

"Lifestyle taking on Medicine"

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Outline of Talk

- Rationale for "exercise oncology"
- Benefits of staying active after a cancer diagnosis
- Putting evidence into practice
- How much activity is needed to get the benefits?
- Any questions...



Breast Cancer Specialist Nurse Glasgow, 2000

"I always tell my patients to rest, stay in bed and do nothing while they are on treatment for cancer...

Is this the correct advice? Is there any evidence to show that I should be encouraging them to be active?"



Why exercise-based cancer rehabilitation?





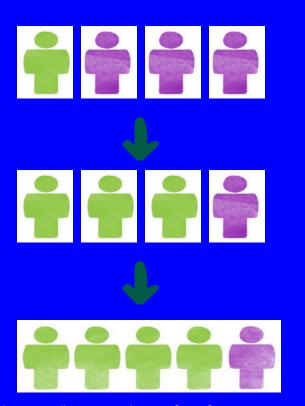
Cancer in the UK

- > 360,000 new cancer cases in the UK every year that's nearly 1000 every day (2013-2015).
- Lifetime risk of being diagnosed with cancer is now 1 in 2
- Cancer survival has doubled in last 40 years
- 50% will survive cancer for 10 or more years
- 21 most common cancers:
 - 12 have ten-year survival >50%
 - Testicular, melanoma, prostate & Hodgkin lymphoma survival > 80%.
 - Stomach, brain, oesophageal, lung & pancreatic cancers (difficult to diagnose and/or treat) survival is < 20%
- >4 million people will be living cancer by 2030 in the UK

Quaresma M, Coleman MP, Rachet B. 40-year trends in an index of survival for all cancers combined and survival adjusted for age and sex for each cancer in England and Wales, 1971-2011: a population-based study. Lancet 2014 pii: S0140-6736(14)61396-9.

LIVING WELL?





3 in 4 people living with cancer are in the survivorship stage¹

1 in 4 of them deal with consequences of their treatment²

1 in 5 of cancer survivors may have unmet needs³

1.Maher J and McConnell H. New pathways of care for cancer survivors: adding the numbers. Br J Cancer. 2011. 105: S5-S10

2. Macmillan Cancer Support. Throwing light on the consequences of cancer and its treatment. 2013. London

3. Armes J et al. Patients' supportive care needs beyond the end of treatment: A prospective, longitudinal survey. Journal of Clinical Oncology. 2009. 27:36 6172-6179

The problem....



Chronic / late appearing side effects of cancer treatment:

Physical

Psychological

- Fatigue
- Weight changes
- Reduced fitness C/V & MSE
- Endocrine problems
- Osteoporosis
- Cardiotoxicity
- Lymphoedema
- Limited range of movement
- Pain and arthralgia
- Sexual dysfunction
- Incontinence

- Lack of confidence
- Changes in body image
- Anxiety
- Depression
- Cognitive dysfunction
- Social isolation
- Loss of control
- Self esteem
- Helplessness





ence that staying r diagnosis is

Rigorous approach to locate, appraise & grade evidence as high, moderate, low, or very low quality.



EVERY STAGE OF CANCER CARE

Pre-diagnosis (prevention)

Pre-treatment (prehabilitation)

Treatment (symptom control)

Survivorship (health promotion)

End of life (palliation)

Post-treatment (rehabilitation)

Review of evidence: Edinburgh Naj Staying active <u>before</u> cancer treatment "Fit for Surgery"

- 18 studies
- Mostly lung, colorectal & oesophageal cancer
- Walking or supervised aerobic activity
- Encouraging results: better cardiopulmonary fitness, less inpatient time and less post treatment complications
- Pre-prostatectomy pelvic floor exercises: help reverse incontinence
- NIHR study PREPARE ABC colorectal cancer

Review of evidence: Edinburgh Napier Staying active during cancer treatment

Outcome	Evidence	Grade
Physical Function	Significant increase in C/V fitness similar modest increases in muscular strength [ES 0.33); 17RCTs]	A
Fatigue	Small reduction in fatigue ([ES 0.18; 25RCTs]	A
Well being	Small improvements in depression & anxiety [ES 0.21; 6RCT] self esteem [ES 0.25; 3RCT] No effect on QoL [10 RCT]	A
Body composition	Slight increase in lean body tissue, significant reductions in body fat [ES 0.25; 7RCTs]	A

