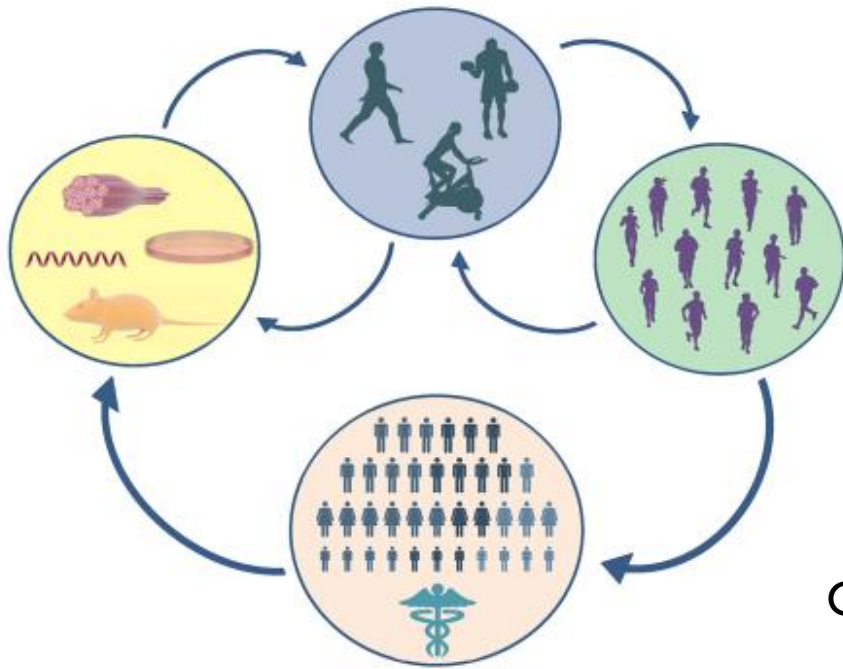
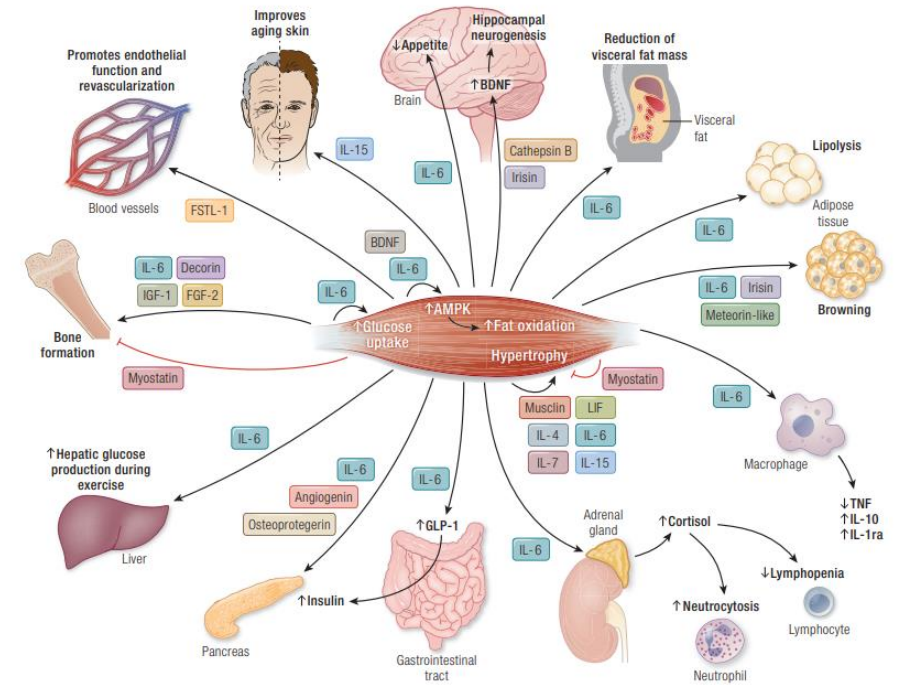


Fysisk aktivitet og kræft

Sundhedsfremme hos kræftpatienter: fra forskning til handling

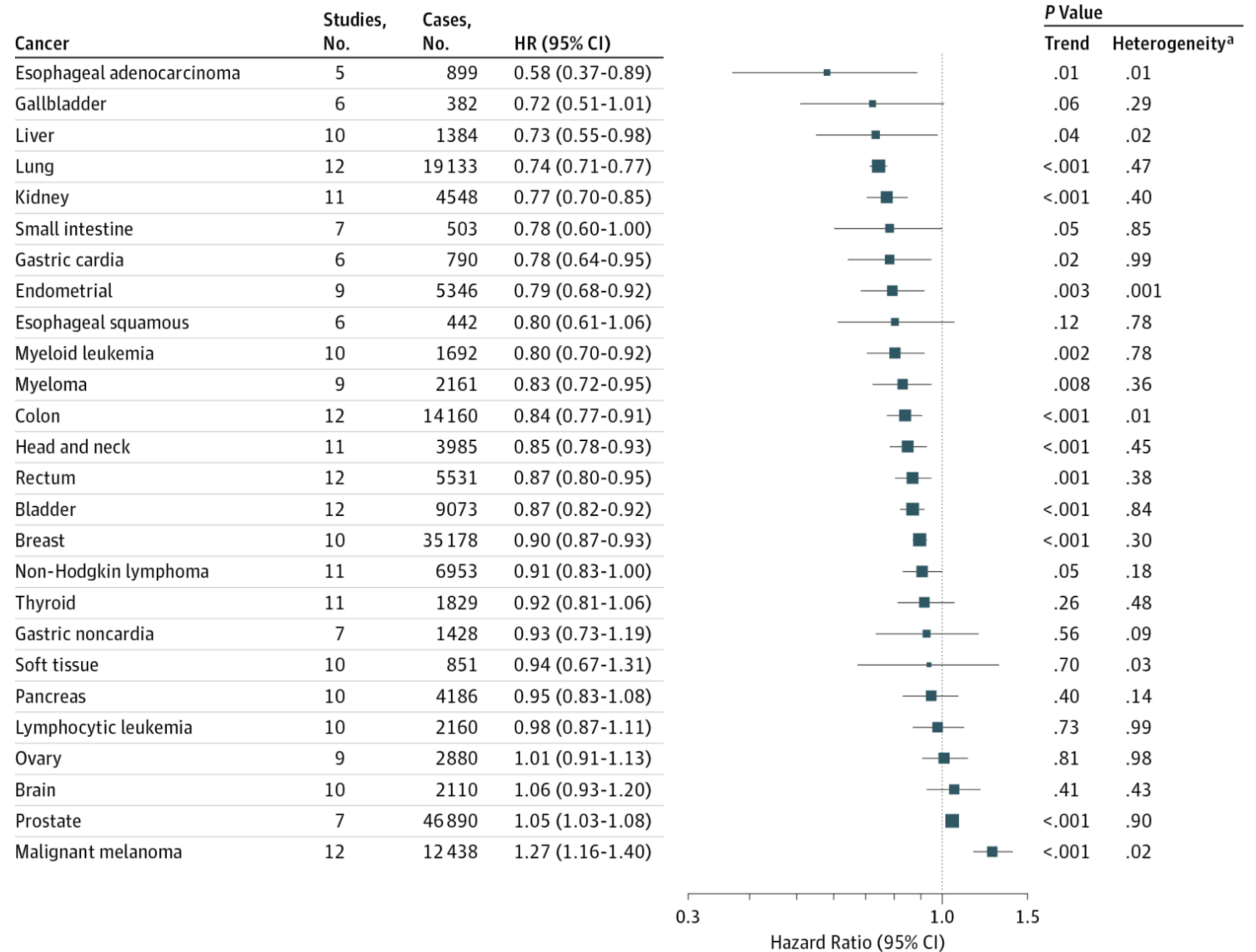


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Fysisk aktivitet og udvikling af kræft

Fysisk aktivitet er associeret med nedsat risiko for udvikling af 13 forskellige typer af kræft



Hvad er "Fysisk aktivitet"?



