Oral Abstract 4: Endometrial cancer survivors can improve function with remote behavioral intervention: Results from RISE

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Topic
Endometrial

Objectives
Endometrial cancer (EC) survivors have worse physical function (PF) compared to age-matched non-cancer population norms. The objective of this study was to evaluate the feasibility and efficacy of a fully decentralized 10-week strength training intervention for rural and under-represented EC survivors.

Methods
The trial was conducted at three sites of a large academic center and included patients with a history of early-stage EC (stage 1A-B) with any EC surgery or recurrence ≥1 year prior, and either rural (RUCA codes 4-10) and/or self-reported Native American, Black race or Hispanic ethnicity. Patients completed pre-and-post intervention functional testing (2-minute step test, 30-second arm curl, 30-second chair sit-to-stand) and standard patient-reported outcomes (PROs). Adherence (completed/completed + not completed sessions) was measured for prescribed twice-weekly strength training and attendance of weekly visits with clinical exercises physiologists (CEPs). Two-sided paired t-tests with a priori alpha of 0.05 were used to compare pre-and-post intervention PF and PROs.

Results
Enrolled participants (n=78) were, on average, 64.3 years old (SD 11.0) with BMI of 34.3 kg/m2 (SD 8.0) and most (92%) were rural. In an intention-to-treat (ITT) analysis attendance of weekly CEP visits ranged from 53.8-75.6% with an average of 64.0% (SD 6.2%). Adherence to ≥60% of twice weekly exercise prescription was achieved in 64.1% in ITT and 92.6% in those who completed the trial as 34.6% of participants (n= 27) withdrew. The 10-week strength intervention improved all PF tests with an average increase of 17.1 steps (95% CI 11.6, 22.6; $p < 0.001$), 3.72 stands (95% CI 2.4, 5.1; $p < 0.001$), and 6.6 5lb curls (95% CI 4.9, 8.3; $p< 0.001$). For PROs, EORTC PF increased by 3.5 (95% CI 0.4, 6.6; p=0.031). EORTC insomnia and fatigue decreased. Other EORTC functional domains, global health status, and PROMIS domains did not see significant change. While exercise self-efficacy did not change, generalized self-efficacy increased by 3.8 (95% CI 0.5, 7.2; p=0.029).

Conclusions
A remote strength training intervention for EC survivors is feasible and demonstrates improvements in direct PF as well as PROs. The next step will be to study the longer-term adoption of behavior change with analysis of 26-week data as well as implementation into clinical practice.

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