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A 12-Week Remote Exercise Intervention for Older Adults With Cancer and Functional Impairment

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Background: Older adults with cancer and reduced functional capacity face barriers to maintaining physical activity during treatment. This study describes the feasibility and preliminary effects of a 12-week telehealth-based exercise program in adults ≥65 years with cancer and instrumental activities of daily living (IADL) scores <70, indicating functional vulnerability.
Methods: We conducted a 12-week, single-arm intervention among adults ≥65 years initiating systemic therapy and presenting with reduced instrumental function (IADL <70). Participants received individualized, remotely delivered exercise counseling with weekly follow-up. Outcomes assessed at baseline and 12 weeks included IADL, IPAQ, sedentary time (minutes/week sitting), BFI, Sit-to-Stand performance, and FACT-G. Descriptive statistics summarized baseline characteristics. Pre-post changes were analyzed using paired t-tests or Wilcoxon signed-rank tests, as appropriate.
Results: Twenty-six participants were included. The mean age was 74 years (SD=5.7); 51% were male, 82% white, 63% married, 70% had ≥high school education, and 87% were retired. The most common cancers were gastrointestinal (34%), genitourinary (20%), lung (16%), and breast (10%); 67% had stage IV disease. IADL improved from 66.6 (SD=23.4) to 78.5 (SD=16.6), an 11.9-point gain (17.9% improvement; d=0.59). Participants were initially highly sedentary, spending an average of 4,997 minutes/week sitting; by week 12, sedentary time decreased to 3,560 minutes/week. Fatigue improved with a 1.2-1.8-point reduction in BFI scores, and functional performance increased, reflected by 2-3 additional Sit-to-Stand repetitions at follow-up. FACT-G increased from 86.1 (SD=11.4) to 95.0 (SD=6.9), an 8.9-point gain (10.3% improvement; d=0.94).
Conclusion: A 12-week telehealth-delivered exercise intervention was feasible for older adults with cancer and baseline function vulnerability. Despite clinical instability in this population, participants who remained engaged experienced meaningful improvements in IADL, physical activity, and quality of life. These results support further exploration of adaptive, remotely supervised exercise strategies for vulnerable older adults with cancer.

Keywords

Remote Exercise, Older patients, Geriatric

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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