Men hvad er "Fysisk aktivitet"?



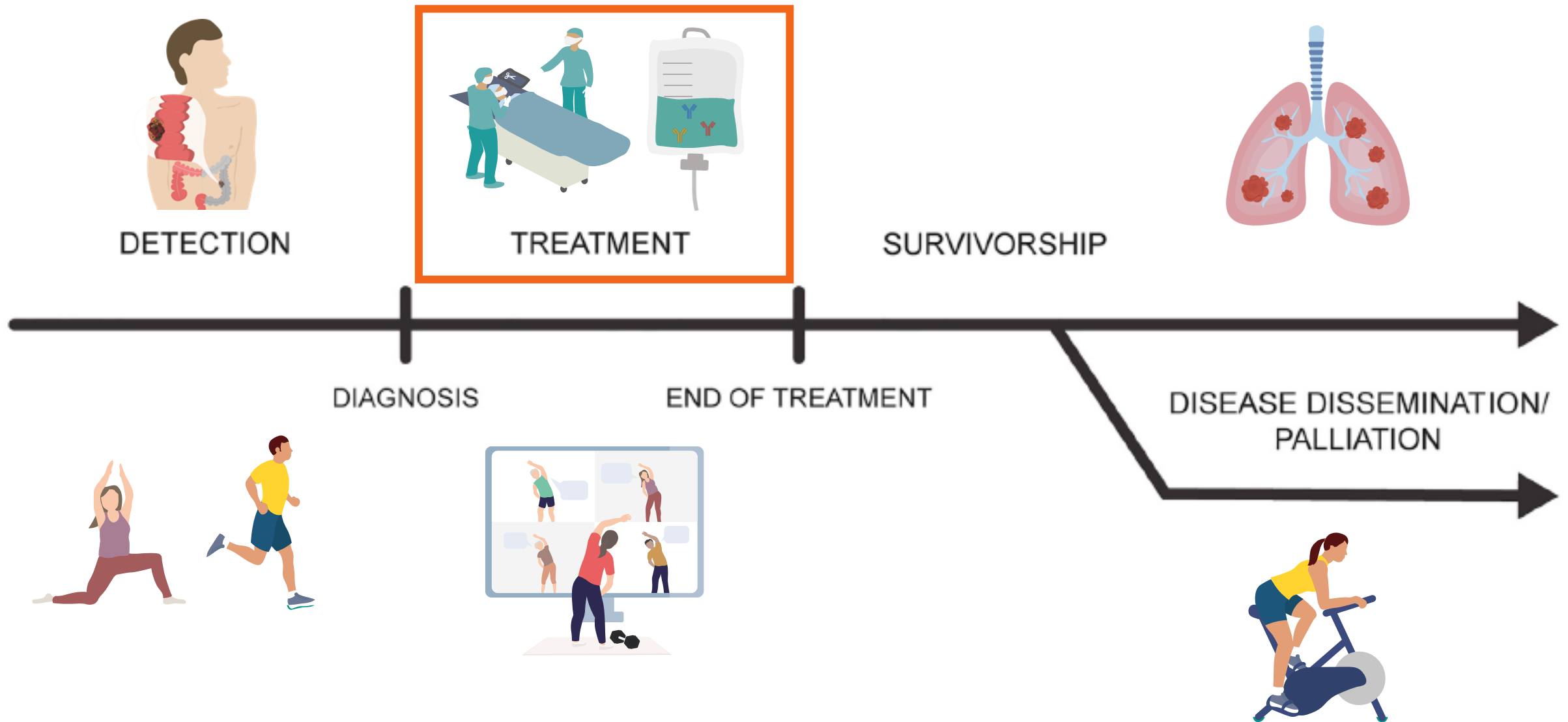
Definitionen af fysisk aktivitet



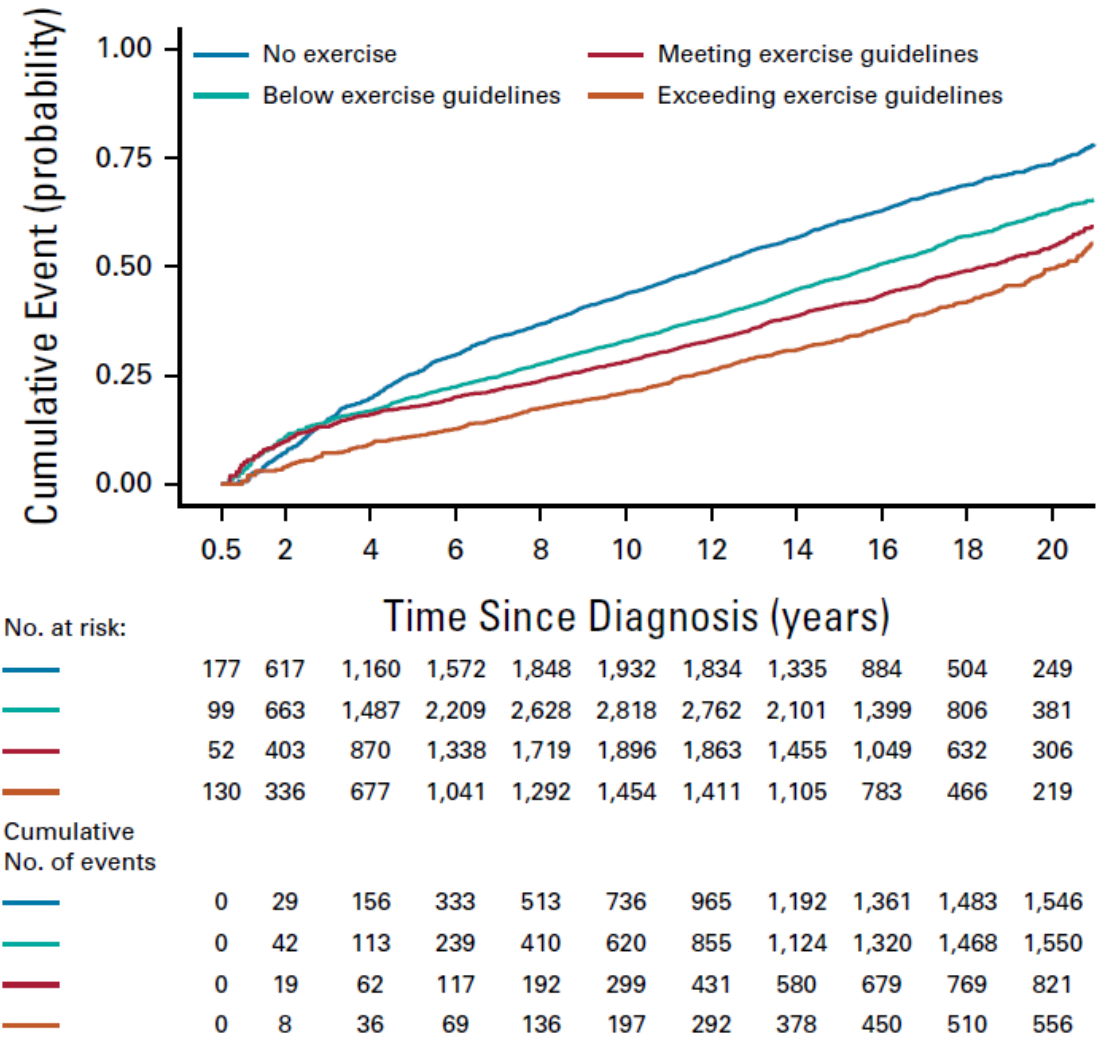
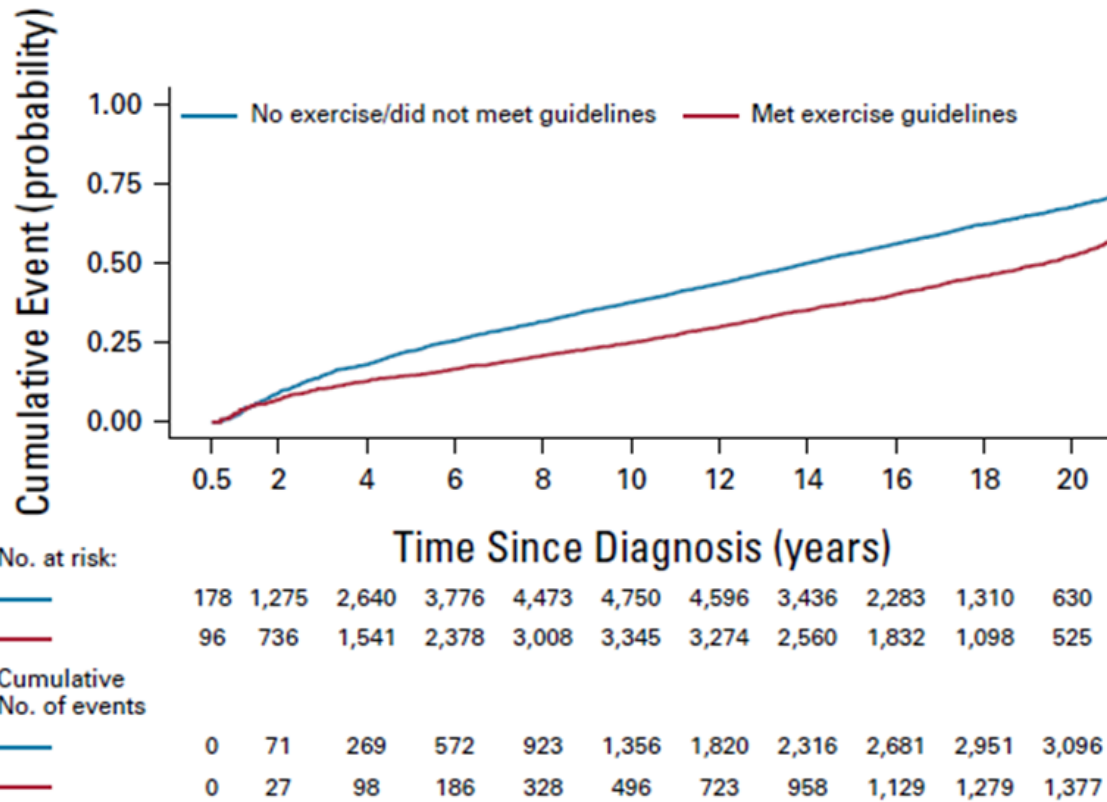
Fysisk aktivitet er alle former for bevægelse produceret af skeletmuskulatur, der resulterer i øget energiomsætning



