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Reach to Recovery International (RRI)
RRI is committed to improving the quality of life for women with breast cancer and their families.

Moving forward together: peer support can help breast cancer survivors become physically active

Background

Physical activity (PA) can bring many benefits to cancer patients as they recover from surgery and other treatments. These benefits include increased energy, reduced fatigue, improved mood and quality of life (Schmitz et al., 2010). Researchers have tested the effects of various types of exercise: aerobic, resistance training and combined training for cancer patients in a clinic-based setting and/or home-based approaches (via print, telephone, web-based etc.). The majority of these programs have been delivered by research staff with various backgrounds including exercise science, public health, psychology, and social work. These programs were also provided in a research setting and tend to have a limited reach into community settings. Previously, we developed and tested a home-based PA program delivered by telephone over 3-months to breast cancer survivors (Moving Forward; Pinto, Rabin, Frierson et al., 2005). This program that had been shown to increase survivors' PA at 3, 6 and 9 months (Pinto, Frierson, Rabin et al., 2008). The program consisted of weekly telephone calls during which research staff helped women to identify barriers to becoming active and ways to overcome these barriers, set exercise goals and monitor their PA. During the 12-week program, women were provided a pedometer and asked to log their steps during exercise and record the type of exercise, duration and intensity. They were also provided 4 feedback reports on their PA and the progress they had made in becoming physically active.

In an effort to bring this program to the community and increase the reach of our PA program, we partnered with the American Cancer Society's Reach to Recovery (RTR) program. Our first goal was to determine whether it was feasible to recruit and train these volunteers to deliver the program and secondly, to explore the effects on the breast cancer survivors who would receive the intervention. We selected RTR as a potential partner because their volunteers are survivors of breast cancer and they are trained to provide emotional support and resources for other breast cancer survivors. Since they had experienced a breast cancer diagnosis and treatment, the RTR volunteers can provide understanding and support

for others going through cancer diagnosis and treatment. RTR is a national program offered through American Cancer Society in the U.S. for many decades and if our PA program was effective, we believed that there was potential to extend the reach of the program through our partnership. We expected that peer volunteers would be able to help other survivors identify barriers to PA, help them problem solve these barriers, and provide feedback for their efforts in becoming physically active.

Research Journey Begins

We first began with a single group study (Moving Forward Together) where we partnered with the RTR program in Rhode Island, as the Principal Investigator (Dr. Pinto) was based at The Miriam Hospital and the W. Alpert Medical School of Brown University. The study was funded by the Lance Armstrong Foundation. We recruited and trained 7 volunteers to deliver our PA program (Pinto, Rabin, Abdow & Papandonatos, 2008). We trained the volunteers using print materials, audio-tapes of PA counseling and role plays of counseling sedentary women to become active. All coaches also completed a short written test of their knowledge of PA and counseling women to become active. We recruited 25 breast cancer survivors in Rhode Island and Connecticut to receive the 3-month PA program. The survivors reported on their PA, mood, fatigue and quality of life before the program, at 3 months and 6 months. They reported significantly greater PA, better quality of life and reduced fatigue at the end of the program and at 6 months. They were also very satisfied with the program. The coaches had high success in delivering the 12 weekly calls. They were very satisfied with their roles and reported that they too benefitted from study participation (e.g., "The most positive part is that because we, the coaches, are also breast cancer survivors and we've all 'been there,' our encouragement is very helpful. My patients tell me our weekly phone call is like keeping a doctor's appointment and it's what keeps them going on their walking program").

Although these results were promising, we could not be sure the benefits to the survivors were due to their increased PA or because the coaches called and provided them support. We needed to do another

study where a comparison group would be contacted by the coaches with the same frequency (one call/week over 3 months) but not focus on PA.

Journey Continues

This led to our second partnership study with RTR (Moving Forward Together 2) where we extended the study to 6 New England States. The study was funded by the National Cancer Institute. This was a randomized trial in that survivors were randomly assigned to either receiving the PA program plus RTR support or RTR support only. We recruited RTR coaches from New England and trained 18 volunteers in-person or by video-conference. These 18 coaches then delivered either the 3-month PA program plus RTR (12 weekly calls) or 3-months of RTR contact (12 weekly calls) to 76 breast cancer survivors. The RTR contact group was asked questions about their general health and received the support and guidance that is typical of RTR. As before, all study participants reported on their PA, mood, fatigue and quality of life before they started the study, at 3 and at 6 months. They also wore an accelerometer (a small unit attached to the waist that records PA) at the same time points. The results showed that the group that received the PA program plus RTR became more active and stayed more active (self-report and accelerometer recordings) than the RTR contact group at 3 and 6 months (Pinto, Stein & Dunsiger, in press). This study provided the evidence that peers can effectively help cancer survivors' to become physically active. However, we did find that the differences in PA between groups were less at 6 months than at 3 months suggesting that the group receiving the peer-led PA program increased their PA at 3 months but did not maintain PA at that level at 6 months.

Looking Forward

We are now developing a study that will focus on a peer-led intervention to help breast cancer survivors to adopt and maintain PA over a year. We plan to help maintain the PA gains over extended periods by using e-health technology (e.g., text messages) in communicating with study participants. This study will be conducted in the south-east U.S. We will be recruiting RTR volunteers to serve as coaches and cancer survivors

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(diagnosed with Stage 0-3 breast cancer in the past five years) as study participants. If this study is successful, we hope to work with the American Cancer Society to scale up the intervention for wider dissemination through nationwide, and perhaps global channels of distribution. So, stay tuned-Moving Forward Together may be coming your way soon!

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