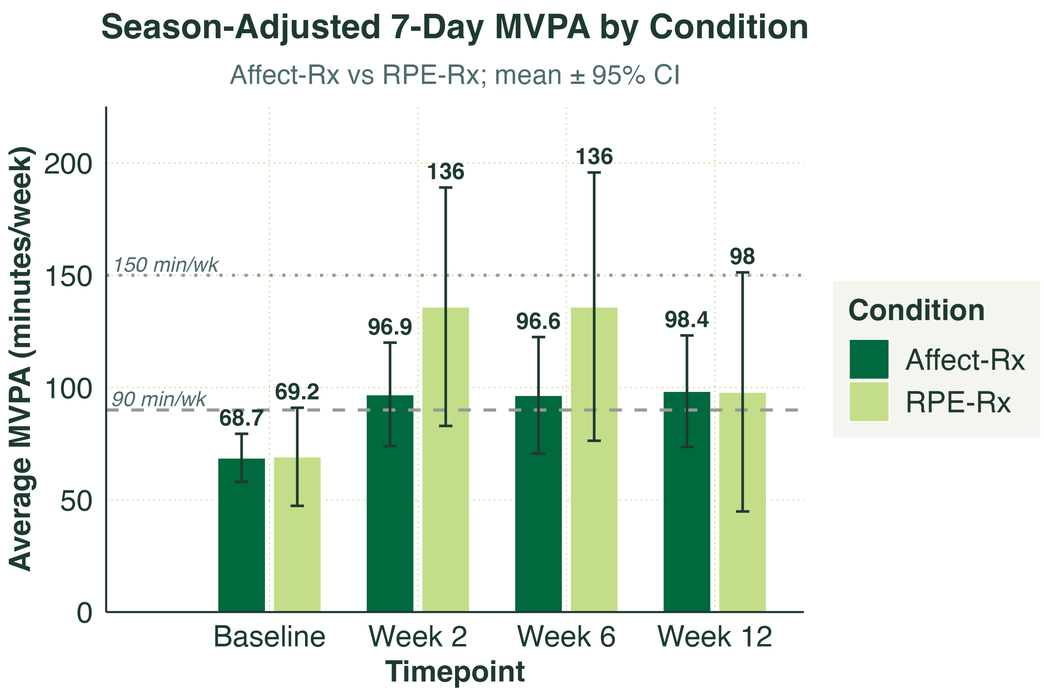
Affect-Rx



RPE-Rx



Slow and steady wins the race?



Method Continued

Low-touch intervention:

Exercise prescription visit + monthly check-in meetings x 2 (all remote)

- ☐ Fitbit smartwatch for self-monitoring
- ☐ Personal MVPA data summary review
- ☐ Modify individualized plan as needed.

Results Summary

1. Intervention proof-concept-was demonstrated:

- ☐ Average weekly minutes of weekly MVPA >90-mins/week at 2-, 6-, and 12-weeks follow-up for >50% of the sample

2. 'Tortoise and the Hare' MVPA change pattern:

- ☐ Average weekly MVPA showed a steeper initial increase for RPE-Rx than Affect-Rx. Yet, by week 12, groups were nearly equivalent

IMPLICATIONS FOR CLINICAL PRACTICE

- Per National Standards, oncology providers should assess/advise/refer patients to exercise
- Our results can help inform these conversations:
  - ☐ Build sustained motivation by moving towards what feels good
  - ☐ Challenge “no pain, no gain” and “all-or-nothing” thinking about MVPA and exercise
  - ☐ Probe for understanding of what “counts” as MVPA per guidelines
  - ☐ Help survivors identify strategies for monitoring MVPA levels (e.g., phone, smartwatch, pedometer)

Dartmouth Health

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REFERENCES