Fysisk aktivitet – Hvornår, hvor meget og hvordan?



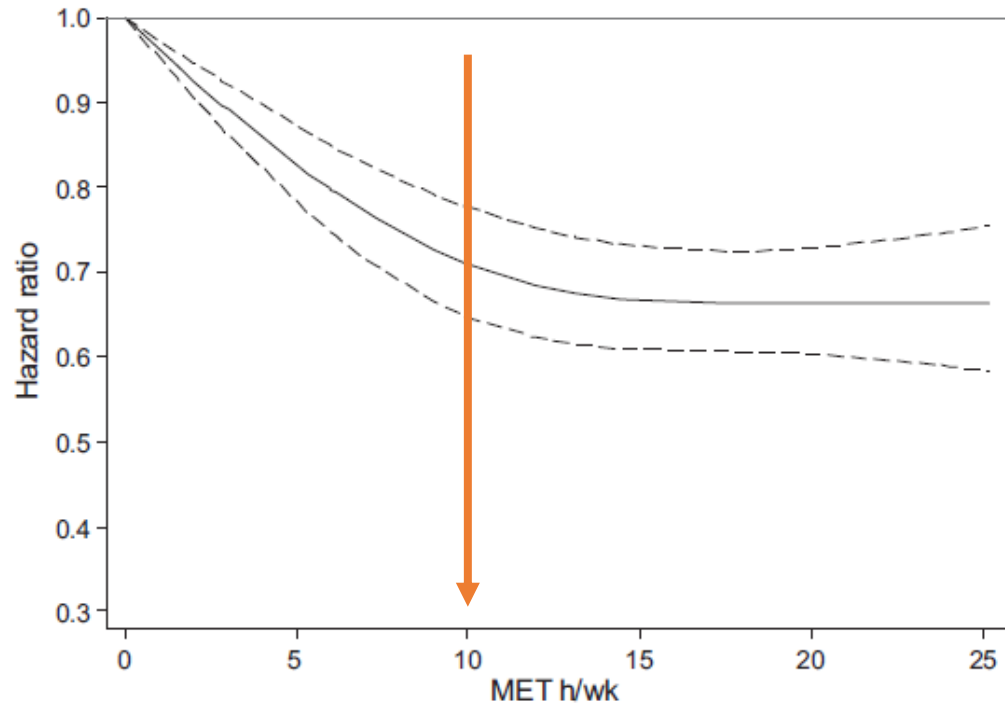
Fysisk aktivitet – Hvor meget skal der til?



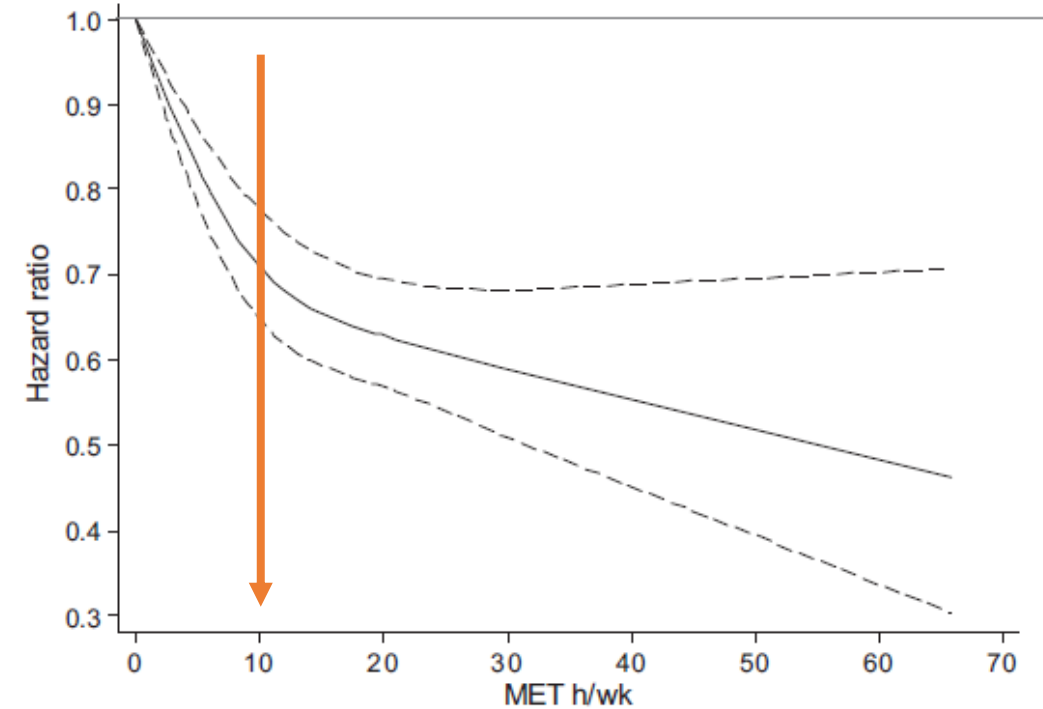
Overlevelsen er højere blandt de patienter, der møder guidelines for fysisk aktivitet

“Al bevægelse tæller ...,”

