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Relationships Between Exercise Level, Beliefs About Exercise, And Exercise Promotion Among Cardiologists And Oncologists

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PURPOSE: This study examined the relationships between cardiologists' and oncologists' exercise levels, beliefs about exercise for their patients, and frequency of discussing or recommending exercise.

METHODS: A survey was distributed to oncologists and cardiologists via Qualtrics. Questions and responses were: (1) "I believe exercise is safe for most of my patients, most of patients are capable of exercise, exercise is effective for improving my patients' well-being, and exercise can reduce likelihood of disease recurrence, or increase chances of survival in my patients (strongly disagree to strongly agree), (2) "How often do you discuss exercise with your patients?" (none/few, some, most/all visits), (3) "What percent of patients have you recommended should exercise in the past month?" (none/few, some, most/all), and (4) "How do you provide information about exercise" (referral as a yes/no option). Self-reported exercise was categorized at meeting exercise guidelines or not. Fisher's Exact (*FE*) tests with Cramer's V were used to compare the proportion of responses in each category between questions.

RESULTS: Out of 154 surveys distributed, 58 (n=25 cardiologists, n=33 oncologists) were returned (37.7% response rate). Respondents were M=45.7±11.3 years old and 63.6% male. Those who agreed (vs. neutral/disagreed) with "…exercise can reduce likelihood of disease recurrence or increase survival…" were more likely to refer patients to an exercise program (FE=5.588, p=.040, V=.324). Cardiologists who agreed with the same statement were more likely to discuss exercise at most/all patient visits (FE=9.351, p=.027, V=.514). More than half (58.6%) reported meeting exercise guidelines, and there were no differences in beliefs about exercise for patients between those meeting vs. not meeting guidelines.

CONCLUSION: Cardiologists and oncologists who believe exercise can reduce the likelihood of disease recurrence or improve survival for their patients, may be more likely to discuss exercise or refer patients to an exercise program. Beliefs about exercise did not differ by exercise level. These findings suggest that cardiologists' and oncologists' beliefs about the benefits of exercise for improving disease outcomes may be a viable path to increase exercise promotion.

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Effects of Exercise on Sexual Function in Men with Advanced Prostate Cancer.

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PURPOSE: To report the effects of a 12-week modular multimodal exercise program (M3EP) comprising of resistance, aerobic and flexibility training on sexual health and function in men with advanced prostate cancer.

METHODS: Prostate cancer patients (70.0 ± 8.4 yr; body mass index 28.7 ± 4.0 kg·m−2) with bone metastases (rib/thoracic spine, 66.7%; lumbar spine, 43.9%; pelvis, 75.4%; femur, 40.4%; humerus, 24.6%; other sites, 70.2%) were randomly assigned to a supervised exercise program (3 days/week) comprising resistance, aerobic and flexibility exercises (EX; n=28) or usual care (UC; n= 29) for 12-weeks. Outcome measures of sexual health and function (International Index of Erectile Function (IEEF), the Expanded Prostate Cancer Index Composite (EPIC) and the EORTC-PR25 were assessed at baseline and 12-weeks.

RESULTS: After adjusting for baseline values, there were no differences between groups for any of the measures of sexual function and activity, p>0.05. Additionally, there were no differences between groups for urinary and bowel function as assessed by the EORTC-PR25 (p>0.05).

CONCLUSIONS: A M3EP program does not improve indices of sexual health and function in men with advanced prostate cancer.

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Baduanjin's Impact on Quality of Life and Sleep Quality in Breast Cancer Survivors Receiving: An Intervention Study

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PURPOSE: To investigate the impact of Baduanjin, a traditional Chinese exercise intervention, on quality of life and sleep quality in breast cancer survivors receiving aromatase inhibitors.

PATIENTS AND METHODS: A 3-month intervention study was conducted in 68 breast cancer survivors who were receiving treatment with aromatase inhibitors (AIs). All patients were instructed to participate in 12 weeks of Baduanjin exercise training, which involved three 90-minute sessions per week. Group 1 attended ≥2 sessions per week (n=33), while group 2 attended <2 sessions per week (n=35). Questionnaires measuring quality of life (QOL) and sleep quality were completed at baseline and 3 months after the intervention. Quality of life was assessed using the European Organization for Research and Treatment of Cancer Quality-of-Life Questionnaire Core 30 (EORTC QLQ- C30). Sleep quality was measured using the Pittsburgh Sleep Quality Index (PSQI),

RESULTS: The indexes of quality of life, which included functional scores, general health and symptom relief, significantly improved in group 1 (Ps<0.05) and had a larger effect size compared to group 2 (P value for group difference < 0.05). Compared with group 2, group 1 had a higher score on the functional scales (P<0.05), while the functional scale scores for group 2 worsened. The overall PSQI score in group 1 decreased by 4.85 points (47.92%) (P< 0.01) and was lower than that of group 2 (P for group difference < 0.05).

CONCLUSION: A 12-week Baduanjin exercise training program led to improvements in the quality of life and sleep quality of breast cancer patients receiving AIs.

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Evaluating The Translation Of Dutch Exercise Oncology Trials Into Clinical Practice Using The RE-AIM Framework

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PURPOSE: Implementation of exercise programs for cancer patients is challenging. This study evaluated the potential for implementation of exercise programs from Dutch exercise oncology trials.

METHODS: Three randomized controlled trials (PACES, REACT, PACT), examining effects of exercise during or following chemotherapy treatment with curative intent, were evaluated using the 5 dimensions of the RE-AIM framework: Reach, Effectiveness, Adoption, Implementation, and Maintenance.