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“Surgery-Chemotherapy-Radiation, Followed by a Different Kind of Triathlon”: Medically Directed Group Exercise Program Is Unique and Effective Among Overweight and Obese Breast Cancer Survivors

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Background: Structured exercise is a potential adjunct therapy following a cancer diagnosis associated with improvements in treatment-related side effects, including fatigue, deconditioning and quality of life. However, despite published exercise guidelines for cancer patients, breast cancer survivors struggle to initiate regular exercise into their lifestyles, particularly if already overweight or obese.

Purpose: To determine if a medically recommended and supervised team triathlon training program focusing on self-efficacy, observational learning and reinforcements improved exercise capacity and quality of life for overweight and obese (body mass index [BMI]: 25-40) breast cancer survivors.

Methods: A breast cancer surgeon and cancer rehabilitation physical therapist recruited 18 overweight to obese survivors [mean age: 52(7) years, mean BMI: 32(4)] who underwent local and systemic treatment to participate in a 14-week triathlon training program adjusted for common treatment related side effects. Training consisted of 2 weekly group sessions supervised by medical and athletic coaches, and 3 days of prescribed activities that patients completed independently or with their peers. The program culminated in an organized sprint-distance triathlon. Quality of life (FACT-B), cancer-related fatigue (FACIT-F), and six-minute walk test (6MWT) were measured pre- and post-intervention. Focus groups elucidated motivational factors.

Results: 14 patients with complete datasets were compared pre- and post-intervention. FACT-B improved [pre: 120(11), post: 128(6); P=0.01]. FACIT-F improved [pre: 42(8), post: 47(5); P<0.01]. 6MWT improved [pre: 564(54) m, post: 587(67) m; P=0.04], with lower ratings of perceived exertion [pre: 7(2), post: 6(1)]. Focus groups identified sense of “being part of a team,” having commonality with other proactive breast cancer survivors, and “individualized attention from the medical team” present at every session as contributing motivators to exercise adherence. Overweight patients appreciated the “structure and organization” of “prescribed exercise,” while obese patients enjoyed more the social aspect and “camaraderie” of group training. Patients were often “surprised” at what exercise intensity they could perform when guided to do so. All felt motivated to continue regular exercise in the future.

Conclusion: Medically directed group training of overweight and obese breast cancer survivors with the goal of completing a sprint-distance triathlon is a unique and effective model addressing motivation, endurance and quality of life after treatment.

Supplement

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