Breast cancer-specific mortality

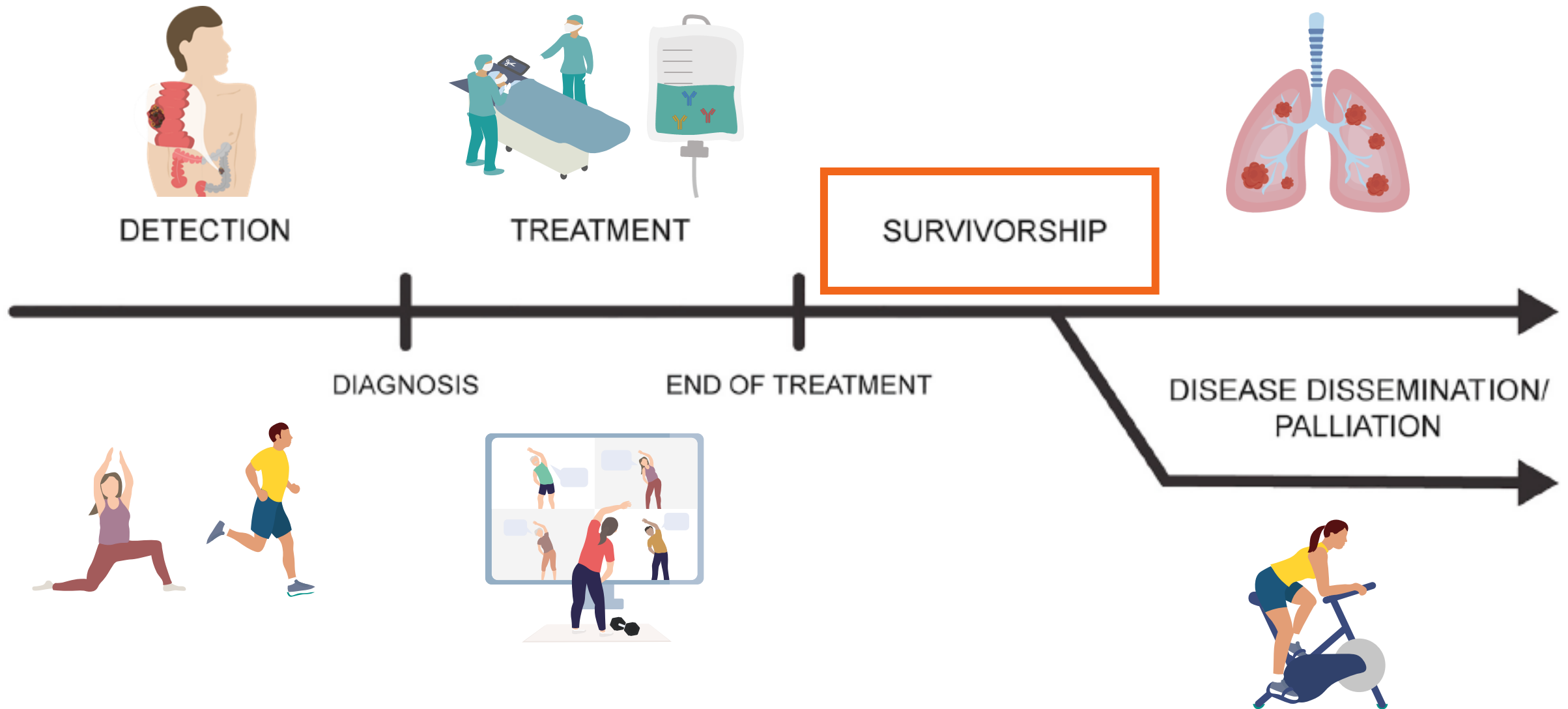


All-cause mortality

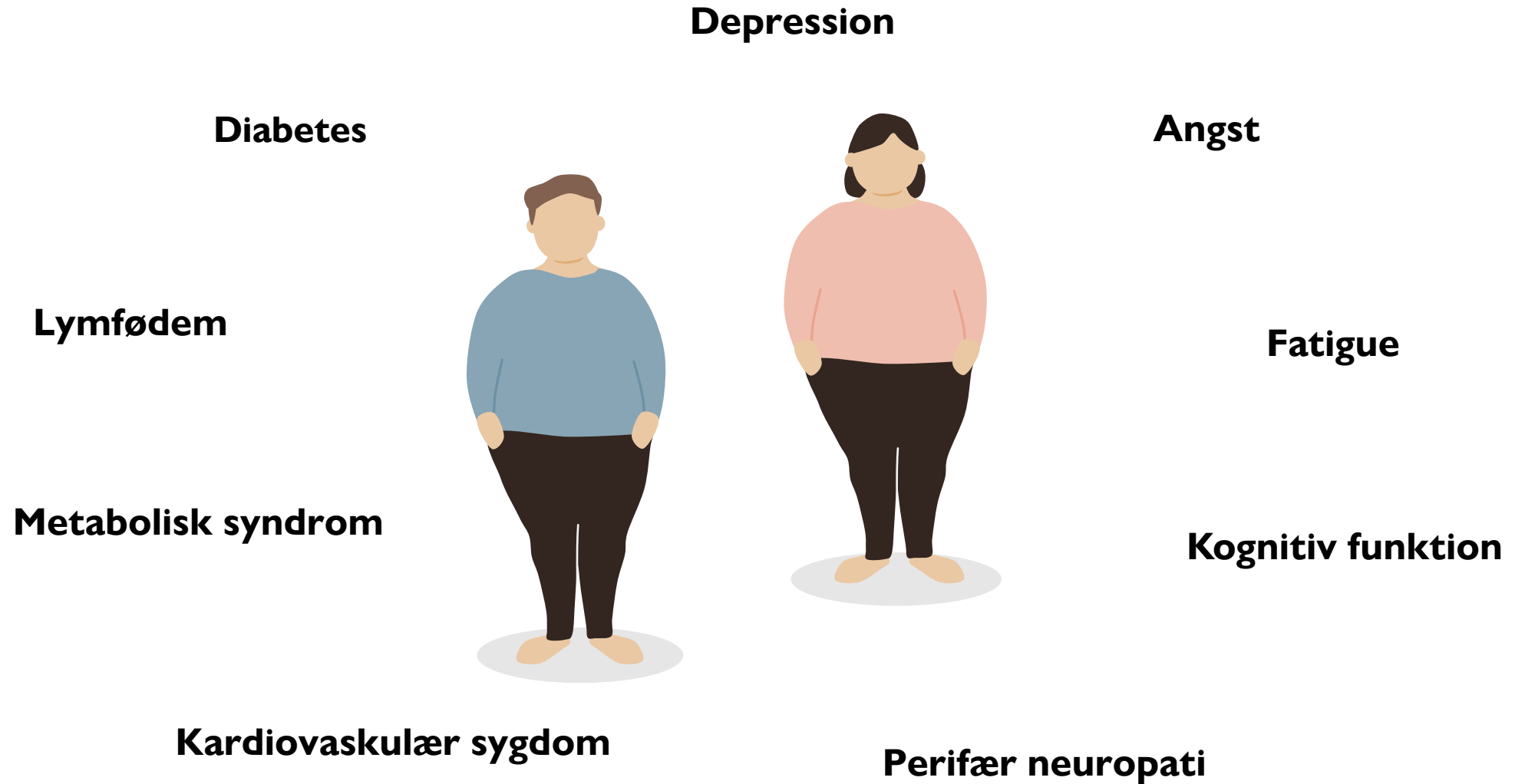


”... men effekten ser ud til at være størst, når man går fra at være inaktiv til at være aktiv”

