FROM CURRENT PRACTICES TO **OPTIMIZED CARE:** CLINICAL PERSPECTIVES **OF INTEGRATING EXERCISE IN NEURO-ONCOLOGY**

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- Exercise remains an underutilized resource in neuro-oncology care^{1,2}. Common barriers to implementation include the lack of a systematic referral pathway to exercise as well as tailored programming.
- The Alberta Cancer Exercise-Neuro-Oncology (i.e., ACE-Neuro) study was designed to address this gap by implementing a personalized exercise intervention for neuro-oncology patients³.
- The purpose of this study was to explore the perspectives of clinical team members regarding the delivery and evaluation of ACE-Neuro.

RESULTS



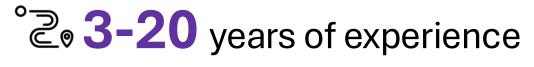
- Study Design: Qualitative.
- Methodology: Interpretive description⁴.
- Participants: Clinical team members involved in the referral to and delivery of ACE-Neuro.
- Interviews: Semi-structured, in-person or remote, addressed the barriers and facilitators to ACE-Neuro implementation.
- **Analysis:** Conducted by a transdisciplinary team, including a neuro-oncology clinical partner.





10 participants enrolled

- Medical oncologists (n=3)
- Nurses (n=2)
- Exercise professionals (n=3)
- Administrator (n=1)
- Cancer physiatrist (n=1)





8/10 identified as female



35:44 min average interview length



3 themes created

Philosophically speaking and logistically speaking, I think the CEP falls under rehabilitation oncology [...] where the CEP leads the screening and then the physiatrist oversees.

— P09 Physiatrist

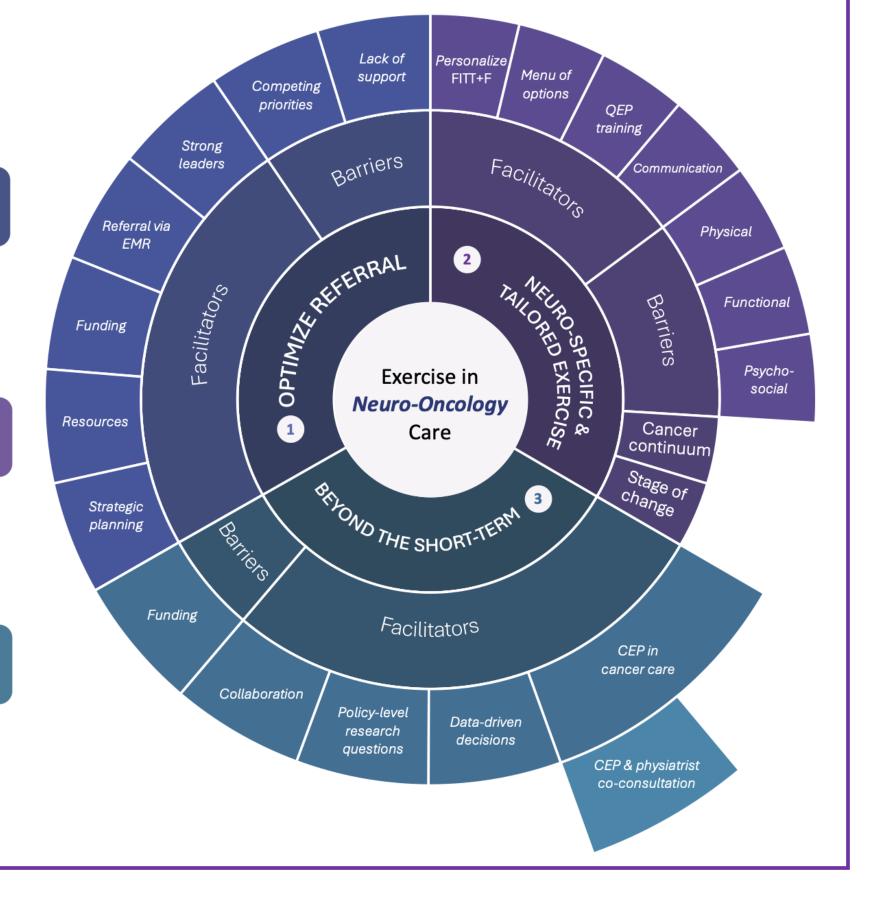


The Gateway: Optimizing Exercise Referral in Neuro-Oncology



The Building Blocks: Championing a Tailored Neuro-Oncology Exercise Model

Beyond the Short-Term: Neuro-Oncology Needs a Stronger Voice in Funding and Policy





Findings provide valuable insights into the integration of exercise within neuro-oncology care, including strengthening referral pathways, prioritizing tailored exercise prescription, and advocating for policy and funding strategies that can facilitate sustainable implementation of programming.

