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Compliance to a virtually supervised aerobic and resistance exercise program among Latina/Hispanic breast cancer survivors: The ROSA Trial

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Introduction: Reporting exercise compliance within intervention trials is critical to establish realistic expectations and inform best practices for cancer survivors. This secondary analysis describes compliance to a virtually supervised, home-based 16-week aerobic and resistance exercise intervention among Latina/Hispanic breast cancer survivors (LHBCS).

Methods: This analysis includes 26 sedentary, overweight or obese LHBCS. The ROSA program was a thrice-weekly, 16-week intervention of virtually supervised, periodized aerobic (50-85% HRmax) and resistance (60-75% 1-RM) exercise. Exercise dosage was calculated as time×heart rate zone (aerobic) and sets×repetitions×load (resistance). Adherence was defined using relative dose intensity (RDI), a ratio of exercise dose completed to prescribed with an RDI ≥100% considered compliant. Apriori compliance cut points included attending ≥80% of sessions or completing ≥80% of sessions at planned dosage. Descriptive statistics are presented as mean±standard deviation, number (percentage), or median [interquartile range] as appropriate.

Results: Participants were 55.96±9.46 years old and overweight (27.85[10.40] kg/m²). Mean attendance was 92.71±10.58% where 23 (88.46%) participants attended ≥80% of sessions. The most common reason for non-attendance was illness (20.98%). Ten (38.46%) participants complied with the aerobic dose and four (15.38%) for resistance dose in ≥80% of sessions. Overall aerobic exercise RDI was 116.67[112.50]% with 29.51% of sessions requiring a dose reduction. Resistance exercise RDI was 89.88±13.77% and 55.03% of sessions required a dose reduction; additionally alternative resistance exercises were prescribed 14.74% of the time and not considered dose reductions. Planned aerobic dose was mostly not met due to low exercising heart rate (64.41%). For resistance exercise, load (41.60%) was commonly reduced due to general pain (34.38%).

Conclusion: Virtual supervised exercise is well attended and aerobic exercise over adhered to; however, resistance exercise often requires modification due to general pain among LHBCS. Exercise practitioners should adapt exercise on an as needed basis in a way that can be safely instructed remotely.

Keywords

Breast cancer, virtual exercise, survivorship, compliance.

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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