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Predictors of attendance to a referral-based exercise oncology program at a comprehensive cancer center

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PURPOSE: Even when exercise oncology programs are integrated into clinical care, impact is limited when referrals do not translate into attendance. We sought to identify predictors of attendance to a referral-based exercise oncology program to develop targeted interventions for improving engagement.

METHODS: Patients referred to a clinical exercise oncology program (2023-2025) were retrospectively reviewed via clinical documentation, program database, and patient-reported outcomes (PROs). Upon referral, an exercise physiologist contacted patients to discuss the program and schedule a consultation. Attenders (≥ 1 visit) were compared to nonattenders using chi-square or t-tests, examining demographics, disease characteristics, ECOG performance status, baseline exercise habits, and PROMIS-29 v2.1.

RESULTS: Of 809 referred patients, 351 (43.4%) attended and 458 (56.6%) did not. The primary barrier was inability to contact patients despite multiple attempts. Attenders were more likely to have been self-referred or referred by a physician than a nurse, have better ECOG PS ($p=0.0008$) and to be Black (17.4% vs. 12.9%, $p=0.04$), likely reflecting the program's community partnerships. Among the subset completing baseline PROs ($n=234$ attenders, $n=154$ nonattenders), attenders reported significantly lower symptom burden across PROMIS domains: higher physical function (45.3 vs 43.3, $p=0.034$), lower depression (49.6 vs 51.9, $p=0.009$), lower fatigue (55.0 vs 57.1, $p=0.029$), better social participation (48.5 vs 46.1, $p=0.013$), and less pain interference (53.6 vs 55.6, $p=0.049$). No significant differences were observed in age, BMI, gender, marital status, insurance type, treatment stage, or baseline physical activity levels.

CONCLUSIONS: Nonattenders demonstrated greater symptom burden and worse functional status, suggesting these as barriers to engagement rather than disease phase or baseline MVPA. The primary obstacle was inability to establish contact, highlighting the need for enhanced outreach strategies. Based on these findings, the program is implementing center-wide electronic PROs with proactive outreach by supportive care navigators to high symptom burden patients, targeting those most in need.

Keywords

exercise oncology, implementation, patient-reported outcomes, clinical pathways

Conflict of Interest & Ethical Approval

yes

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yes

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