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Full Reference:

1. **Yee J**, Blomson G, Naismith H, Bartel K, Bultijnck R, Hunter J, Schuler T, Metz G, Horsley P, Parker L, King C, Hruby G, Eade T, Campbell R, Kneebone A, Dhillon H. What is the role of health literacy and motivation in exercise behaviour in men with prostate cancer receiving ADT: a qualitative exploration. *Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) Annual Scientific Meeting*. Adelaide Australia, 10-12 July 2022.
2. **Yee J**, Narendran I, Bultijnck R, Hunter J, Hruby G, Eade T, Kneebone A, Dhillon H. Experiences of healthcare professionals promoting exercise for men with prostate cancer. *Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) Annual Scientific Meeting*. Adelaide Australia, 10-12 July 2022.

Conference/Meeting Name: Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) ASM

Location: Adelaide, SA

Dates: 10-12 July 2022

Presentation Type: Oral and poster

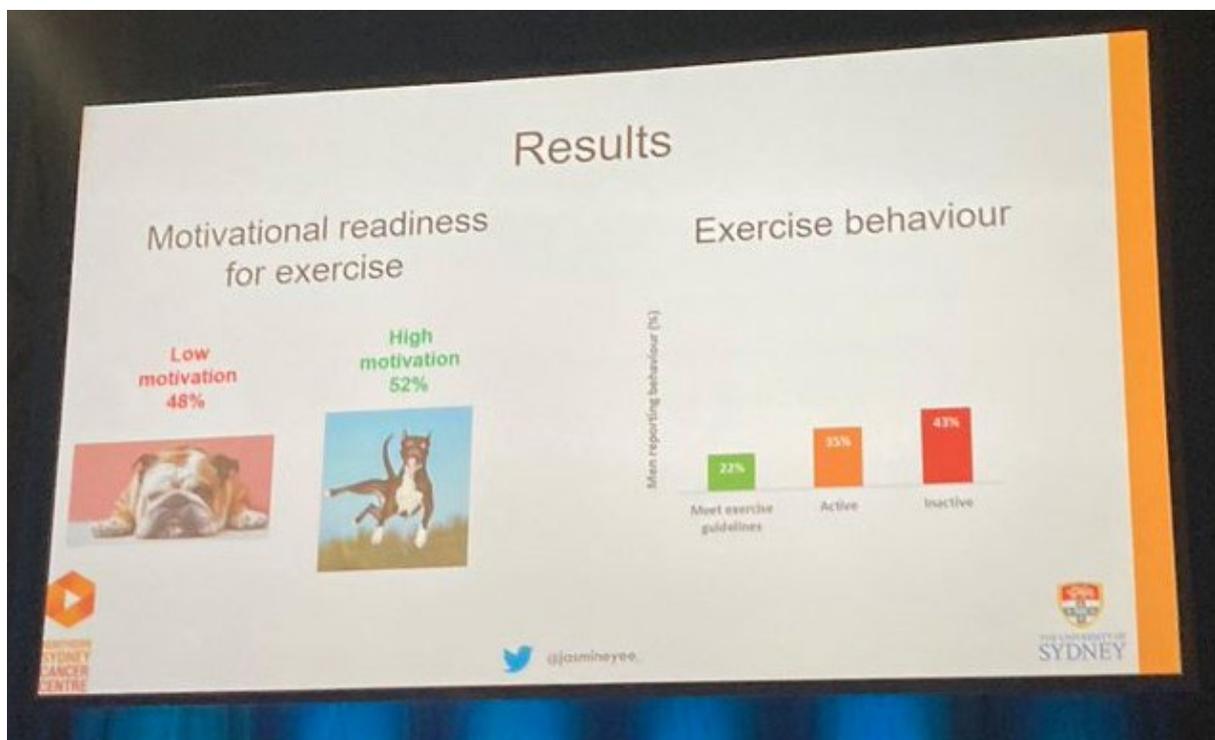


Photo: Presentation findings of exercise motivation and behaviour in men receiving ADT for prostate cancer

The 11th ANZUP ASM brought together 400 multi-disciplinary delegates working in genitourinary (GU) cancer, including doctors, nurses, allied health, researchers and consumers. The ASM presents the latest updates in research, diagnosis, treatment and management of GU cancers and is the key Australian conference for discussion and dissemination of ANZUP-led clinical trials and other GU-focused trials.

The theme of the conference, *'No Longer on Mute: Patients, Carers and Our Research Community,'* gave voice to all those who are traditionally unheard or underrepresented in clinical trials – clinicians, researchers, and most importantly, patients and carers.

A unique aspect of the ASM were the variety of session types and formats on offer, with something to meet the interests and needs of all attendees. The opening plenary, consisting of talks by international faculty Noel Clarke, Samra Turajlic, Andrew Loblaw and Susanne Vahr Lauridsen, provided clinical insight into management across many GU cancers. This was followed by MDT Masterclasses with discussion of clinical cases, Translational and Supportive Care breakfast sessions and heated Crossfire Debates. In addition to the scientific agenda, ANZUP also incorporated a free Community Engagement Forum to provide the community with information about the importance of clinical trials and an opportunity to interact with healthcare professionals.

In line with the conference theme, one highlight of the ASM was hearing from people affected by cancer and the Plenary *'Raising your voice for equity in cancer care.'* This provided an eye-opening snapshot of the many inequities that exist in cancer diagnosis, treatment and survivorship for marginalised populations. There was interesting discussion of things to keep in mind when working with these populations, such as the overwhelming anonymity rural patients experience in urban hospitals. Given the challenges of translational cancer research, consideration of care inequities and implementation of strategies to account for and/or overcome them is crucial.

