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It is time to prioritize exercise in pancreatic cancer survivorship

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Past:

Evidence-based guidelines recommend that cancer survivors perform 30 minutes or more of moderate-intensity aerobic exercise at least three times per week, and strengthening exercises for major muscle groups at least twice per week, to enhance their physical function, fitness, and quality of life.¹ Unfortunately, multidisciplinary teams caring for patients with pancreatic tumors historically place little emphasis on exercise and other survivorship interventions following potentially curative operations, likely owing to a perception that such interventions are unlikely to have a positive impact in the context of diseases that are generally characterized by poor prognosis.² However, the long-term survival rates of people who have undergone pancreatectomy for pancreatic adenocarcinoma or pancreatic neuroendocrine tumors have improved steadily over the past few decades.³ Thus, the potential value of exercise in this setting is increasingly profound.

Present:

We have built a multidisciplinary exercise program with the aim of fully integrating exercise into the clinical management of patients with pancreatic neoplasms. To better understand these survivors' exercise practices following surgery, we conducted a cross-sectional survey of individuals who underwent pancreatectomy.⁴ Only 24% of respondents met the consensus guidelines for both aerobic and strengthening exercise; 39% of respondents met neither guideline. Respondents who were older, who had a higher BMI, who had experienced disease recurrence, or who had previously undergone pancreatoduodenectomy or total pancreatectomy were particularly unlikely to exercise sufficiently. Respondents who were intrinsically motivated to exercise and who reported ability to overcome external barriers to exercise (i.e., barrier “self-efficacy”) were consistently more likely to meet guidelines. As expected, sufficient exercise was associated with improved quality of life and reduced fatigue.

Future:

Our data clearly demonstrate that individuals who have undergone pancreatectomy do not exercise nearly as much as national guidelines recommend. These findings may not be surprising, given that Americans as a group fail to exercise as much as they should.⁵ However, given the benefits of exercise for cancer survivors, formal exercise programs and strategies that increase adherence are urgently needed as part of the routine clinical care of patients with pancreatic tumors. Such care should include careful screening to identify barriers or risks to exercise and early referral to exercise professionals, as necessary. Furthermore, teams should prescribe personalized exercise programs that capitalize on individual patients' specific motivators while alleviating their perceived barriers to participation. For example, one patient might benefit from education about the physiological and emotional benefits of exercise, whereas another might benefit from identification of enjoyable exercise modalities, and a third might benefit from incorporation of social support from a friend, family member, or trainer. Similarly, personalized programming can help survivors address common barriers by gradually increasing exercise frequency, duration, and intensity and by identifying safe and convenient exercise locations or facilities. In addition, clinicians may benefit from additional education and training designed to increase their understanding of the role of exercise in survivorship, their knowledge of exercise-related resources available to patients, and their comfort with discussing exercise and its implementation with their patients.⁶

We have worked diligently to increase patients' longevity following pancreatic surgery. We must now work to improve their quality of life. Addressing pancreatic cancer survivors' needs and capitalizing on their strengths and available resources are critical to increasing exercise to improve survivorship following pancreatic tumor resection.

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