Remote exercise before and after breast cancer surgery was **feasible, safe**, and achieved **88% adherence**

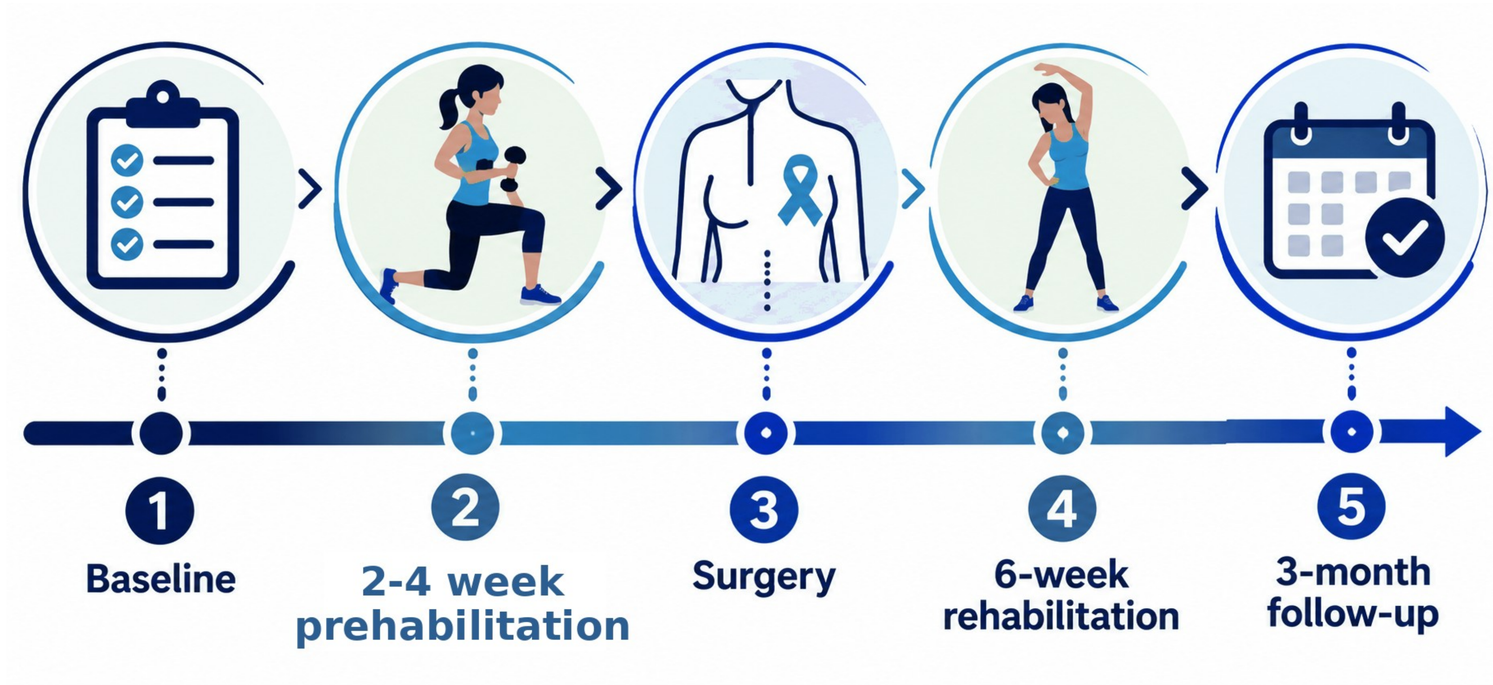
The feasibility of a multi-phasic, multi-modal exercise-based intervention utilising the Health Action Process Approach, dyadic coping and wearable technology in women before and after surgery for breast cancer

Edward Stanhope, Jie Lu, Ruth Ashton, Tracey Devonport, Grant Abt, Duane Mellor, Bethan Phillips, Rebecca Robinson Emma Salt, James Turner, Anthony Miller, Amtul Carmichael, Ian Lahart

INTRODUCTION

Physical activity often declines following breast cancer surgery, despite its importance for recovery.

We evaluated whether a remote exercise programme could be delivered successfully before and after surgery.



METHODOLOGY

DESIGN

Single-site, pre-post feasibility trial

PARTICIPANTS

Women awaiting breast cancer surgery

INTERVENTION

Multi-phasic (before and after surgery)
Multi-modal (aerobic, resistance, targeted therapy)
Remote supervised (NHS attend anywhere)
Behaviour change (Health Action Process Approach)
Exercise programme

PRIMARY OUTCOMES

Recruitment
Retention
Adherence
Safety

SECONDARY OUTCOMES

Physical function
Quality of life

Feasibility outcomes

5 of 6 targets met

	Target	Observed	
Recruitment rate	34 participants in 36 weeks (4/month)	3/month 34 in 48 weeks	Not met
Study completion	≥75% complete the study	76% observed	Met
Supervised adherence	≥70%	87% observed	Met
Unsupervised adherence	≥60%	89%* observed	Met
Combined adherence	≥80%	88%* observed	Met
Serious adverse events	fewer than 4	2 observed	Met

*Retains the asterisk from the source table

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PROTOCOL

SUPPLEMENT