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Using a community-engaged approach to evaluate implementation of a physical activity intervention with rural breast cancer survivors

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Background: Rural cancer survivors are less likely to meet physical activity (PA) recommendations than urban CS, contributing to differences in cancer survivorship. We used a community-engaged approach to adapt and evaluate an evidence-based intervention to increase PA and reduce psychosocial distress in rural breast cancer survivors (BCS).

Methods: Rural BCS (N=38) were interviewed to inform pre-implementation adaptations. Questions were guided by the socioecological model and assessed multilevel barriers/facilitators to engaging in PA. BCS ≥ 18 years who were ≥ 3 months post-treatment (N=43) were randomized to participate in the adapted intervention or usual care for 12 weeks and completed assessments at week 0, 12, and 24. Following week 24, a subsample of participants (n=20) completed an interview to evaluate acceptability and implementation of the study, guided by the Consolidated Framework for Implementation Research.

Results: Pre-intervention, rural BCS described multilevel barriers to participating in PA interventions/programs, including cancer treatment-related side effects, cost, lack of support and feeling socially isolated, and lack of resources. Knowledge of the benefits of PA post-diagnosis and access to resources were noted as facilitators. Additionally, participants described how characteristics of their rural community helped and hindered them from being active. Rural cancer survivors' preferences included programming that supported even small amounts of PA to meet people where they are and programs that were flexible, offered at multiple times, held somewhere central that feels safe, and addressed psychological wellbeing. Post-intervention, participants described the program as convenient (timing, familiar location, easy parking), reported overall satisfaction (enjoyed exercises, health education, yoga/stretching), and reported benefits (behavior changes, support, increased motivation).

Conclusions: Input from rural BCS guided adaptations and implementation of an evidence-based PA intervention, contributing to high satisfaction. Future studies will evaluate effectiveness and implementation of the adapted intervention in a cluster randomized trial with additional rural community settings.

Keywords

rural health, qualitative, cancer survivorship, community-based research

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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