

# Oncology care provider perspectives on exercise promotion in people with cancer: an examination of knowledge, practices, barriers, and facilitators

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## Background & Objectives

- Physical activity improves quality of life and aerobic fitness in people with cancer<sup>1</sup>
- Cancer Care Ontario (CCO) released guidelines for exercise for people with cancer<sup>2</sup>, but Oncology Care Providers (OCPs) are not routinely discussing these with patients suggesting a Knowledge to Action gap
- Objectives:**
  - To examine OCPs knowledge & beliefs regarding exercise for adults with cancer
  - To identify barriers & facilitators to exercise discussion in the outpatient setting
  - To examine the differences across clinician groups and between practitioner's physical exercise level and knowledge / practices

## Methods

- A survey was administered to all OCPs at the Juravinski Cancer Centre including:
  - demographics, including self-reported exercise
  - knowledge & beliefs regarding guidelines
  - current clinical practice
  - barriers and facilitators to promoting exercise

## Results: knowledge & beliefs

- Half of the respondents (48%) did not know Canada's Physical Activity (CPA) guidelines
- 22% of participants identified the CCO guidelines
- Approximately 80% of respondents self-reported poor knowledge in 4 / 5 domains (Figure 1)
- Over 80% of OCPs agreed that exercise *should be* a component of care; 40-50% reported that it was

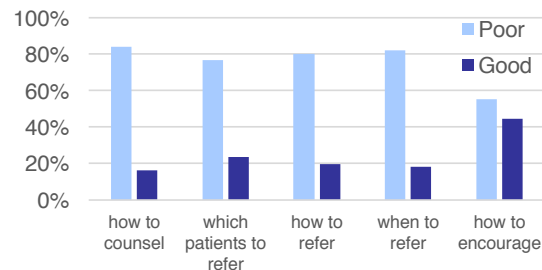
**Table 1: Characteristics**  
(n=120, 67% response rate)

	No	%
<b>Gender:</b>	Female	87 (72.5)
<b>Age (years):</b>	Median (range)	48 (24 - 66)
<b>Years in practice:</b>	Median (range)	18 (1 - 44)
<b>Primary Clinical Role*:</b>		
Physician	46	38.8
Radiation Therapist	44	36.7
Nurse	21	17.5
Allied Health	9	7.5
<b>Types of cancer treated*:</b>		
Breast	73	60.8
Lung	57	47.5
Gastrointestinal	50	41.7
Head and neck	50	41.7
Gynecological	49	40.8
CNS	45	37.5
Melanoma	39	32.5
Hematological	36	30.0
Genitourinary	20	16.7
General practice	16	13.3
<b>Exercise per week **::</b>		
< 120 min per week	62	51.7
120 - 149 min per week	19	15.8
≥ 150 min per week	39	32.5

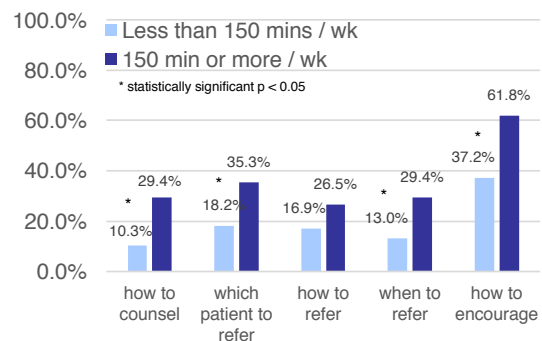
\* - more than one answer possible \*\* Godin Leisure Questionnaire

1. Speed-Andrews & Courneya, *Effects of exercise on quality of life and prognosis in cancer survivors*. Curr Sports Med Rep, 2009. 8(4):  
2. Segal, R.J.Z., C. Green, E. Tomasone, J. Loblaw, A. Petrella T., *Exercise for People with Cancer*. Cancer Care Ontario, June 2015.

**FIGURE 1: OCP knowledge**



**FIGURE 2: Meeting CPA guidelines is correlated to knowledge**



**Table 2: Barriers & Facilitators to Guideline Use**

Barrier	No	%
I do not have the knowledge on how or where to refer a patient to exercise	61	50.8
There is limited time during patient visits	51	42.5
My training does not qualify me to discuss or refer to an exercise program	39	32.5
I feel there are situations where exercise would be unsafe	30	25.0
Strategy	No	%
Education session	58	48.3
Information as a patient handout	57	47.5
Having a kinesiologist or exercise specialist as part of the clinical team	34	28.3

## Discussion & Conclusions

- OCPs' limited knowledge is a significant barrier to exercise discussion
- Safety concerns (related to metastatic bone disease) may be due to limited data and lack of guidance on how to assess for safety to exercise
- Respondents from all provider groups self-identified as suitable to discuss exercise, suggesting that this role could be shared
- Limitations: self report, single-center
- Future directions include survey validation & development of a knowledge translation intervention