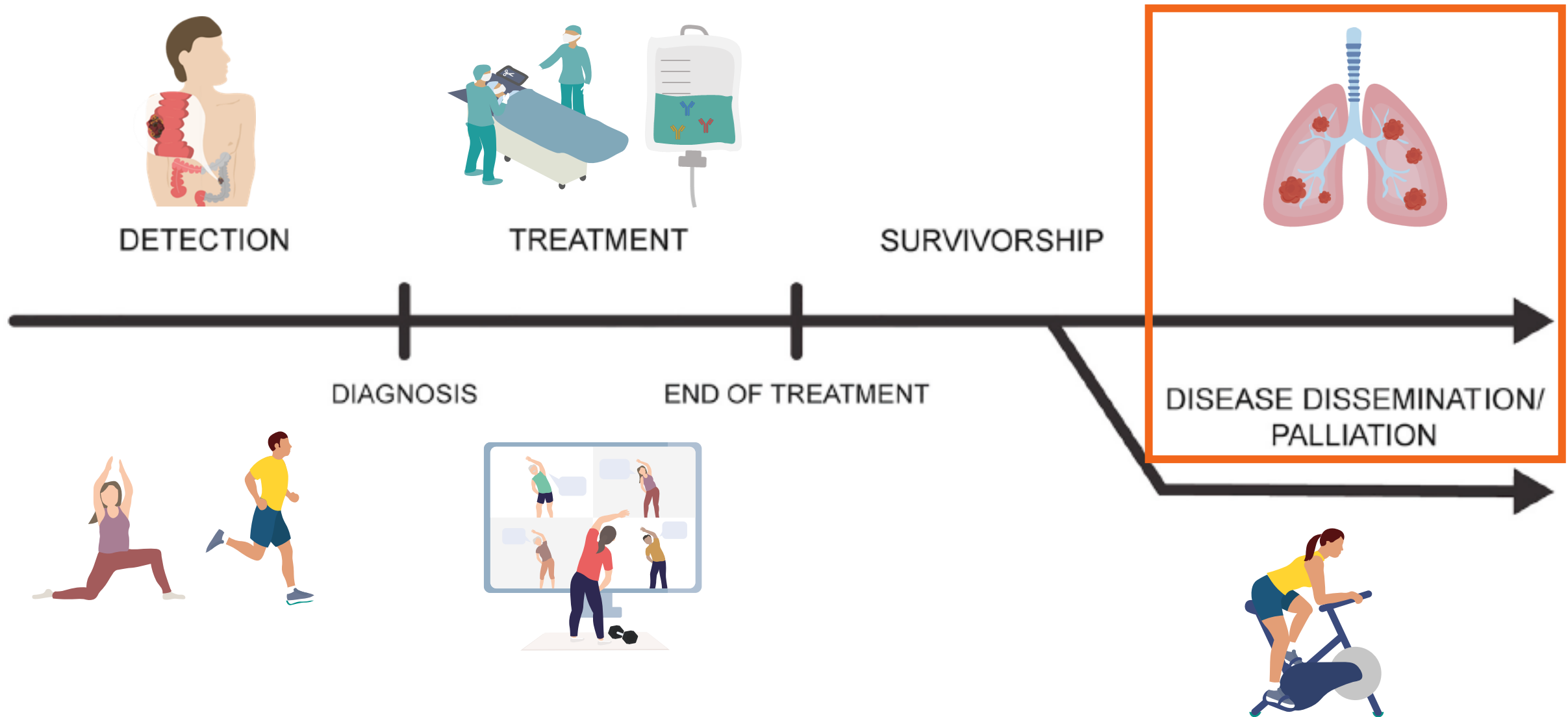
Fysisk aktivitet – Hvornår, hvor meget og hvordan?



Fysisk aktivitet som forebyggelse af bivirkninger og senfølger

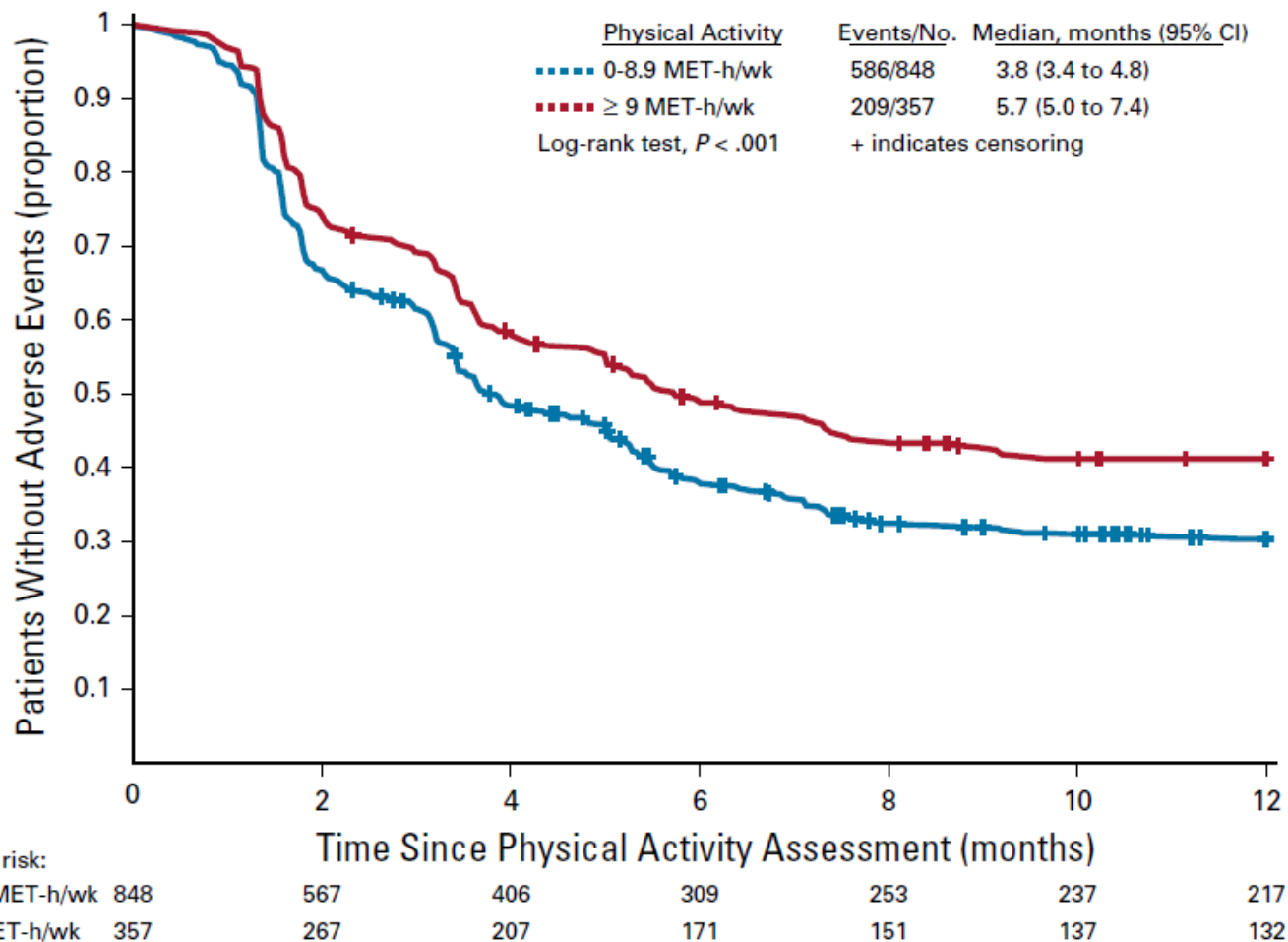


Fysisk aktivitet – Hvornår, hvor meget og hvordan?



Fysisk aktivitet og tolerance til behandling

Adverse events – Grade ≥ 3 CTCAE



De fysisk aktive patienter rapporterede færre bivirkninger til deres behandling

Overall survival var højere blandt de fysisk aktive patienter (HR 0.74 [0.62-0.88])

Så...

Fysisk aktivitet efter en kræftdiagnose er associeret med en række gavnlige effekter



Men patienterne spørger:

Hvordan skal jeg træne?

Og de behandlende afdelinger spørger:

Hvordan virker det?



Fysisk aktivitet eller træning – Hvad er forskellen?