Effect sizes: 0.2 = small; 0.5 = moderate; 0.8 = large

Review of evidence: Staying active <u>after</u> cancer treatment

Outcome	Evidence	Grade
Physical Function	Significant increase in C/V fitness [ES 0.32); 14RCTs] large increases in muscular strength [ES 0.90); 7RCTs]	A
Fatigue	Significant lowering of fatigue [ES 0.54; 14RCTs]	A
Well being	Significant improvements in QoL [ES 0.29; 16RCT] anxiety [ES 0.43; 7RCT] and depression [ED 0.30; 10RCTs]	A
Body composition	Significant small reductions in body fat [ES 0.18; 15RCTs] and increases in muscle mass [ES 0.13; 5RCTs]	A

Other benefits of exercise... Edinburgh Napier

Outcome	Grade
---------	-------

Bone Health	В
Range of Movement	В
	В
Positive Mood	В
	С
Cardiotoxicity	С
1mmune system	С

Review of evidence: Edinburgh Napier UNIVERSITY Staying active with advanced cancer

- Increase in cardio-fitness (5 RCTs) and strength (5 RCTs) for patients with advanced cancer
- Controlled fatigue (6 RCTs) or reduced fatigue (3 RCTs)
- Improvements in sleep quality (2RCTs)
- <u>Unclear effects</u> on QOL (9 RCTs: 3 RCTs with improvements and 6 RCTs no change)
- Improvements in bone density with spinal bone metastases
 (1 RCT) 3-6 months after resistance training

"Patient preference is important, PA should be recommended to maintain independence and wellbeing towards end of life."



Advanced Inoperable Lung Cancer

Does exercise stop the cancer coming back? **Topic Company of the cancer coming back in the can

Breast cancer: 30% risk reduction

Systematic review of 9 prospective cohort studies

Colorectal cancer: 50% risk reduction

Meyerhardt (2009)2 cohorts: 9 hours/wk HR = 0.47 compared to no PA 8.6 years later

Prostate cancer:

1 study: 3+ hours vigorous activity per week = Cancer deaths 61% lower (Kenfield et al 2011)

Brain Tumour

243 patients with recurrent malignant brain tumours (Ruden et al, 2011): significantly longer survival (22 months) with higher physical activity (9 MET-h per week)

Lung cancer:

118 patients with inoperable lung cancer. Median survival was 12.89 months those < 3 hours PA compared with 25.63 months for those reporting >3 hours PA. (Jones 2012)

CHALLENGE, GAP4 RCTs next 5 years

Potential mechanisms for exercise's protective effects

- Growth factors: Insulin/ IGF-1/IGF-BP3
- Anti-inflammatory system CRP, interleukins, adipocytokines
- Immune defence system: NK cells, T cells
- Sex steroid hormones: oestrogen, testosterone
- Antioxidant defence system/DNA damage/ apoptosis
- Angiogenesis / Hypoxic environment
- Direct effects on tumour cell gene expression



- From aerobic exercise to other types of exercise eg resistance, yoga, HIIT,
- From after treatment to prehab and palliative settings
- From effect on QoL to direct effect on tumour biology and treatment efficacy
- From common side effects eg fatigue to specific side effects e.g. bone metastases and cardiotoxicity
- From efficacy trials to effectiveness trials



Gary's story



"On Tuesday, Gary begins 6 more sessions of chemotherapy. This time, the treatment is to mop up anything left behind after surgery.

In April, we didn't know how long we had as he had advanced pancreatic cancer. Now, the oncologist is talking about waving us off in 5 years time with Gary as a cancer survivor.

The treatment, the surgery, the nutrition & exercise have all played a role. We are so grateful. "

