PUBLIC HEALTH PARTNERSHIPS TO PROMOTE HEALTHY LIVING AFTER CANCER

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Overview

Describe and compare *two models* of delivering healthy lifestyle support to cancer survivors - with cancer / public health partners

Both telephone health / lifestyle coaching:

- ✓ Free 6-month programs

- ✓ Evidence-based, individualised support for:
  - Healthy eating
  - Physical activity
  - Weight loss/management

Evidence-concordant guidelines

- Maintain a healthy body weight
- 30 minutes moderate activity daily + resistance exercise 2x/wk
- 5 serves veg and 2 serves fruit daily
- Limit (≤2 drinks/day) or avoid alcohol

Cancer Council Australia. Position statement on nutrition and physical activity. Cancer Council Australia, 2013. http://www.cancer.org.au/policy-and-advocacy/position-statements/nutrition-and-physical-activity/.

Hayes SC, Spence RR, Galvao DA, Newton RU. Position Stand – Australian Association for Exercise and Sport Science position stand: Optimising cancer outcomes through exercise. *J Sci and Med Sport.* 2009;12:428-34.

World Cancer Research Fund, American Institute for Cancer Research. Food, nutrition, physical activity, and the prevention of cancer: A global perspective. Washington DC: AICR 2007. http://www.aicr.org/assets/docs/pdf/reports/Second_Expert_Report.pdf.

Evidence-based Programs

J Cancer Surviv
DOI 10.1007/s11764-015-0442-2

REVIEW

Telephone, print, and Web-based interventions for physical activity, diet, and weight control among cancer survivors: a systematic review

Ana D. Goode · Sheleigh P. Lawler · Charlotte L. Brakenridge · Marina M. Reeves · Elizabeth G. Eakin

The 2 Programs

1. Cancer survivor-specific

   Partners: 4 Australian, state-based Cancer Councils

2. General adult population

   Partners: NSW Ministry of Health & Westmead Breast Cancer Institute

Today = compare the two programs

- patient-reported & implementation outcomes
- partner-reported outcomes
- screening

1. Healthy Living after Cancer

- NHMRC Partnership Project (2014 – 2018)
  - Research that informs health policy/health service delivery
  - Foster collaboration between university and (health) industry partners
  - $-for-$ matching scheme (cash & in-kind partner contributions)

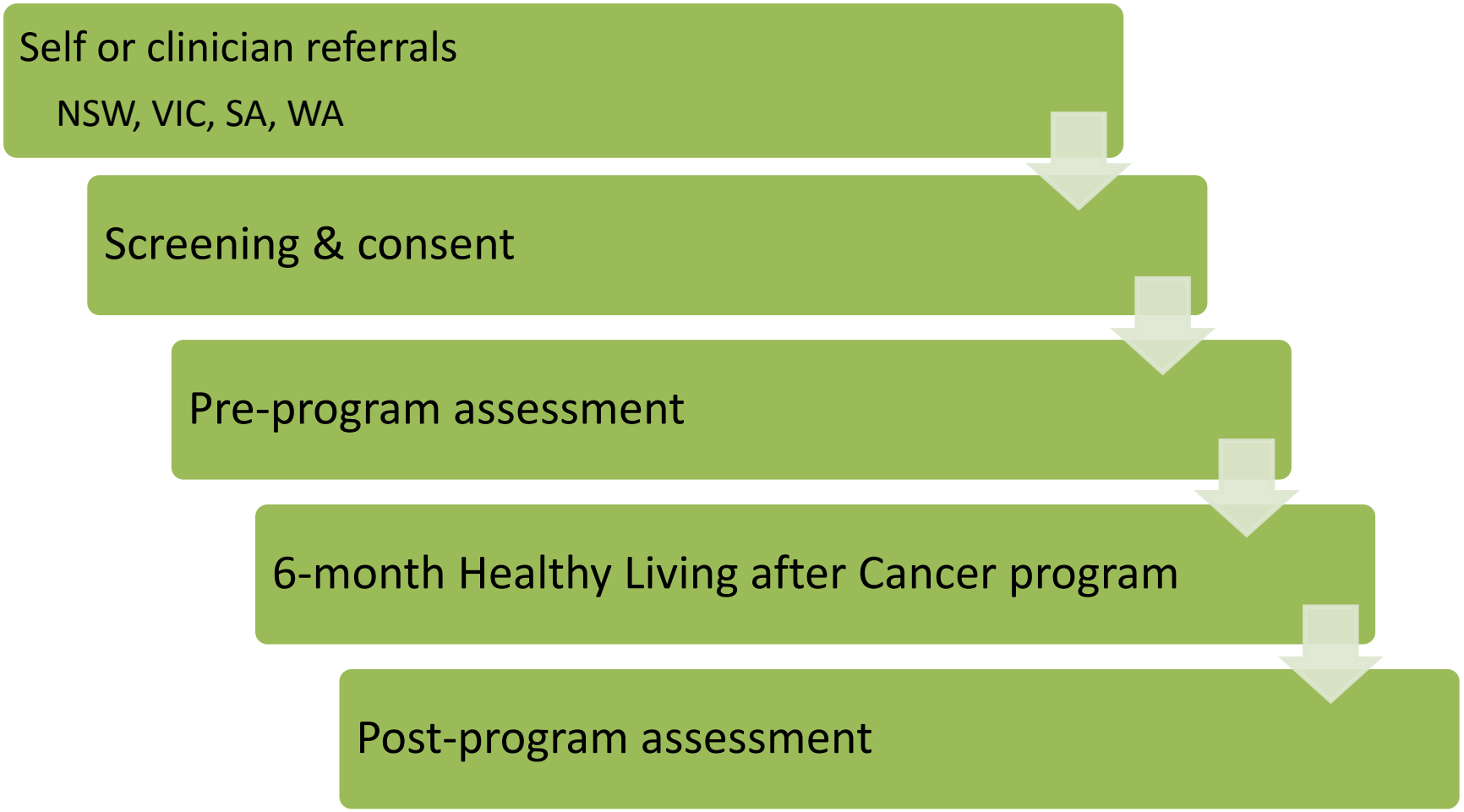
- Partners: Cancer Councils NSW, VIC, SA, WA

