



OVERVIEW

EXERCISE ACROSS THE CANCER CONTINUUM

The Problem

Exercise as Medicine Exercise Oncology Trials in Boston



Our Research Goal

To Optimize Treatment Outcomes and Reduce Comorbid Conditions with Exercise In Cancer Survivors to Progress Exercise Oncology Research





The Problem

Cancer survivors are a vulnerable population prone to accelerated aging.



The Problem

Pre-existing conditions at diagnosis in combination with treatment promote <u>comorbid disease risk</u> in cancer survivors.





The Problem

Patients with cancer may experience general health declines accelerated by cancer treatments before, during, and following a cancer diagnosis.



A Promising Solution...

Exercise improves health outcomes <u>after treatment</u> among cancer survivors.





Engagement in regular exercise elicits multifaceted benefits among prostate cancer survivors.





<u>Pre-surgical exercise (prehabilitation)</u> is beneficial for cancer patients.



5 fewer days; 55% reduced risk of complications



Exercise during therapy is beneficial for cancer patients.

Exercise improves CARDIORESPIRATORY FITNESS



Exercise <u>during therapy</u> is beneficial for cancer patients.

Exercise improves MUSCLE STRENGTH and LEAN BODY MASS



+26 kgs strength; +0.8 kgs lean body mass



Does exercise improve mortality among cancer survivors?

Exercise performed before or after diagnosis is associated with <u>reduced mortality risk</u> among breast and colorectal cancer survivors.

Breast cancer (post-diagnosis PA) Irwin et al., 2008 (women) 0.33 [0.15, 0.73] Holick et al., 2008 (women) 0.44 [0.32, 0.60] Irwin et al., 2011 (women) 0.54 [0.38, 0.79] Beasley et al., 2012 (women) 0.60 [0.51, 0.72] Random effects model 0.52 [0.42, 0.64] Colorectal cancer (post-diagnosis PA) Meyerhardt et al., 2006, CALGB (men and women) 0.37 [0.16, 0.82] Kuiper et al., 2012 (women) 0.41 [0.21, 0.81] Meyerhardt et al., 2006, NHS (women) 0.43 [0.25, 0.74] Campbell et al., 2013 (women and men) 0.58 [0.47, 0.71] Meyerhardt et al., 2009 (men) 0.59 [0.41, 0.86] Baade et al., 2011 (men and women) 0.75 [0.60, 0.94] Random effects model 0.58 [0.48, 0.70] 0.50 1.00 2.00 4.00 0.25

Relative risk (log scale)

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Does exercise improve mortality among cancer survivors?



Resistance exercise is associated with 33% lower risk of all-cause mortality





Androgen Deprivation Therapy (ADT) leads to health complications among prostate cancer survivors.



Does a 12-week <u>periodized</u> resistance training intervention affect health outcomes in prostate cancer survivors on ADT?



	Frequency	 3x/week
	Intensity	 Progressed through periodization
	Time	 45 min/session; 3 months
	Туре	 Machine-based, total body exercises



Periodized Resistance Exercise <u>Improves Lean Mass</u> in Prostate Cancer Survivors on ADT



P < 0.05, adjusted by baseline values, waist circumference
 Individual change from baseline

 \pm Mean \pm SE

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Periodized Resistance Exercise <u>Improves Fat Mass</u> in Prostate Cancer Survivors on ADT



P < 0.05, adjusted by baseline values, PS, waist circumference
 Individual change from baseline

 \equiv Mean ± SE **MD** Minimal difference

Periodized Resistance Exercise <u>Improves Physical</u> <u>Function</u> in Prostate Cancer Survivors on ADT



P < 0.05, adjusted by baseline values, PS, lean massIndividual change from baseline

Mean ± SE MD Minimal difference

Periodized Resistance Exercise <u>Improves QOL</u> in Prostate Cancer Survivors on ADT



****** P < 0.05, adjusted by baseline values, PS, lean mass

• Individual change from baseline

Periodized Resistance Exercise <u>Improves Waist</u> <u>Circumference and Triglycerides</u> in Prostate Cancer Survivors on ADT





Ongoing Prostate Cancer & Exercise Trials

Trial Name	Full Title	Sponsor
POWER	Exercise to Enhance Cardiovascular Health among Black <u>Pro</u> state Cancer Patients <u>w</u> ith Androg <u>e</u> n Deprivation The <u>r</u> apy	DOD, Pfizer, PCF
THRIVE	<u>T</u> esting <u>H</u> ome-based Exe <u>R</u> cise Strategies to <u>I</u> mprove Exercise Participation and Cardio <u>V</u> ascular Health in Unders <u>E</u> rved Minority Patients with Cancer Undergoing Chemotherapy	NIH U54
REMOVE	Exe <u>r</u> cise for Tumor Suppr <u>e</u> ssive Impact in Black <u>M</u> en with Pr <u>o</u> state Cancer on Acti <u>v</u> e Surveillanc <u>e</u>	PCF
FIERCE	Debunking the <u>F</u> railty-sarcopen <u>l</u> a-ADT axis in m <u>E</u> tastatic prostate canceR with multi <u>C</u> omponent <u>E</u> xercise	PCF



Exercise to Enhance Cardiovascular Health among Black Prostate Cancer Patients with Androgen Deprivation Therapy: The POWER Trial



<u>Testing Home-based ExeRcise Strategies to Improve Exercise</u> Participation and CardioVascular Health in UndersErved Minority Patients with Cancer Undergoing Chemotherapy: The THRIVE Trial





Exercise for Tumor Suppressive Impact in Black Men with Prostate Cancer on Active Surveillance: REMOVE Trial



The FIERCE Trial: Debunking the Frailty-sarcopenla-ADT axis in mEtastatic prostate cancer with multiComponent Exercise



Ongoing Prostate Cancer & Exercise Trials

Trial Name	Type (Target N)	Race	Treat- ment	Primary outcome	Notes
POWER (Recruiting)	Prostate (N=62)	Black/AA	ADT	Framingham Risk Score (cholesterol, BP, age, smoking status)	
THRIVE (Recruiting)	Prostate, breast, colorectal (Total N=45)	Black/AA/ Hispanic	Chemo	Physical activity level	Exercise equipment is delivered and intervened remotely with no in person follow up required, other than baseline and post- intervention assessments
REMOVE (Recruiting)	Prostate (N=68)	Black/AA	AS	Biochemical progression	
FIERCE (Recruiting)	Prostate (N=100)	All	ADT	Frailty	Pre-frail/frail patients only

Contact Us!

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- Study-related Questions
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Dieli-Conwright Lab

Stay in touch!



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Questions?



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