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Resources for Physical Activity in Cancer Centers in the United States

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Physical activity (PA) has many benefits for cancer survivors. However, the available PA resources for survivors at cancer centers throughout the United States are undocumented. The current study surveyed major cancer centers concerning the availability and types (e.g., facilities, programs, counseling, information resources) of PA resources available. Of supportive care services, PA resources were the least commonly reported. Significant correlations were found among availability of PA resources and other supportive care services. Although many cancer centers reported offering PA programming, formal and informal PA guidance and support seem to fall on oncology nurses and other clinicians. Oncology nurses should be reminded that they may be one of the only sources of PA guidance available to survivors at cancer centers.

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Physical activity (PA) is defined as any bodily movement produced by the contraction of skeletal muscles that involves energy expenditure (World Health Organization, 2013). Decades of research suggest that regular participation in moderate-to-vigorous intensity PA (e.g., brisk walking, jogging, cycling) has been associated with a reduction in premature mortality and morbidity from chronic disease (Haskell, Blair, & Hill, 2009). PA also has become recognized as a valuable supportive care strategy for improving physical functioning and key aspects of quality of life for cancer survivors (Schmitz et al., 2010; Speck, Courneya, Masse, Duval, & Schmitz, 2010). In addition, compelling new evidence from large-scale observational studies suggests that survivors of breast or colon cancer who engage in PA after diagnosis may have a significant reduction in all-cause and cancer-related mortality (Clague & Bernstein, 2012).

Despite the compelling evidence that supports the safety and benefits of PA, cancer survivors are less active than the general population (Coups & Ostroff, 2005; Courneya, Karvinen, & Vallance, 2007). Observational studies of various types of cancer survivors indicate that only 20%–30% of cancer survivors report being physically active in the years post-treatment, and only

5%–10% report PA while receiving adjuvant therapy (Courneya et al., 2007). However, survey studies indicate that the majority of cancer survivors (about 77%–84%) are interested in having access to PA counseling and programming services, particularly immediately after the completion of treatment (Courneya et al., 2007).

Past research has indicated that cancer survivors generally prefer PA counseling and programming that is cancer center-based compared to resources from other locations, such as community fitness centers. In addition, cancer survivors indicated a preference for face-to-face PA counseling rather than guidance from print materials, telephone, or Internet-based counseling (Courneya et al., 2007; Karvinen, Raedeke, Arastu, & Allison, 2011). Likewise, other research suggests that healthcare providers in the oncology setting are amenable to providing PA guidance and support to cancer survivors; however, few actually provide recommendations (Karvinen, DuBose, Carney, & Allison, 2010; Karvinen, McGourty, Parent, & Walker, 2012).

Research suggests that supportive care strategies for PA may not be readily available at cancer centers. Stevinson and Fox (2005) examined availability of PA resources in cancer centers in the United Kingdom and found only 9% of cancer centers