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Exercise Oncology Implementation for Underserved Populations: The EXCEL Study

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Background: Exercise oncology research is limited for individuals living with and beyond cancer (ILWBC) in rural/remote and underserved communities, who face barriers to participation and lack of resources post-research to support exercise maintenance. The EXercise for Cancer to Enhance Living Well (EXCEL) study is in phase 2, transitioning from a focus on trial delivery to an implementation-ready program model.

Methods: EXCEL is a 5-year hybrid effectiveness–implementation study guided by RE-AIM [1-3]. To support sustainable program delivery, implementation includes clinical exercise physiologists at regional hubs supporting healthcare-provider referral, conducting intake, and training qualified exercise professionals (QEP) to deliver the 8–12-week, primarily online, group exercise+behaviour change intervention. Effectiveness is measured with fitness, PA self and objective reporting, and a series of validated patient-reported outcomes (PROs). Ongoing transition to program implementation is guided by the Implementation Research Logic Model.

Results: To Spring 2025, EXCEL has n=1,485 participants (1,085 rural; 400 urban) with mean age 59.7 years (rural 60.7; urban 57.2), 79.4% female, 54.8% on treatment, and 22.3% reporting metastatic/advanced disease. Implementation metrics include over 200 clinical contacts and 50+ trained QEPs, with 22 QEPs involved in exercise class delivery. Barriers and facilitators to implementation gathered via quality improvement cycles have supported changes to program recruitment, referral, and assessment. Measures within the program model are ongoing (anticipated n=500) and include visual analogue scale PROs to capture symptoms, PA levels, and quality of life. Individual results reports are shared with participants to facilitate behaviour change, and educational resources are included in handouts.

Discussion: To support delivery that increases access for ILWBC, EXCEL program implementation is ongoing (2025-26). Program model development includes strengthening HCP referral pathways, supporting QEP training in our 'exercise and educate' model for behaviour change, integrating outcome reporting into clinical workflows, and formalizing community partnerships to expand equitable reach while preserving fidelity.

Keywords

Implementation, Effectiveness, Transition, Quality of Life

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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