Measurement	Baseline	Week 4	% Change From Week 0-4	Week 8	% Change from Week 0-8	Week 12	% Change from Week 0-12
Body Mass (kg)	80.8	81.3	+0.62	81.1	+0.37	82.7	+2.35
Body Fat (%)	17.7	17.8	+0.56	18.6	+5.08	13.3	-24.86
Lean Mass (%)	82.3	82.2	-0.12	81.4	-1.09	86.7	+5.35
Chair rise (s)*	7.8	7.98	+2.31	6.40	-17.95	7.08	-9.23
13-Stair climb (s)*	4.19	4.07	-2.86	4.31	+2.86	4.09	-2.39
6m backwards walk (s)*	4.78	4.36	-8.79	4.26	-10.88	4.48	-6.28
6m walk usual pace (s)*	4.94	4.06	-17.81	4.56	-7.69	4.21	-14.78
6m walk fast pace (s)*	3.65	3.18	-12.88	3.55	-2.74	3.38	-7.40
Toe Reach (cm)*	6.5	5	-23.08	5	-23.08	5	-23.08
Leg Press (Kg)	119	120	+0.84	125	+5.04	130	+9.24
Leg extension (Kg)	63	60	-4.76	63	0	63	0.00
Leg Curl (kg)	49	49	0	53	+8.16	53	+8.16
Calf Raise (Kg)	110	119	+8.18	130	+18.18	135	+22.73
Rear kick (kg)	35	42	+20.00	49	+40.00	63	+80
Hip abduction (kg)	28	35	+25.00	42	+50.00	42	+50
Back Extension (Kg)	56	79	+41.07	83.6	+49.29	83.6	+49.29
Aerobic Capacity (ml/ kg/min)	34	36	+5.8	37	+8.82	37	+8.82
Health-related quality of life	37	42¥	+13.51	51¥	+37.84	59¥	+59.46
Pancreatic cancer- specific quality of life*	37	21¥	-43.24	22¥	-40.54	23¥	-37.84
Cancer-related Fatigue*	23	5¥	-78.26	3¥	-86.97	-3*	-113.04



Cancer diagnosis can signal an enhanced motivation to change lifestyle behaviours - become more receptive to health behaviour change interventions

Rabin, C. (2009). Promoting Lifestyle Change Among Cancer Survivors: When Is the Teachable Moment? *American Journal of Lifestyle Medicine*;3:369–78.



Research: From pilot study to community-based physical activity programmes (2000 – 2012) UNIVERSITY













The Glasgow Studies (2000-2012)

- 2000: Pilot study with 23 women with breast cancer- selected?
- 2003: CRUK Glasgow Study randomised control trial
- Women with breast cancer on chemotherapy or radiotherapy
- Dedicated recruiters
- Group exercise classes
- Twice a week for 12 weeks
- 7 Glasgow city council venues and classes (morning afternoon & eve / weekends also)
- Behaviour change component



Results



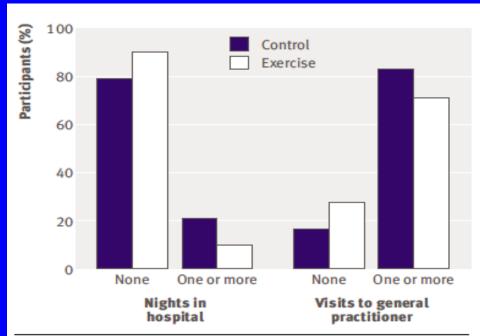


Fig 3 | Percentages of patients in the control and intervention groups who reported at least one night in hospital or at least one visit to their general practitioner during the study

- Cost for exercise programme was ~£300 / woman
- It was safe
- Long term physical and psychological benefits
- Participants spent significant less nights in hospital and less visits to GP
- An economic saving to NHS of £1507 per person
- Intervention achieved conventional standards of costeffectiveness (QALYs)

Mutrie N, **Campbell, A**, Whyte, F., McConnachie, A., Emslie, C., Lee, L., Kearney, N., Walker, A., Ritchie D. (2007. British Medical Journal **334** 517-524

5 year follow up



• Of the 203 women in the original study, 114 attended the 18 months follow up and 87 at 5 years.

 Women in the original exercise group still reported significantly more leisure time physical activity and a more positive mood than women in the original control group.

 Those engaging in sufficient physical activity recorded a larger decrease in depression levels at all follow-up points

