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Effect of adding exercise therapy to first-Line chemotherapy on progression-free survival and wellbeing in ovarian cancer: Results from the phase 3 ECHO trial

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Introduction:

ECHO is a phase 3 randomised controlled trial designed to determine whether adding exercise therapy into first-line chemotherapy effects progression-free survival (PFS) and physical wellbeing in women newly diagnosed with ovarian, primary peritoneal, or fallopian tube cancer (ANZCTR12614001311640).

Methods:

Participants were allocated to either standard chemotherapy plus exercise therapy or standard chemotherapy alone. The exercise intervention aimed for 150 minutes per week of moderate-intensity, mixed-mode exercise. Primary outcomes were PFS and physical wellbeing (FACT-O physical wellbeing subscale), while secondary outcomes included overall survival, physical function, body composition, quality of life, fatigue, sleep, lymphoedema, anxiety, depression, chemotherapy completion rate, chemotherapy-related adverse events, and physical activity (assessed via self-report or objectively measured). Assessments occurred at baseline (pre-cycle 2 of chemotherapy), and again at 6 and 12 months. Analyses followed the intention-to-treat principle; time-to-event survival outcomes were evaluated using Kaplan–Meier estimates and Cox proportional hazards models, and changes in physical wellbeing and relevant secondary outcomes were examined using Generalised Estimating Equations (GEE).

Results:

489 eligible women were randomised (exercise: n=243; control: n=246); 74% with stage III–IV disease and mean age of 61 years. The exercise program proved safe (no grade ≥ 3 exercise-related adverse events), and feasible (median 135 minutes of weekly exercise completed). After a median follow-up of 4.5 years, PFS events occurred in 159 (65%) individuals in the exercise arm and 148 (60%) in the control arm, corresponding to median PFS of 24 and 23 months, respectively (HR 1.09; 95% CI 0.87–1.36; p=0.45). Physical wellbeing at 6 and 12 months did not differ between groups (GEE-estimated difference 0.11; 95% CI –0.66 to 0.87; p=0.78). No difference for any secondary outcome was observed between groups.

Conclusion:

Adding exercise therapy to first-line chemotherapy did not yield improvements in PFS or physical wellbeing for women with ovarian cancer.

Keywords

exercise, ovarian cancer, survival, survivorship

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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