FYSISK AKTIVITET

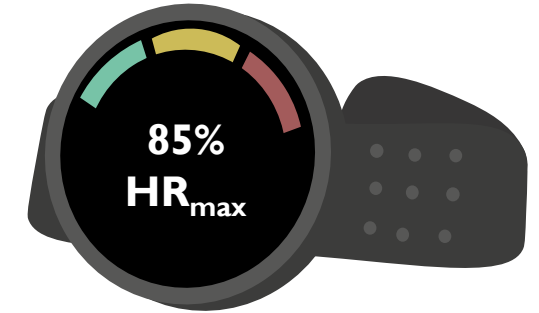


Jeg har gået 8847 skridt

Jeg har bevæget mig i 150 minutter

Jeg har 175 minutters aktivitet af moderate intensitet og 43 minutter med høj intensitet

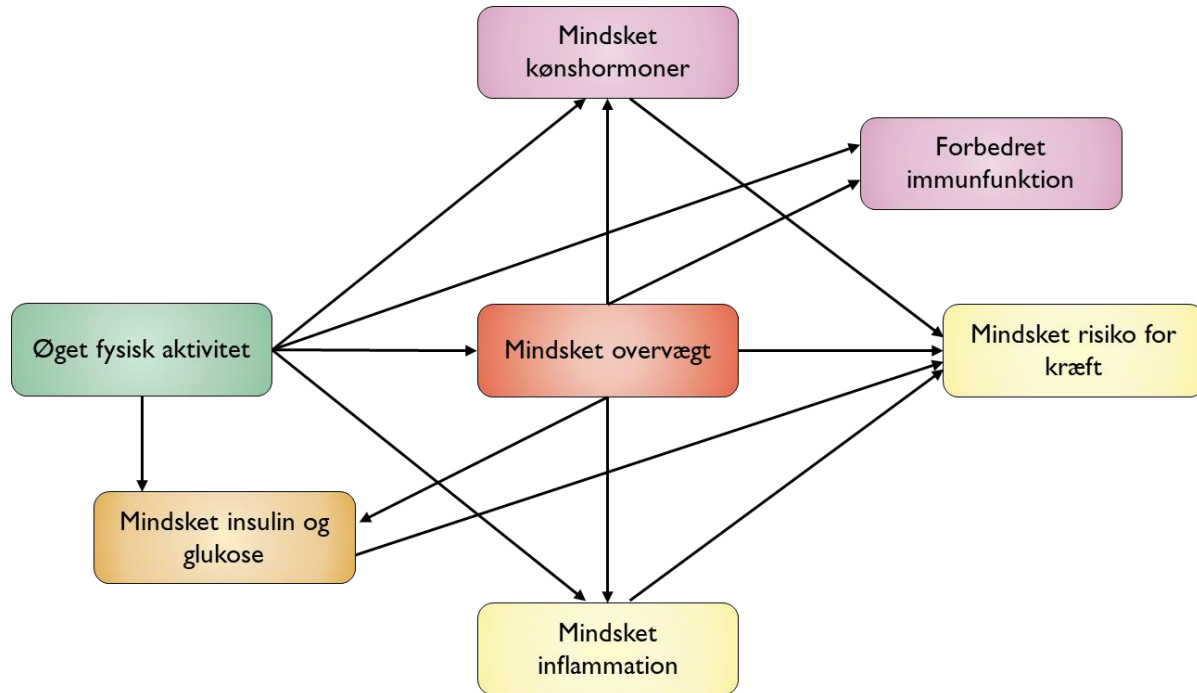
FYSISK TRÆNING



Jeg har løbet 4 intervaller på 4 minutter ved 85% af min maksimale puls med 3 minutters pause ved 70% af min maksimale puls. Det gør jeg 3 gange om ugen.

Jeg har været til fodbold hver dag denne uge. Jeg har haft et stort fokus på at forbedre mit vristspark og præcisionen i mine afleveringer.

Ændringer i vægt kan ikke alene forklare effekterne af fysisk aktivitet



En stor del af effekten af at være fysisk aktiv er **uafhængig af BMI**

	Risiko (95% CI)		Forskel i risiko
	Ikke BMI justeret	BMI justeret	
Tyktarmskræft	0.84 (0.77 til 0.91)	0.87 (0.80 til 0.94)	3.6%
Endetarmskræft	0.87 (0.80 til 0.85)	0.88 (0.81 til 0.96)	1.1%

Fysisk træning og kræft

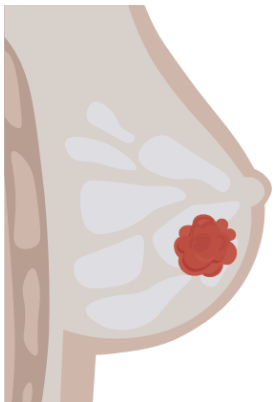
Fysisk træning og symptomer til behandling



Fysisk træning og komplikationer til behandling

Krop, kræft og træning – Hvordan og med hvilke forbehold?

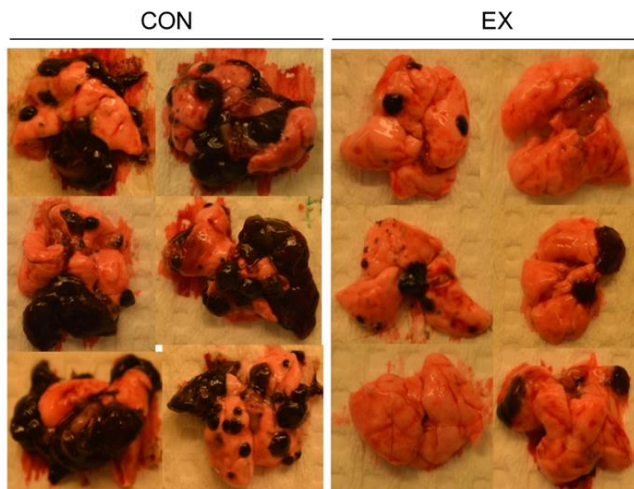
Molekylære mekanismer bag effekter af fysisk træning på kræft



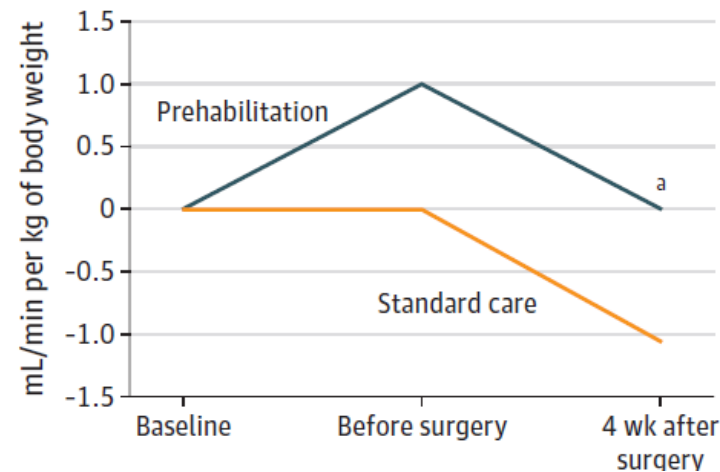
Betydning af fysisk fitness forud for en kræftbehandling

Interaktioner mellem fysisk træning og behandling

Association \neq causation



Tumorstørrelse:
Reduceret med ~60%



Postoperative komplikationer:
17% vs. 30% (OR 0.47 [0.26; 0.87])



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Bente Klarlund Pedersen

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Thomas Kristensen

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Rajendra Garbyal



Barrierer for klinikere i forhold til at tale om fysisk aktivitet

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Hvor gammel er den gennemsnitlige patient med kræft?

- Median alder ved diagnose:
 - Lunge = 71 år
 - Bryst = 61 år
 - Prostata = 68 år
 - Colon = 71 år



Den gennemsnitlige patient med kræft!

- Patienter med kræft er inaktive og stillesiddende.
Undersøgelse af kræftoverlevende II (SCS-II) kohorte viste, at kun mellem 30 % og 47 % opfyldte de nuværende retningslinjer for fysisk aktivitet. (US)
- 31 % af de mennesker, der har eller har haft kræft, er fuldstændig inaktive (UK)

Schmitz et al. CA Cancer J Clin. 2019 Nov;69(6):468-484



Den gennemsnitlige patient med kræft!

