Among colorectal cancer (CRC) survivors, higher levels of physical activity (PA) postdiagnosis are related to lower risk of cancer recurrence and cancer-specific and all-cause mortality (Meyerhardt et al., 2009; Meyerhardt, Giovannucci, et al., 2006; Meyerhardt, Heseltine, et al., 2006). For example, among 1,825 stage I–III CRC survivors who were followed longitudinally for five years postdiagnosis, those who engaged in some level of PA after diagnosis had 25%–28% lower all-cause mortality risk compared to sedentary survivors (Baade et al., 2011). In addition, a meta-analysis of seven studies indicated that the risk of overall mortality decreases by 28% with an increase to roughly 150 minutes of moderate-intensity activity per week (Schmid & Leitzmann, 2014). Because of these and other PA benefits (e.g., improved quality of life), the American Cancer Society advises 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic activity weekly for cancer survivors (Doyle et al., 2006). Unfortunately, as many as 65% of CRC survivors fail to meet this recommendation (Blanchard, Courneya, & Stein, 2008).

Of the few interventions that have aimed to promote PA among CRC survivors, some have resulted in significant increases relative to baseline (Hawkes et al., 2011).