Established CanRehab Edinburgh Napier education and training company



education and training for health and fitness professionals

active







NEW - January 2012 Newsletter September 2011 Newsletter November 2010 Newsletter

Funding for first cancer exercise Edinburgh Napier community programme in UK









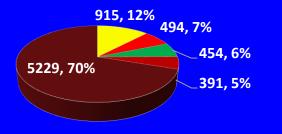
Macmillan's Move More Programme

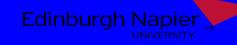


WE ARE
MACMILLAN.
CANCER SUPPORT



Behaviour Change Support Provided

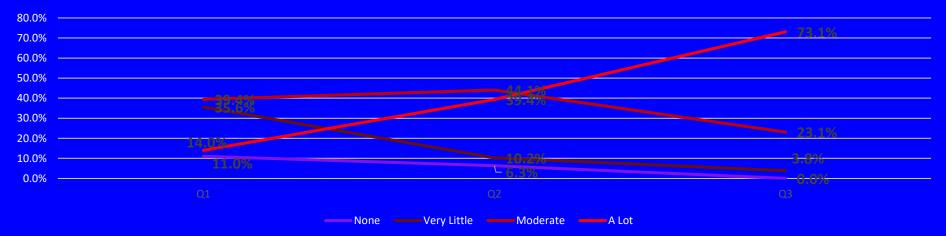




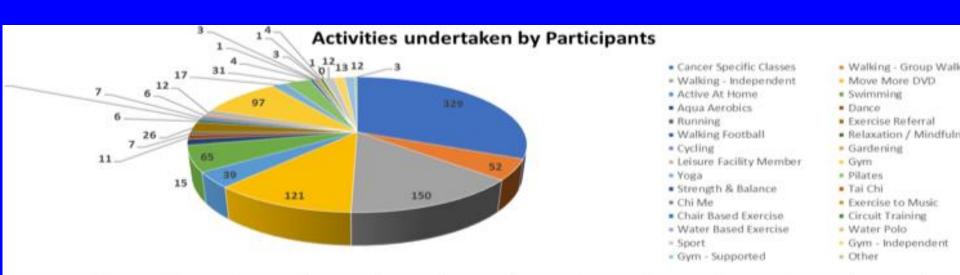
- Referral Follow Ups
- Follow Up 1 Completed

- Brief Intervention Completed
- Follow Up 2 Completed

Physical Activity Levels









Movemore Scotland



Exercise Oncology International Task Force



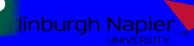
3 Papers released this Thursday

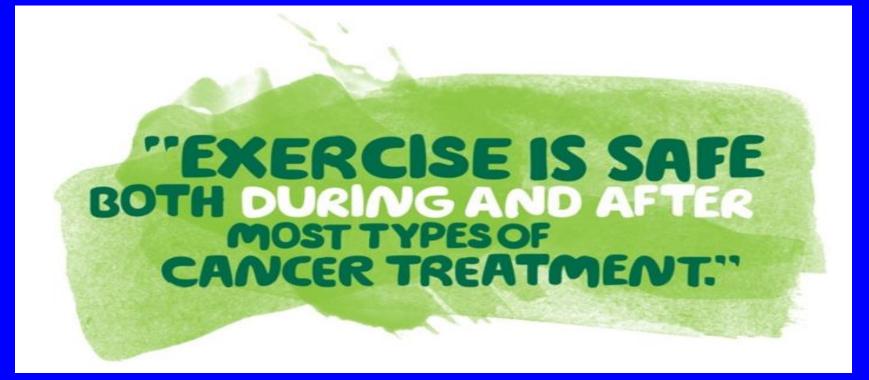
- Evidence and Mechanisms Primary and Secondary Cancer Prevention
- New International Exercise Guidelines
- Implementation of exercise programmes in clinical and community settings



What do I need to do to get the benefits?

BUT... IS IT SAFE? dinburgh Napier





Schmitz, K.H., Courneya, K,S,, Matthews, C,, Demark-Wahnefried, W,, GALVÃO, D.A., Pinto, B.M, et al. (2010). American College of Sports Medicine Roundtable on Exercise Guidelines for Cancer Survivors. Medicine & Science in Sports & Exercise: 42:1409–26.



Activity Recommendations

Exercise can be safely performed during and after cancer treatment, if individual limitations are considered.

All cancer survivors, including those with existing disease or who are undergoing difficult treatments, should be encouraged, as a minimum, to avoid being sedentary.

Unless advised otherwise, follow the physical activity guidelines provided for the general UK population

HOW ACTIVE & HOW OFTEN?

Build **Improve** Be active strength balance To keep your heart and mind healthy To strengthen muscles, To help reduce your bones and joints chance of falling How often? minutes or minutes of moderate of vigorous days a week days a week activity a week activity a week Walk Dance Tai chi Gardenina Aerobics Swim Carry Bowling bags Sofa Computer Sit less Break up long periods of sitting down to help keep your muscles, bones and joints strong.

Schmitz, K.H., Courneya, K,S,, Matthews, C,, Demark-Wahnefried, W,, GALVÃO, D.A., Pinto, B.M, et al. (2010). American College of Sports Medicine Roundtable on Exercise Guidelines for Cancer Survivors. *Medicine & Science in Sports & Exercise*; 42:1409–26.

