

BACKGROUND

Exercise is safe and benefits people treated for cancer, but many struggle to achieve UK physical activity recommendations. Barriers to exercising include: older age, comorbidities, cancer stage, treatment side-effects, low confidence/knowledge regarding exercise, and lack of opportunities to exercise with others in a similar situation. CUFITTER™ is an innovative tailored initiative developed by breast cancer survivor Jan Sheward to help people treated for cancer exercise. It may address some of the common obstacles patients face.



THE CUFITTER PROGRAMME

Offers a range of classes, or personalised one-to-one sessions, with fully-qualified CUFITTER trainers, after an initial assessment to establish the most appropriate exercise interventions and support. It takes place in a specially designed facility or at venues visited by the trainers in a vehicle carrying small gym equipment (a pop-up gym) which is widening the service.

FOLLOWING DIAGNOSIS

Move Ahead with CUFITTER

DURING TREATMENT

Chemosize, CU Can Pilates, ProsKick, personalised one-2-one

IN RECOVERY

Mobility Stability, CU Can Pilates, Fit and Bust, Get Up & Booby, CU Stronger, personalised one-2-one

MOVING ON TO MAIN STREAM ACTIVITIES

Swimming, Nordic Walking, Jogging, Cycling and more...!

AIMS

Explore the experiences and physical activity levels of people attending CUFITTER classes.

METHODS

- Anonymous paper survey distributed to people attending CUFITTER classes July-Oct 2016
- Multiple-choice & open-ended questions were employed, and the Godin-Shephard Leisure Time Activity Questionnaire was used to measure exercise levels
- Four sections gathered information on: 1) demography & health; 2) past exercise experiences including activity levels, availability of facilities, information provision, and barriers; 3) current experience with CUFITTER including nature of attendance, activity levels and perceived benefits; 4) future intentions regarding exercise
- 60 evaluable questionnaires were yielded from 67/100 (67%) returned

RESULTS

TABLE 1: Demographics & health of the sample (n=60)

Demography	n (%)	Health characteristic	n (%)
Age		Cancer diagnosis	
<60 yrs	19 (32)	Breast	26 (43)
61-70 yrs	24 (40)	Prostate	14 (23)
>71 yrs	17 (28)	Haematological	9 (15)
		Other (renal, lung, bowel, H&N, bladder)	11(19)
Education *3 missing		Comorbidity present	37 (62)
To 16yrs only	29 (48)	Top 3 (multiple responses possible)	
Sixth form	9 (15)	Hypertension	15 (25)
University	19 (32)	Arthritis	6 (10)
		Diabetes	5 (9)
Sex (female)	36 (60)	Cancer treatments	Previous Current
		Surgery	13 (22) -
Employed	9 (15)	Radiotherapy	37 (62) 2 (3)
		Chemotherapy	32 (53) 6 (10)
Partnered	37 (62)	Hormone therapy	24 (44) 29 (48)
		Other (targeted therapy, immunotherapy)	- 3 (5)

Exercise awareness

- 31 (52%) were aware of DoH recommendations for adult levels of exercise
- Regarding exercising after diagnosis:
 - 34 (57%) had been given verbal advice
 - 44 (74%) had received written information
 - 19 (32%) had searched the internet for information

Experience with CUFITTER

- A majority (41, 68%) had been attending CUFITTER classes for < 6 months
- Frequency of class attendance was most often once (29, 48%) or twice (22, 37%) weekly

Barriers to exercise

Top 3 barriers reported:

- Feeling too unwell, tired or in pain (31, 52%)
- Not knowing what kind of exercise to do or how to start (27, 45%)
- Fear of damaging self (20, 33%)
- Most frequently (21, 35%) respondents said their MAIN barrier to exercising was the physical impact of cancer and/or its treatments

initially I was feeling really tired following radiotherapy and zoladex

I was worried it wasn't safe

chemo has affected my feet - balance is a problem

Benefits of CUFITTER

Top 3 benefits reported:

- Meeting others/social contact (42, 78%)
- Having fun (41, 76%)
- Getting back to/improving fitness (41, 76%)
- Regaining or increasing fitness was most commonly reported as the greatest benefit of attending CUFITTER classes (25, 42%)
- A majority (40, 67%) said they had made other lifestyle changes
 - 70% (28/40) healthier diet
 - 35% (14/40) stress reduction
 - 25% (10/40) alcohol reduction
- Since attending CUFITTER classes most were "very" (31, 52%) or "quite" (23, 38%) confident of finding ways to continue being physically active

mixing and getting fitter with people in the same situation

to get my fitness back to a level that I had before I was sick

healthier diet, less chocolate, try to walk more

TABLE 2: Levels of exercise before diagnosis and currently

Godin-Shephard Leisure Time Activity Questionnaire	Before diagnosis	Currently
Total score: mean (S.D.); min-max	23.1 (18.9); 0-101	28.0 (21.7); 0-109
*6 respondents data were incomplete		
Paired t-test: before Vs current physical activity	t= -1.984 (d.f. 53), p ≤0.05	
Strenuous exercise in a typical week: n (%)		
*5 respondents data were incomplete		
Often	12 (22)	15 (27)
Sometimes	31 (56)	34 (62)
Never	12 (22)	6 (11)
X ² (4, n=55) =15.85, p <0.01		

I wish I had known about CUFITTER sooner. Since joining I feel more positive that I might one day be as fit as I was before my diagnosis

CONCLUSIONS

- CUFITTER classes positively influenced these patients' exercise experiences and habits
- More research is needed to fully understand the potential benefits of CUFITTER classes
- Future work may involve CUFITTER attendees participating in a feasibility study investigating the effects of personalised supportive interventions on stress; including the psychological (quality of life & depression) and biological (immune function e.g. pro-inflammatory and anti-inflammatory cytokines) outcomes