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Evaluating Re-Triage Patterns in an Exercise Oncology Triage and Referral System

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Exercise is a well-established supportive care intervention that reduces treatment-related side effects and improves quality of life, yet many individuals receiving chemotherapy do not achieve sufficient activity levels. Despite endorsement by numerous medical and health organizations, only about 15% of patients report receiving an oncologist referral to exercise services, largely due to limited time and uncertainty in assessing suitability. The Moving Through Cancer program at UPMC Hillman Cancer Center uses a validated adapted version of the EXCEEDS triage tool to guide referrals; however, there may be value in additional components to strengthen implementation.

Purpose: To identify and examine factors that influence re-triage decisions during implementation to inform adaptations that strengthen the triage and referral system.

Methods: During infusion visits, medical assistants administer the adapted EXCEEDS triage questions embedded in the electronic medical record, generating an initial triage to community-based exercise oncology resources (COM), personalized home-based exercise prescription (HEP), or physical therapy (PT). Exercise professionals review triage results and assess patients for behavioral and safety factors to provide the final referral. Data collected during 2025 was extracted to quantify initial triage categories, re-triage frequencies, and final referrals. Descriptive statistics summarized patient characteristics, triage outcomes, re-triage patterns, and referral distributions.

Results: A total of 600 patients were triaged: COM (52%), HEP (40%), and PT (9%). Overall, 35% were re-triaged and assigned a different referral category. The most common reasons for re-triage were exercise safety concerns (21%), patients already engaging in regular physical activity (17%), and adjusting for readiness/motivation to exercise (15%). Final referral distributions were COM (12%), HEP (75%), and PT (13%).

Conclusion: Shifts between initial and final referrals show that there is value to adding components to EXCEEDS. The largest re-triage shift occurred from COM to HEP referrals. Incorporating safety and behavioral factors into the triage process may improve referral accuracy.

Keywords

Exercise Services, Triage, Referrals, Exercise Assessment

Conflict of Interest & Ethical Approval

yes

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yes

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