- Integrating an evidence-based, telephone health coaching intervention for cancer survivors into an existing national 13 11 20 Cancer Information and Support Service

Cancer Council NSW | Cancer Council Victoria | Cancer Council SA | Cancer Council WA

Eakin EG, Hayes SC, Haas MR et al. Healthy Living after Cancer: A dissemination and implementation study, *BMC Cancer,* 2015; 15:992

Healthy Living after Cancer Protocol



Chief Investigators

- **Professor Elizabeth Eakin** – University of Queensland
- **Professor Sandi Hayes** – Queensland University of Technology
- **Professor Marion Haas** – University of Technology Sydney
- **Associate Professor Marina Reeves** – University of Queensland
- **Professor Janette Vardy** – University of Sydney
- **Professor Frances Boyle** – University of Sydney
- **Professor Janet Hiller** – Swinburne University of Technology
- **Professor Gita Mishra** – University of Queensland
- **Associate Professor Michael Jefford** – Peter MacCallum Cancer Centre
- **Professor Bogda Koczwara** – Flinders University

Associate Investigators

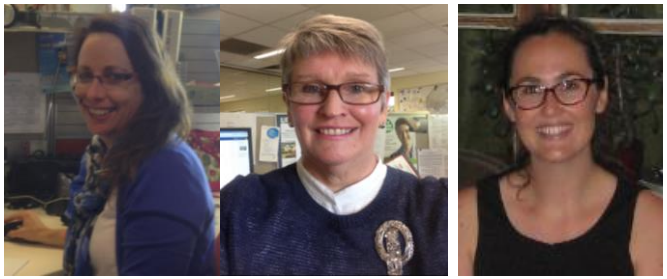
- **Ms Kathy Chapman** – Cancer Council New South Wales
- **Ms Sandy McKiernan** – Cancer Council Western Australia
- **Dr Anna Boltong** – Cancer Council Victoria
- **Mr Greg Sharplin** – Cancer Council South Australia
- **Professor Christobel Saunders** – University of Western Australia
- **Professor Afaf Girgis** – University of New South Wales
- **Professor Wendy Demark-Wahnefried** – University of Alabama, USA
- **Professor Kerry Courneya** – University of Alberta, Canada
- **Professor Kathryn Schmitz** – University of Pennsylvania, USA
- **Professor Kate White** – University of Sydney

