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 postsdiagnosis, 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., 2015). Of particular note, a randomized trial among CRC survivors tested the effects of gain-framed versus loss-framed mailed brochures on increasing PA (Hirschey et al., 2016). The authors found that both message frames were effective in producing increases in resting PA, with about 25% of previously inactive participants increasing activity to national recommendations at one month. The study also found that those who increased PA compared to those who did not had higher baseline scores on subjective norms, perceived behavioral control, and PA intentions. The implications for nursing are clear: CRC survivors may increase short- and long-term levels of PA by receiving inexpensive print brochures.