Descriptive statistics for leisure time PA level (I–IV) ($n = 451$).

PA level	Pre-illness (past)	During treatment (actual)	Normal Danish population ($n = 4000$) ^a
I (sedentary)	31 (7%)	134 (30%)	12%
II (low to moderate)	134 (30%)	192 (43%)	56%
III (>3 h/week)	230 (51%)	117 (25%)	25%
IV (>4 h/week)	56 (12%)	8 (2%)	4%

^a (Jørgensen and Rosenlund, 2005).

Midtgaard J et al. European Journal of Oncology Nursing 13 (2009) 116–121



De største bekymringer for patienter med kræft er:

- Tab af **livskvalitet**
- Frygt for at miste **uafhængighed**
- Være en **byrde** for sine pårørende
- Ikke i stand til at udføre **dagligdags aktiviteter**
- Frygt for at miste **funktion**

(Breitbart et al. 2004, Gralla et al 2014)





Contents lists available at ScienceDirect

Lung Cancer

journal homepage: www.elsevier.com/locate/lungcan



Exercise in lung Cancer, the healthcare providers opinion (E.C.H.O.): Results of the EORTC lung cancer Group (LCG) survey

Sara Pilotto ^{a,1}, Alice Avancini ^{a,1}, Jessica Menis ^a, Isabella Sperduti ^b, Matteo Giaj Levra ^c, Thierry Berghmans ^d, Paolo Bironzo ^e, Mariana Brandão ^d, Dirk De Ruyscher ^f, John Edwards ^g, Corinne Faivre-Finn ^{h,1}, Nicolas Girard ^j, Laurent Greillier ^k, Lizza Hendriks ^l, Sylvie Lantuejoul ^m, Murielle Mauer ⁿ, Silvia Novello ^c, Mary O'Brien ^o, Martin Reck ^p, Noemi Reguart ^{q,r}, Jordi Remon ^o, Jan von der Thüsen ^t, Anne-Marie C. Dingemans ^u, Benjamin Besse ^{v,w,2}, Michele Milella ^{a,2,*}

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^w Cancer Medicine Department, Gustave Roussy Cancer Campus, F-94800 Villejuif, France

Characteristics of the 141 survey respondents.

Characteristics	N	%
Sex		
Male	87	62
Female	54	38
Country		
Italy	40	28
France	21	15
United Kingdom	18	9
Belgium	13	9
Spain	12	9
Netherlands	9	6
Germany	7	5
Portugal	6	4
Switzerland	4	3
Slovenia	3	2
Denmark	2	1
Turkey	2	1
Jordan	1	1
Romania	1	1
Poland	1	1
Ireland	1	1
Primary area of clinical practice		
Medical oncology	71	50
Radiation oncology	40	28
Pneumonology	21	15
Surgical oncology	5	4
Diagnostic Radiology	3	2
Rehabilitative medicine	1	1



Man bliver hvad man spiser



Characteristics of the 141 survey respondents.

Characteristics	N	%
Years in clinical practice		
0-5	19	13
6-10	29	21
11-15	31	22
> 15	62	44
Work setting		
University or academic center	87	62
Hospital based non-academic center	27	19
Cancer center	25	18
Stand-alone (non-hospital based)	2	1
Main professional area		
Exclusively to patients with lung cancer	50	35
To patients affected by different types of oncological disease	72	51
To patients affected by different types of oncological and non-oncological disease	19	13
Number of patients with lung cancer seen in an average week		
<10	34	24
11-25	57	40
26-50	43	30
> 50	7	5
Physical activity level		
Insufficiently active	83	59
Active	58	41

Table 3

Respondents' perspectives on issues related to exercise.

Perception	Response, %				
	Strongly agree	Agree	No opinion/ Neutral	Disagree	Strongly disagree
Patients with metastatic disease should not exercise	0	1	11	55	33
Exercise counseling/ intervention should be a standard part of cancer treatment intervention	29	58	11	2	0
I have had adequate training in exercise counseling intervention in oncology	4	11	22	38	26
Clinicians need more training about impact of exercise in oncology	39	50	8	1	1
I know very well the guidelines for exercise in cancer	5	16	26	30	23



Frequency of assessments of patients' exercise.

	Response %				
	Always	Most of the time	Some of the time	Rarely	Never
Clinical practice					
Visiting your patient affected by lung cancer how often do you:					
Assess a patient's exercise	27	36	21	10	6
Advice a patient to increase exercise	9	29	43	16	4
Refer patients to exercise program or ex specialist/ kinesiologist/ physiotherapist	4	6	28	42	19
Repeatedly reinforce the importance of being engaged in exercise	11	32	31	20	6

Table 3

Respondents' perspectives on issues related to exercise.

Perception	Response, %				
	Strongly agree	Agree	No opinion/ Neutral	Disagree	Strongly disagree
Exercise is beneficial (physically and psychologically)	71	28	1	0	0
Exercise improves cancer-related fatigue	38	43	12	4	4
Exercise improves physical fitness	55	43	2	0	0
Exercise is safe and feasible	26	55	17	2	0
Exercise worsens cancer pain	2	6	34	48	10
Exercise should be avoided in patients with bone metastases	2	13	25	50	11





Exercise counselling and referral in cancer care: an international scoping survey of health care practitioners' knowledge, practice barriers, and facilitators

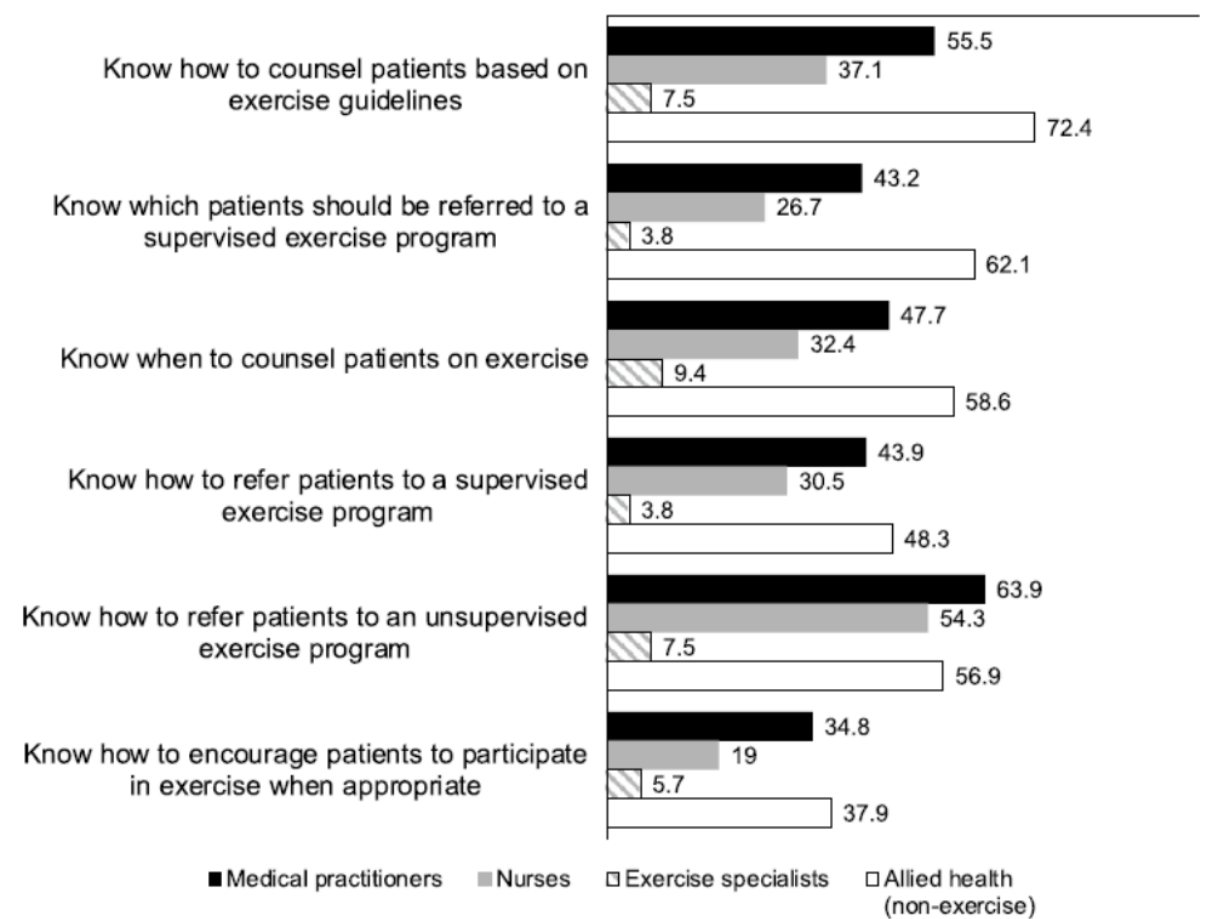
Imogen Ramsey¹ · Alexandre Chan² · Andreas Charalambous^{3,4} · Yin Ting Cheung⁵ · H. I. Lawson Eng⁷ · Lisa Grech^{8,9,10,11} · Nicolas H. Hart^{12,13,14,15} · Deborah Kirk¹⁶ · Sandra A. Mitchell¹⁷ · Dagmara Poprawski^{18,19} · Elke Rammant²⁰ · Margaret I. Fitch²¹ · Raymond J. Chan¹²