Healthy Living after Cancer Team Members

UQ – Erin Robson,
Project Coordinator

CC NSW – Liz Hing and
Indhu Subramanian

CC Vic – Clare Sutton and
Clem Byard



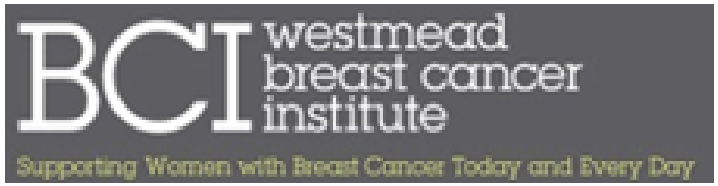
CC SA – Ann Branford, Polly Baldwin
and Mia Bierbaum

CC WA – Rosemerry Hodgkin
and Jo Daley

2. Get Healthy Service

Feasibility and acceptability of referring breast cancer survivors to the service (*Get Healthy after Breast Cancer Study*)

Partners:



Investigators: Meagan Brennan, Rosemary Winter, Bronwyn Chalmers

Led by: Sheleigh Lawler

Lawler S et al, Get Healthy after breast cancer. Journal of Supportive Care in Cancer, *in press*

Get Healthy after Breast Cancer Study Protocol

Research Nurse at BCI screened participants for eligibility

Eligibility criteria:

- aged 18-75
- first diagnosis of stage I-III unilateral or bilateral breast cancer
- completion of treatment with curative intent within the past 3 years
- sufficient English fluency to participate in telephone intervention

