

# The Physical Activity Preferences of Gynecologic Cancer Survivors

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**T**he current body of literature provides strong evidence in support of a physically active lifestyle for cancer survivors, including gynecologic cancer survivors (GCSs), for its benefits in the physical and psychological domains of health (Courneya & Friedenreich, 2007; Speck, Courneya, Masse, Duval, & Schmitz, 2010). Regrettably, the physical activity (PA) levels of cancer survivors have been found to be low, with the large majority of survivors reporting levels below the recommended 150 minutes of moderate-to-vigorous PA (MVPA) per week (Blanchard, Courneya, & Stein, 2008; Stevinson et al., 2007; Trinh, Plotnikoff, Rhodes, North, & Courneya, 2011).

Increasing PA levels in cancer survivors has become a priority for health researchers and professionals. In line with this goal, many studies have worked to explore the PA program preferences of cancer survivors. Evidence suggests that survivor groups report an interest in PA programs (McGowan et al., 2013), with most showing a preference for post-treatment walking programs (Gjerset et al., 2011; Jones & Courneya, 2002; Karvinen et al., 2006; Karvinen, Courneya, Venner, & North, 2007). Although some concurring PA preferences have been reported (e.g., walking programs), the unique medical and demographic characteristics throughout the cancer survivor populations have unique influences on PA preferences (Karvinen et al., 2006, 2007; McGowan et al., 2013). For example, Stevinson et al. (2009) found that medical characteristics did not have an influence on the PA preferences of ovarian cancer survivors; however, having an ostomy, as well as recurrence status, influenced the PA preferences of colorectal cancer survivors (McGowan et al., 2013). In addition, age (younger than 65 years versus older than 65 years) and employment status (employed versus unemployed) were not found to influence PA preferences of endometrial cancer survivors (Karvinen et al., 2006); however, they did influence the PA preferences of colorectal cancer survivors (Courneya et al., 2005).

**Purpose/Objectives:** To identify physical activity (PA) preferences of gynecologic cancer survivors (GCSs) and to understand the reasons for them.

**Design:** Population-based, cross-sectional mailed survey and semistructured interviews with a subsample.

**Setting:** Nova Scotia, Canada.

**Sample:** 239 GCSs completed the survey, and 16 participated in an interview.

**Methods:** GCSs identified from a provincial cancer registry completed a questionnaire assessing PA preferences. Survey respondents were asked to participate in a substudy exploring PA preferences through a semistructured interview.

**Main Research Variables:** Self-reported PA and PA preferences.

**Findings:** Analyses indicated that participants were interested in a PA program. Interviews highlighted that PA counseling was highly desired and should include discussions about the benefits and appropriate amounts of PA, as well as available opportunities for PA.

**Conclusions:** GCSs have preferences regarding characteristics of PA discussions and programs.

**Implications for Nursing:** Oncology nurses are integral to the promotion of PA in GCSs. Providing oncology nurses with training opportunities to learn about PA for cancer survivors is an important consideration for cancer centers in ensuring a satisfactory experience for cancer survivors.

**Key Words:** exercise; gynecologic malignancies; quality of life; survivorship

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These findings suggest that unique preferences may exist among cancer survivor groups and should not be generalized across all groups. To date, much of the literature on PA preference has focused largely on breast, colorectal, and prostate cancers, leaving a significant gap in understanding the PA preferences and needs of GCSs. Regrettably, the majority of studies in this area have been limited to gathering their information via closed-item questions, and, although a useful starting