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Characteristic	n	%
Melanoma and skin	33	8.8
Sarcoma	34	9.1
Haematological (leukaemia)	31	8.3
Haematological (lymphoma, myeloma)	42	11.2
Genitourinary	82	21.9
Main area(s) of clinical practice		
Radiation oncology	184	49.1
Medical oncology	156	41.6
Haematology/oncology	81	21.6
Symptom management and palliative care	65	17.3
Surgical oncology	58	15.5
Psycho-oncology	17	4.5
Rehabilitation	52	13.9
Other	34	9.1
Region (n = 372)		
Asia-Pacific	161	42.9
Western Europe	102	27.2
North America	49	13.1
Eastern Europe	45	12.0
Latin America	9	2.4
Africa	6	1.6
Country income classification (n = 372)		
High income	330	88.0
Upper middle income	28	7.5
Lower middle income	14	3.7
Exercise minutes per week (n = 338)		
≤ 150 moderate or ≤ 75 vigorous or an equivalent combination	152	40.5
≥ 150 moderate or ≥ 75 vigorous or an equivalent combination	186	49.6



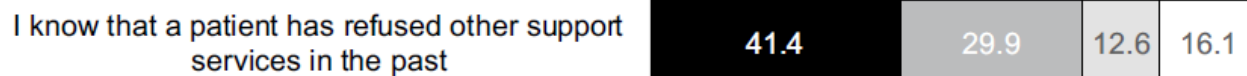
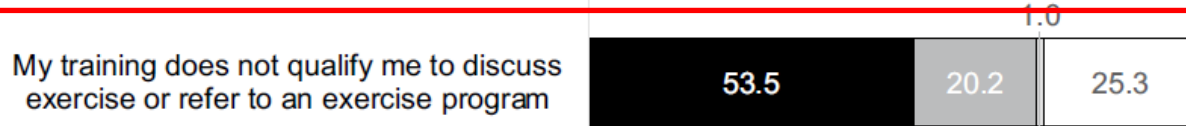
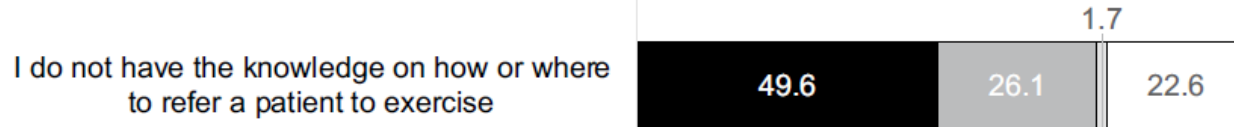
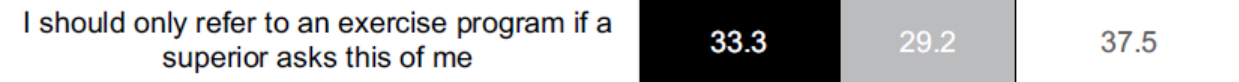
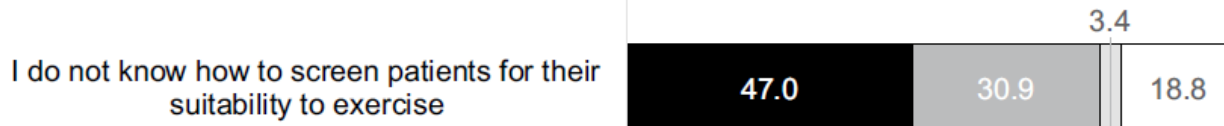
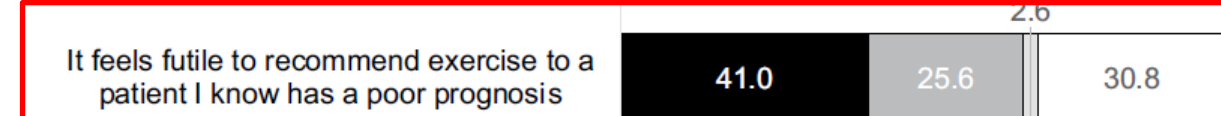
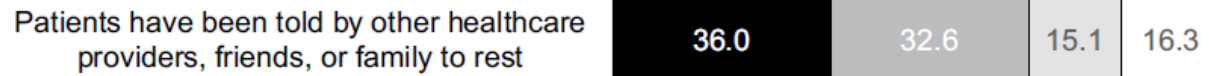
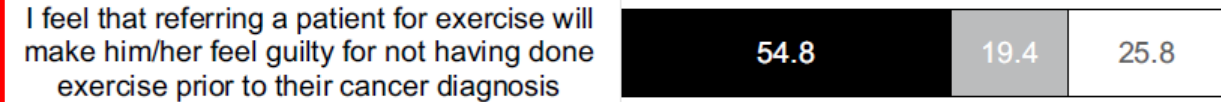
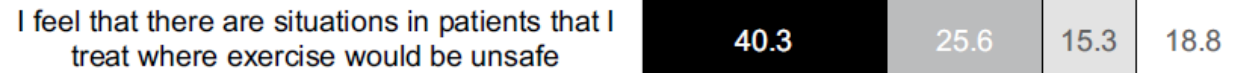
Proportion of respondents who indicated poor knowledge for each specific item (%)



Characteristic	n	%
Melanoma and skin	33	8.8
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≥ 150 moderate or ≥ 75 vigorous or an equivalent combination	186	49.6



■ Medical practitioners □ Nurses □ Exercise specialists □ Allied health (non-exercise)



RESEARCH

“I war
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Kelcey A. Blar
Prue Cormie²

Cancer Causes & Control

<https://doi.org/10.1007/s10552-024-01875-3>

ORIGINAL PAPER

Supportive Care in Cancer (2024) 32:242
<https://doi.org/10.1007/s00520-024-08440-3>

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Jada Roac

Received: 11 |
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RESEARCH

“There is no expiration date”: a qualitative analysis using the Social Cognitive Theory to identify factors influencing physical activity among adults living with advanced cancer

Megan Agnew¹ · Lisa Cadmus-Bertram^{2,3} · Kristine Kwekkeboom^{3,4} · Jessica Gorzellitz^{5,6} · Marla Ruzicka² · Ronald Gangnon^{1,3,7} · Shaneda Warren Andersen^{1,3}

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Take home message

Screening for fysisk aktivitet

- *Spørg også selvom du ikke tror det er relevant*
- *Henvis - så andre kan tage stilling.*



Man bliver hvad man spiser

”Det er Løgn”

Har spist labre laver i 3 mdr.

Og er stadig tudegrim



Tak for i dag Spørgsmål?