Referred to UQ for pre-post program assessments and tracking

UQ referred to the Get Healthy Service

Get Healthy Service

Start a healthy discussion that's all about you

Program Comparison

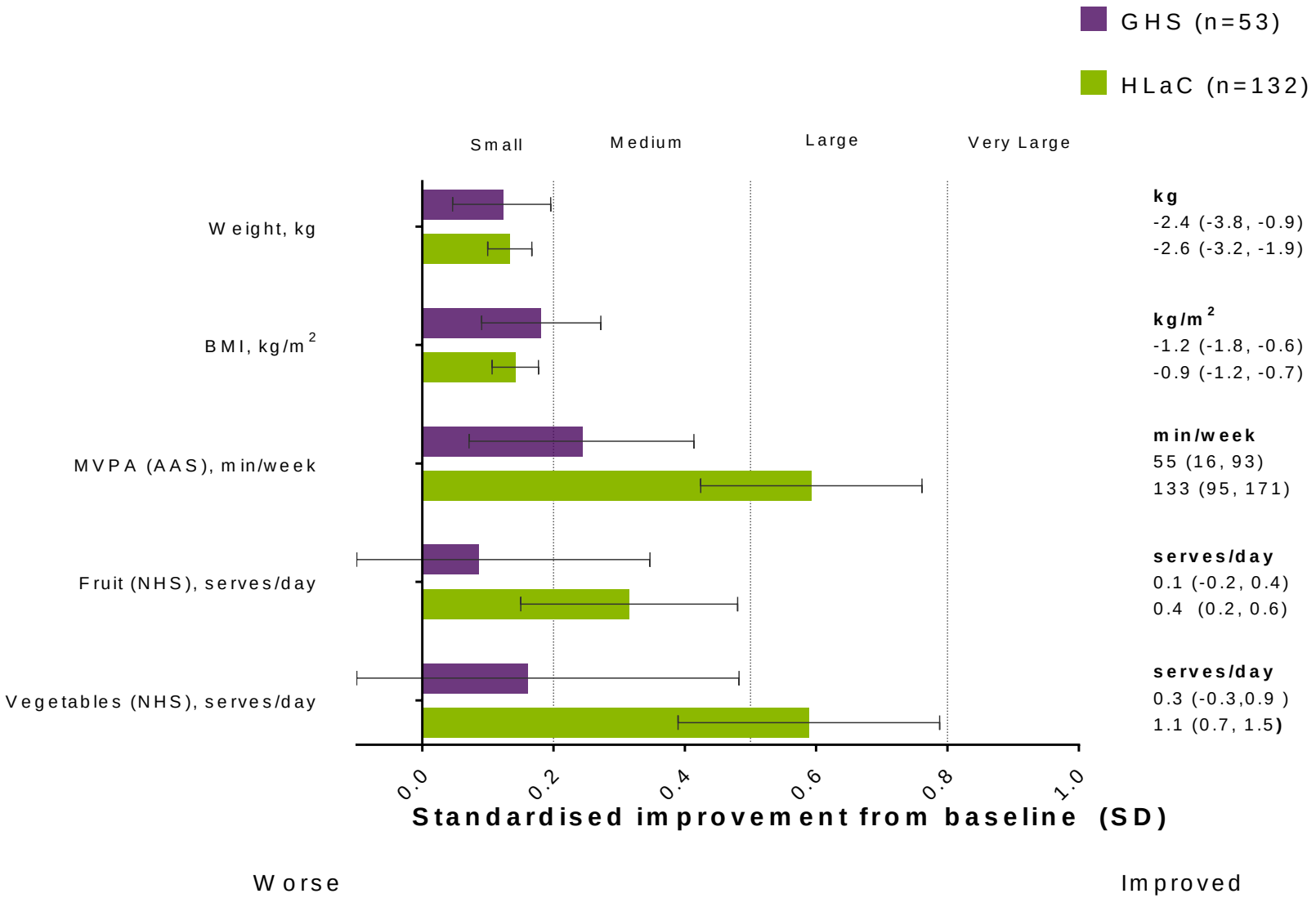
Common Outcomes

- Patient-reported
  - Weight
  - Physical activity (Active Australia)
  - Fruit/veg intake (NHS items)
  - Quality of life (SF-12 / SF- 36)
- Implementation
  - Uptake and completion
  - Adverse outcomes
- Nurse feedback

