The benefits of physical activity both prior to and following a cancer diagnosis have been well-documented and include improvements in both overall and disease-free survival (Lynch, Dunstan, Vallance, & Owen, 2013). Exercise and light physical activity have been shown to improve management of symptoms such as pain, fatigue, anxiety, depression, and sleep-wake disturbances (Pinto & de Azambuja, 2011; Vallance, Boyle, Courneya, & Lynch, 2015; Weis, 2011). Physical activity also reduces bone loss and deconditioning, and decreases the risks of metabolic syndromes and other noncancer chronic conditions post-treatment (Lynch, 2010; Wiseman, Lynch, Cameron, & Dunstan, 2014). A growing body of research suggests that reducing and breaking up sedentary time decreases the risk of an initial cancer diagnosis, comorbidities associated with cancer, and cancer recurrence (Friedenreich & Lynch, 2012; Lynch, 2010; Wiseman et al., 2014). Large epidemiological studies indicate that cancer survivors often engage in less overall physical activity and lighter intensity activity than those without a cancer diagnosis (Phillips, Petroski, & Markis, 2015). Although some cancer survivors may engage in greater amounts of moderate-to-vigorous physical activity (MVPA) than others, most still do not achieve the recommended levels of exercise (Kim et al., 2013). Cancer survivors also tend to be more sedentary (Kim et al., 2013; Phillips et al., 2015). These trends may be related to multiple factors, including ongoing symptoms of fatigue and other late effects of cancer therapies (Berger, Gerber, & Mayer, 2012; Fodeh et al., 2013; Gaskin et al., 2016; Wood, Nail, & Winters, 2009).

These findings have led to widespread practice initiatives, such as the Oncology Nursing Society’s Get Up, Get Moving campaign, which encourages people with cancer diagnoses to be more active both during and following cancer treatment (Cannon, 2014). Activity trackers may be useful tools in...