Androgen-deprivation therapy (ADT) is associated with acute and chronic side effects (e.g., fatigue) and risk of developing comorbidities (e.g., osteoporosis) (Flaig & Glodé, 2008; Grossmann & Zajac, 2011; Kim & Freedland, 2010). Sedentary behavior (SED) is defined as any waking behavior characterized by an energy expenditure of 1.5 metabolic equivalents or less while in a sitting or reclining posture (Sedentary Behaviour Research Network, 2012). The adverse health effects of SED for cancer risk are distinct from the beneficial effects of moderate to vigorous physical activity (PA) (Lynch, 2010). Drawing from epidemiologic findings, SED has been independently associated with central adiposity, elevated blood glucose and insulin, and other cardiometabolic biomarkers in apparently healthy adults (Owen, Healy, Matthews, & Dunstan, 2010). The role of SED remains largely unexplored in survivors of cancer, but excess adiposity has been associated with prostate cancer aggressiveness, progression, and mortality (Hsing, Sakoda, & Chua, 2007) and poorer quality of life (Lynch, Dunstan, Vallance, & Owen, 2013). This emerging research agenda is of particular importance for survivors, many of whom spend less than 1% of their waking hours engaged in PA (Lynch et al., 2011, 2013) and, on average, 69% in SED (Lynch et al., 2011). Instead of focusing on activities that comprise only a portion of an individual’s day, examining the benefits of SED and light-intensity PA on health outcomes is warranted.

Despite the established health benefits of PA (Bauermann, Zopf, & Bloch, 2012; Galvao & Newton, 2005; Mishra et al., 2012; Thorsen, Courneya, Stevinson, & Fosså, 2008), less than 20% of men with prostate cancer are meeting public health PA guidelines (Harrington, Schwenke, & Epstein, 2013; Kushi et al., 2012; Rock et al., 2012). Targeting SED may be a more feasible and appropriate approach for a wider proportion of survivors (Gardiner, Eakin, Healy, & Owen, 2011; Lynch et al., 2013).

Seven studies have examined the role of SED on health outcomes in cancer survivorship with mixed