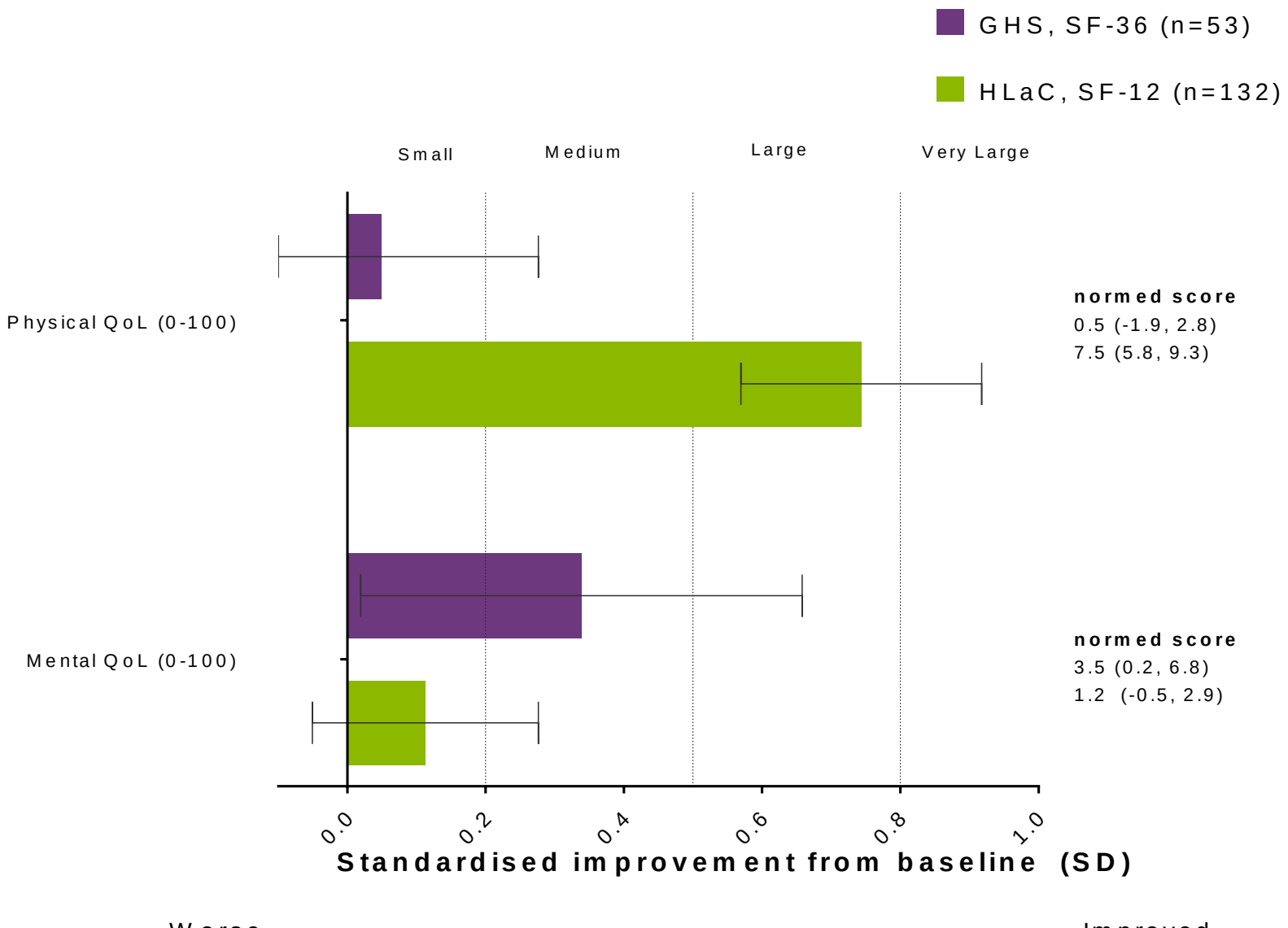
Who took part

	HLaC (n = 300)	GHS (n = 53)
Type of cancer	breast, prostate, bowel, lymphoma, kidney, cervical, leukaemia, ovarian, thyroid, endometrial, BCC skin cancer, Ewings' sarcoma, base of tongue	breast
Gender	89% female	100% female
Age	55 $\pm$ 11 yrs	57 ± 10 yrs
BMI	29.0 $\pm$ 6.0 kg/m^2	31.0 ± 5.5 kg/m^2
Time since diagnosis	3 $\pm$ 4 yrs	14 $\pm$ 7 mths
Education (High school or higher)	84%	70%
Ethnicity - Caucasian	92%	74%
Language other than English	12%	27%

Patient-reported Outcomes



Patient-reported Outcomes



Program Implementation

	HLaC	GHS
Program Uptake (of those eligible)	92%	82%
Program Completion	62%	62%
Adverse Outcomes	nil	nil

Participant Satisfaction

Healthy Living after Cancer

"I am going really well, since starting the program I have changed my life – I have gone from doing no exercise to walking every day. I feel so much better – I have dropped a couple of pant sizes and lost 5kg and my doctor is happy."

Get Healthy Service

"Her regular calls have motivated me and kept me going. She was able to help me alter my program when I found the going difficult."

No comments about lack of cancer-specific focus

HLaC Nurse Survey Feedback

Positives

- Application of coaching skills to other areas
- Increased knowledge of exercise and nutrition
- 'Walking the talk' in my own life ☺

Challenges

- Complexity of program protocols
- Logistics – scheduling, missed calls
- Switching 'hats' (Helpline to HLaC)
- Client psychosocial issues (eg, depression/anxiety)

GHS (Westmead) Nurse Feedback

Easy and positive program to discuss with patients
A good progression after active treatment

Alternative programs such as breast cancer specific group-based programs with more peer support may be better suited for some patients

Liked incorporating GHS referral into the follow-up clinic, but felt it would work best in nurse-led, rather than doctor-led, follow-up care given greater nurse propensity to focus on health promotion

Take home messages

Remarkably similar results across programs

Both cancer-specific and ‘generic’ healthy lifestyle programs can be safe and effective for cancer survivors with appropriate screening

Both are likely needed to address the health promotion needs of the growing numbers of cancer survivors

Cancer-specific programs will always have an important role

Partnerships made possible the successful delivery of both programs and will be key to ongoing funding for both programs

Discussion Issue - Screening

Screening – Healthy Living after Cancer

- Conducted by Cancer Council nurse or research assistant
- Training by study investigators
- Follows detailed script
- Questions referred to:
  - oncologist (chief investigator) in each state
  - participant's health care provider

Eakin EG, Hayes SC, Haas MR et al. Healthy Living after Cancer: A dissemination and implementation study, *BMC Cancer,* 2015; 15:992

Screening – Healthy Living after Cancer

- **Adults** (18+ years)
- **Diagnosed with potentially curative cancer** (i.e., localised, non-metastatic)
- **Having completed treatment** (i.e., surgery, chemotherapy, radiation; hormonal treatment or Herceptin are OK to enrol)
- **No contraindications to unsupervised physical activity** (e.g., active heart disease, dialysis, diabetic complications, planning a knee or hip replacement)
- **Without cognitive or mental health impairments** that would hinder program participation (as determined during the eligibility and screening call)
- **Able to speak and read English** sufficiently to allow for program participation
- **Wanting support for healthy living** via exercise and healthy eating and willing to make a six-month commitment to program participation