The conference also incorporated a Clinical Trials Research Symposium into the program which covered aspects of developing a concept, the role of consumers in the process, and how to turn your idea into a clinical trial. As an early-career researcher in the midst of grant writing, the hard skills developed through these workshops, such as how to develop a study concept and decisions around statistics, will be invaluable to my professional development.

Experiences of healthcare professionals promoting exercise for men with prostate cancer

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INTRODUCTION

Exercise is effective for ameliorating treatment side effects and enhancing quality of life for men with prostate cancer receiving androgen deprivation therapy. Despite the benefits, few men engage in sufficient levels of activity. Healthcare professionals (HCPs) are ideally placed to promote exercise during interactions with men.



AIM

Explore HCPs perceptions and experiences of exercise promotion for men with prostate cancer.

METHOD

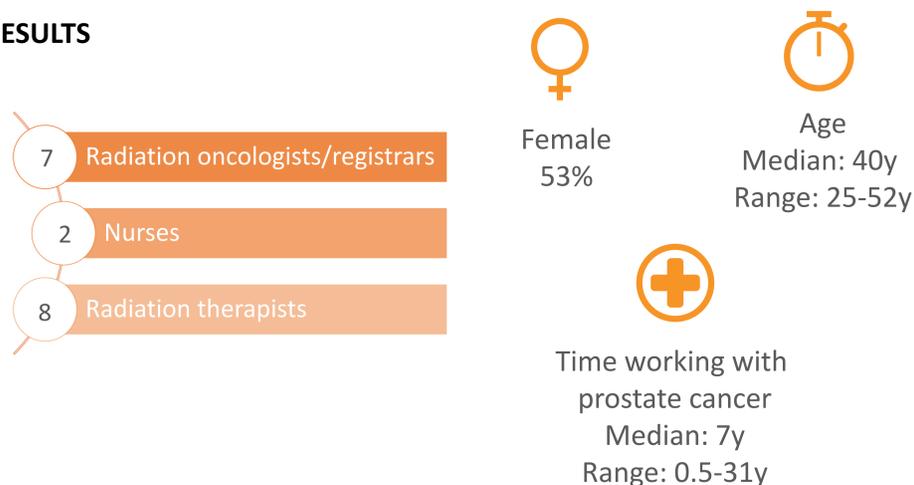
Qualitative methods from an interpretivist perspective were used. HCPs involved in the care of men with prostate cancer at the Radiation Oncology Clinic at the Northern Sydney Cancer Centre were enrolled.

HCPs participated in semi-structured interviews (n=12) or a focus group (n=5) exploring topics related to men with prostate cancer, such as:

- Exercise in relation to treatment and symptom management
- Patient acceptance and engagement in exercise
- How HCPs address exercise with patients
- Barriers and facilitators to discussing exercise and referral

Interviews and focus group recordings were transcribed and analysed thematically.

RESULTS



Acknowledgements:

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Healthcare professionals caring for men with prostate cancer encounter barriers to promoting exercise, including lack of time, confidence and knowledge.

Implementation of an exercise education program and referral pathway may support healthcare professionals to initiate discussions about exercise and optimise referral.

CONCLUSION

- HCPs value exercise and believe it is beneficial for men with prostate cancer
- Conversations about exercise and referral to programs by HCPs are inconsistent
- HCPs are less likely to initiate discussion with men with low physical function, despite them having the most to gain from exercise
- Education for HCPs may increase exercise knowledge and confidence in leading discussion, increasing the likelihood of exercise promotion and referral as part of routine clinical practice.

RESULTS (cont.)

Analysis of interview data identified five key themes.

HCP relationship with exercise

- Most HCPs engage in aerobic exercise (e.g. walking)
- Few report resistance (i.e. weight) training
- Most unaware of exercise oncology guidelines

Perceptions and experiences of exercise

- In relation to patients, HCPs perceived:
- Exercise is beneficial for alleviating side effects
 - Exercise is safe for majority, but some concern with bone metastases and comorbidities
 - Variability in exercise habits, few do resistance training
 - Most do not meet exercise guidelines

Barriers to exercise promotion

- Lack of time in consultations is a critical barrier
- Patients only receptive to clinical management
- Lack of specific exercise knowledge limits discussion
- Exercise promotion is outside of role
- No known referral pathway

"One of my biggest barriers is I don't have the evidence to back it up.. I felt like if I had more of the evidence of how it helps rather than 'it helps', I could use that as more of a leverage for the patients." (RT - Focus group)

"When you're in the clinic with a patient.. you don't necessarily have all those referral things on the shelf or the link to them in your internet browser." (P03)

Facilitators to exercise promotion

- Hospital-based exercise physiologist and on-site gym
- Exercise education and training for HCPs
- Established referral pathways

"if we had a teaching session on what we should be telling patients, that would be useful." (P03)

Current exercise promotion practice

- Most oncologists and nurses encourage exercise, while radiation therapists rarely do
- High variability in content of exercise promotion
- Initiation of discussion influenced by treatment, age and ECOG performance status
- General exercise advice ok but not specific exercises
- Exercise referral primarily role of prostate nurse

"I'm confident in telling them to exercise. The amount or level of exercise I'm not that confident because I probably should read the guidelines, shouldn't I." (P02)

"I feel that what I've learnt about exercise, I have not learnt through my medical training at all." (P06)