

Attitudes and Beliefs of Older Female Breast Cancer Survivors and Providers About Exercise in Cancer Care

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OBJECTIVES: To understand breast cancer survivors' and providers' attitudes and beliefs regarding exercise counseling and structured exercise programs within cancer care.

SAMPLE & SETTING: 61 female breast cancer survivors and 11 breast cancer providers from a university cancer center in the Pacific Northwest.

METHODS & VARIABLES: Survivors completed anonymous self-report surveys, and providers participated in semistructured interviews. Survey data were analyzed using descriptive statistics, and interview transcripts were analyzed using qualitative content analysis.

RESULTS: Breast cancer survivors and providers believed that including exercise counseling within cancer care was important. More than half of the survivors reported that they would attend structured exercise classes; a majority of providers thought cancer centers should offer exercise programs.

IMPLICATIONS FOR NURSING: Nurses could facilitate exercise counseling within cancer care and advocate for clinic-based exercise programs.

KEYWORDS breast cancer; exercise; exercise counseling; clinic-based exercise programs

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Breast cancer is the most common cancer diagnosed in women in the United States, who have a 12.8% lifetime risk of the disease (National Cancer Institute, n.d.). The five-year postdiagnosis relative survival rate of female invasive breast cancer is 89.9% (National Cancer Institute, n.d.), and the 15-year postdiagnosis relative survival rate is 80% (American Cancer Society, 2019). The continually improving prognosis for breast cancer has resulted in more than 3.8 million U.S. women with a history of breast cancer being alive as of January 1, 2019 (American Cancer Society, 2019). As survivors live longer postdiagnosis and as the number of breast cancer survivors is projected to increase, the long-term effects of breast cancer treatment become an increasing concern that should be addressed early in the breast cancer care trajectory. Persistent treatment-related side effects with long-term consequences are bone and muscle loss and fat gain (Cameron, Douglas, Brown, & Anderson, 2010; Santen, 2011; Vance, Mourtzakis, McCargar, & Hanning, 2011) that collectively increase the risk of frailty, falls, fractures, disability, and obesity-related diseases, such as cardiovascular disease. For example, a majority of breast cancer survivors experience bone loss related to treatment and age (Saad et al., 2008; Suskin & Shapiro, 2018) and are 1.3–1.5 times more likely to be diagnosed with osteoporosis than women without breast cancer, with older women at higher risk because of increased age (Hill et al., 2014; Peppone et al., 2014). The estimated health-care cost (i.e., initial treatment, continuing care, and end-of-life care) in 2020 for breast cancer is \$20.5 billion, with the greatest increase in breast cancer care expenditures attributed to the continuing care of survivors (Mariotto, Yabroff, Shao, Feuer, & Brown, 2011). To minimize the burden and cost of breast cancer on a survivor's long-term health, it is critical to