Table 1 Eligibility criteria and their associated screening questions

Eligibility criteria	Screening question/s
Adults aged 18+ years	• What is your date of birth (day, month and year)?
Diagnosed with localised potentially curative cancer of any type	• When were you diagnosed with cancer (most recent diagnosis)? Please tell me the day, month and year as best you can remember. • What type of cancer were you diagnosed with? • Was your cancer localised, or did it spread to other parts of your body (i.e., were you diagnosed with metastatic disease or advanced cancer)?
Completed treatment (i.e., surgery, chemotherapy, radiation; hormonal treatment or Herceptin are fine)	• Have you completed treatment for cancer – i.e., surgery, chemotherapy or radiation therapy? This does not include hormonal treatment or Herceptin which you may still be on.
Without contraindications to engaging in unsupervised physical activity	• Are you currently pregnant or lactating or intending to become pregnant in the next 6 months? • Do you currently use a walker or wheelchair regularly to help you walk or move around? This does not include using a walking stick. • Have you had any health problems, such as a stroke, or have you had an accident, that has left you with walking difficulties? • Do you have plans for a hip or knee replacement in the next 6 months? • Do you ever feel any pain, tightness or heaviness in your chest either when you are resting or when you are physically active? • Have you been told by your doctor that you have a heart condition and that you should only do physical activity supervised by a health professional? • Have you been told by your doctor that you've had a heart attack within the last 6 months? • Have you had any breathing problems that required hospitalisation or oxygen use within the past 6 months? • Do you have severe chronic lung disease? • Do you take the blood thinners Warfarin, Coumadin or Marevan? • Do you have moderate to severe kidney disease or are you undergoing dialysis? • Do you suffer from neuropathy or nerve damage, which is most commonly caused by complications from diabetes? • Do you suffer from retinopathy or damage to the retina in the eye, most commonly caused by complications from diabetes?
Without cognitive or mental health impairments that would hinder program participation	• Have you ever been diagnosed with depression/anxiety/any other mental health condition? • If yes, are you currently suffering from depression/anxiety/any other mental health condition? • If yes, is your depression/anxiety/any other mental health condition currently stable and/or being managed by medication or treatment from a health professional?
Able to speak and read English sufficiently to allow for program participation	Assessed by staff during the screening call (i.e., is the person they are screening able to understand the questions and respond appropriately).
Wanting support for healthy living via exercise and healthy eating and willing to make a six-month commitment to HLaC program participation	Participants are asked to read the Participant Information Sheet and consider whether now is a good time for them to take part in the program before providing consent.

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GHS Screening

- By health professional (if HP referral)
- By GHS coach (if self-referral)
- For study: by research assistant using GHS coach screening form
  - Questions referred to study breast physician

