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Contribution ID: 228

Type: 1 - Scientific Poster

Understanding adherence to exercise prehabilitation in patients with bladder cancer: a preliminary analysis from the ENHANCE randomized controlled trial

Thursday 23 July 2026 14:55 (20 minutes)

PurposeIn prehabilitation, patients who often have little experience with exercise are challenged to achieve high levels of exercise adherence in a short timeframe. To translate RCT findings into standard care and understand factors influencing feasibility and efficacy, detailed reporting of exercise adherence is important. This may also help tailor exercise to individual patient needs. We aimed to quantify adherence across aerobic (AT) and resistance training (RT) modalities and explore correlations between baseline characteristics and adherence outcomes.

MethodsParticipants of the ENHANCE study randomized to the exercise arm were included. The exercise intervention comprised 3-6 weeks of supervised AT (high-intensity [HI] and low-to-moderate intensity [LMI] interval training) and RT, 3 sessions/week. Attendance and adherence to the Frequency, Intensity, Time, Type –Volume (FITT-V) elements were calculated and reported as median percentages (IQR). Overall adherence metric for AT and RT was computed. Spearman or rank-biserial correlations with age, marital status, comorbidities, neoadjuvant chemotherapy, sense of coherence, fatigue, anxiety/depression, and self-reported physical functioning were calculated for attendance, overall AT and RT.

ResultsFifty-nine participants were included. Median attendance was 85.7% (58.3-100%). Median overall AT and RT adherence was 89.4% (75.4-94.7%), and 93% (87.6-95.2%), respectively. Adherence to AT frequency was 86% (58-100%), intensity 94.6% (85.2-100%) and 100% (98-100%) for HI and LMI, volume 87.5% (59.1-94.2%), and 95% (75-100%) for HI and LMI, respectively. Adherence to RT frequency was 98% (84-100%), intensity 84.5% (74.7-92%), type 97% (94-99%), and volume 95% (91.3-98%). Correlations were generally small-to-moderate. Neoadjuvant chemotherapy showed the strongest associations with AT adherence ($r = -0.50$, 95% CI $-0.22 - -0.70$) and attendance ($r = -0.56$, 95% CI $-0.29 - -0.74$).

ConclusionsAdherence to supervised exercise before surgery was high across FITT-V elements. Patients who received neoadjuvant chemotherapy showed lower adherence, indicating the need for additional support when implementing exercise prehabilitation, particularly for AT, in this group.

Keywords

Adherence; Prehabilitation; Exercise; Bladder cancer

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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Session Classification: Poster Session