Monitoring Exercise Intensity



```
whistle!
                 a doddle!
   very very light
8
                                     sing!
9
   very light
               a skoosh!
10
11 fairly light
                 nae bother!
12
                                         talk!
13 somewhat hard
                   pechin!
14
15 hard
                             puffed!
16
                                           gasp!
17 very hard
                     exhausted!
18
                 worn oot!
19 very very hard
20
```

CanRehab Retreats



support/ nominate/promote



10th – 17th September 2020

"Lifestyle taking on Medicine" Take home messages..

- Convincing rationale for providing exercise as a part of cancer care package
- Evidence is strong that exercise interventions have short & long term physical & psychological benefits
- Emerging evidence that exercise reduces risk of cancer recurrence and improves treatment efficacy
- MoveMore programmes available with trained instructors UK wide
- After a cancer diagnosis: Movement Matters!



Acknowledgements



Many research colleagues, students, health professionals, charities, fitness instructors and cancer survivors have contributed to this journey from pilot to programmes..



Thank you for listening!

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@Canrehab



Lifestyle taking on medicine

Tim McCarthy The McCarthy Consultancy





My Story

Where have you come from ?

Why are you here?

Where are you going?



Where have I come from?



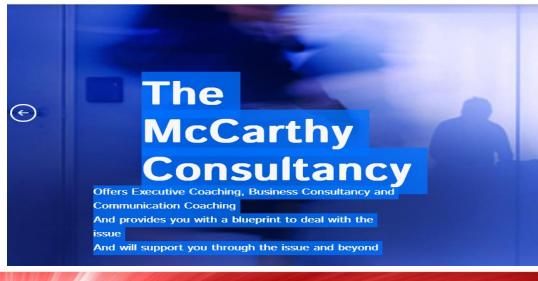












January 2017

30 years in Financial Services

20 years as CEO in Greenfield & Established businesses

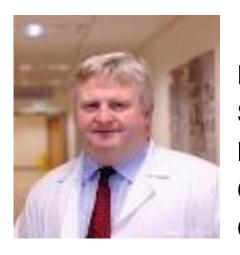
Set up new business



What was going on? Simply going too often to the bathroom at night

The Tests

PSA Physical Prostate Test Bladder Test Cat Scan **Deep rooted MRI**



The results

PSA level of 6 (5 is average) Slightly enlarged Not fully releasing **Completely Clear Completely Clear**

Benign prostatic hyperplasia

Biopsy 17th February 2018

Results due 28th February 2018



The day that changed my lif

Wednesday 28th February 2018

11.01 am



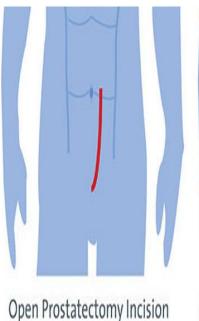


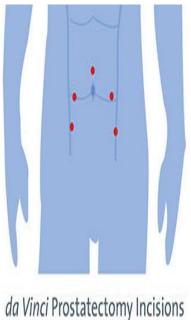




Meet the surgeon – Monday March 5th 2018









Surgery Tuesday 13th March 2019





Official Diagnosis Post Surgery



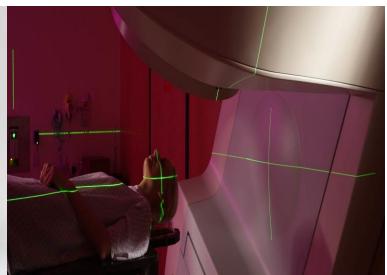


Prostate Adenocarcinoma (pT3bN1, IPSA 8.7, Gleason 5+5=10)

18 weeks of chemo 35 days of Radiotherapy 2 years of Hormone treatment







OMG!

The Side Effects

Fatigue

Hair loss

Diarrhea

Easy Bruising and Bleeding

Constipation

Infections

Bladder problems

Weight changes

Changes in libido and sexual function

More Side Effects

Anemia (low red blood cell counts

Nausea

Vomiting

Lead taste in mouth

Nerve & Muscle problems numbness, tingling & pain

Skin & nail changes

Mouth, tongue and throat problems

Mood changes

Hot flushes

Chemo brain – affects concentration





Where am I Today?



Nutrition Exercise Mindset



Where am I going?



EXECUTIVE

SPORTS

PERSONAL

MEDIA & COMM

ABOUT

The **McCarthy** Consultancy Offers Executive Coaching, Business Consultancy and Communication Coaching And provides you with a blueprint to deal with the issue And will support you through the issue and beyond

Look forward not backwards

Enjoy my family

Grow my business

Golf and exercise

"We should look on the past with gratitude, on the present with enthusiasm, and on the future with confidence."





Thank You



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