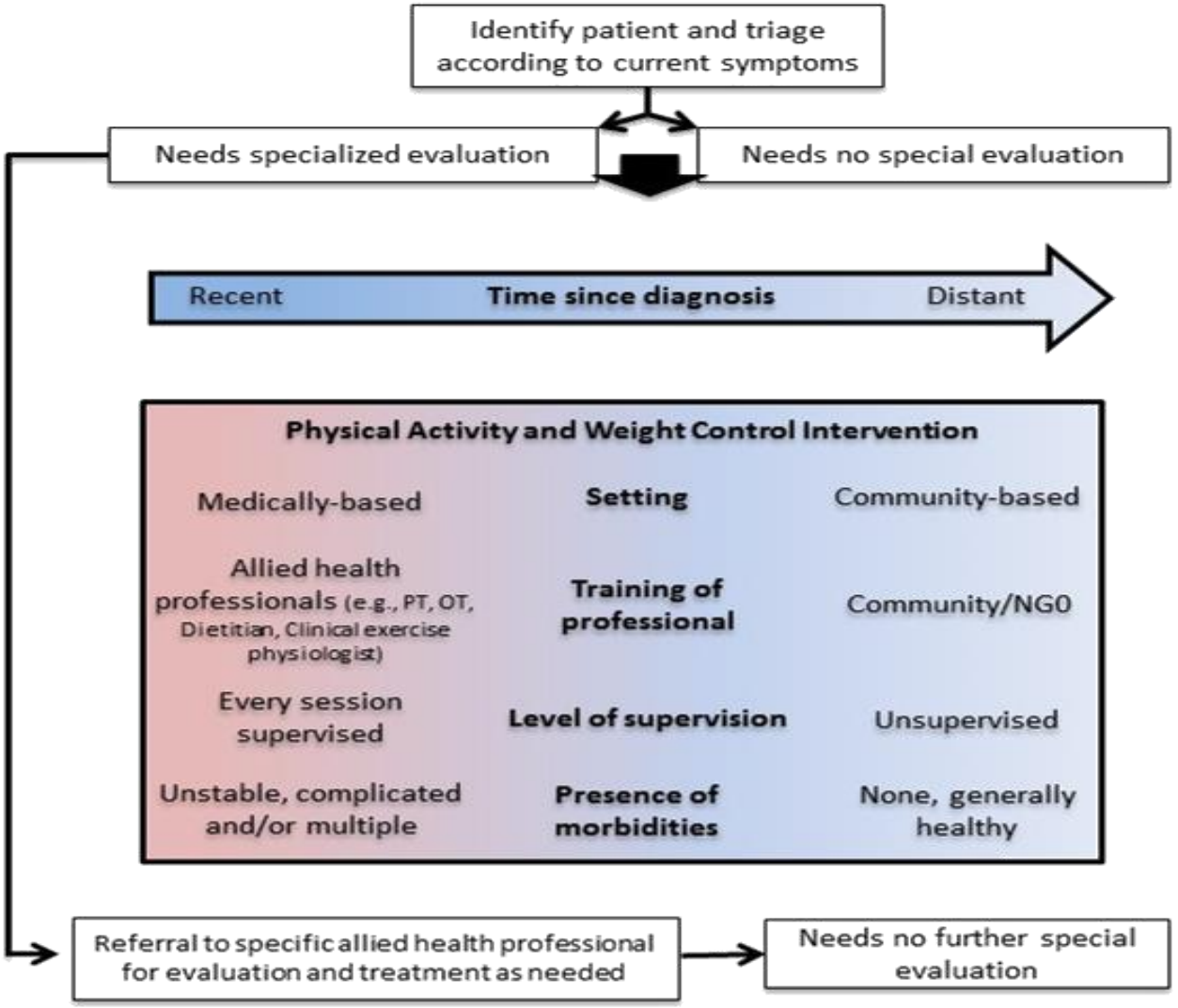
get healthy
Information & Coaching Service
1300 806 258
www.gethealthynsw.com.au

Screening & Assessment Questionnaire

1. What is your age?	☐ If < 18, not eligible for the Service	☐ If >18, proceed to 2a
2a. Are you currently pregnant?	☐ Yes Proceed to 2b	☐ No Proceed to 3a
2b. Have there been any complications with your pregnancy?	☐ Yes Medical clearance	☐ No Proceed to 2c
2c. Are you receiving regular antenatal care?	☐ Yes Proceed to 3a	☐ No Medical clearance
3a. Do you have a health condition that you have had to/or are currently seeing a doctor for?	☐ Yes Proceed to 3b	☐ No Proceed to 4a
3b. Please identify what the health conditions are then proceed to 3c		
3c. Is the condition stable? Health Coach is to confirm that if necessary the condition is being managed by the participant and an appropriate health professional	☐ Yes Proceed to 3d	☐ No Medical clearance required
3d. Has your doctor prescribed regular medication for this health condition?	☐ Yes Proceed to 3e	☐ No Proceed to 4a
3e. Have the medications been changed by your doctor in the last three months?	☐ Yes Medical clearance	☐ No Proceed to 4a
4a. Do you have any other health condition or impairment not mentioned above (that affects how physically active you can be or what you can eat)?	☐ Yes Proceed to 4b	☐ No Proceed to 5a
4b. Please identify what the health conditions are then proceed to 4c		
4c. Is the condition stable? Health Coach is to confirm that if necessary the condition is being managed by the participant and an appropriate health professional	☐ Yes Proceed to 5a	☐ No Medical clearance required
5a. Have you had significant mental health problems that required treatment from a health professional?	☐ Yes Proceed to 5b	☐ No Proceed to enrolment
5b. Is the condition stable? Health Coach is to confirm that if necessary the condition is being managed by the participant and an appropriate health professional	☐ Yes Proceed to enrolment	☐ No Medical clearance required

10% screened ineligible – both programs

Clinical Triage Model



Adapted from: Hayes SC, Johansson K, Alfano CM, Schmitz KH. Exercise for breast cancer survivors: Bridging the gap between evidence and practice. *Translational Behavioral Medicine*. 2011;1:539-44.

Thank you

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