

Service Priorities and Programmes

Electronic Presentations

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Exercise Therapy for Colon Cancer Survivors after recent Chemotherapy. A Pilot Study.

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Keywords:

Exercise Physiotherapy Colon Cancer Chemotherapy Cancer Survivor

Introduction

Cancer survivors commonly suffer from cancer-related fatigue and decline in physical mobility during or after treatments such as surgery, chemotherapy and radiotherapy. The symptoms affect their daily life and social activities. Many studies have proven that exercise programs improve the physical functioning, cardiovascular fitness, and psychosocial health. However, an established exercise program for colon cancer patients in Hong Kong is still lacking.

Objectives

To examine the feasibility of exercise therapy one month after chemotherapy among colon cancer survivors.

Methodology

It is a pre- and post-test study design. Patients with colon cancer were recruited to the exercise training program one month after completion of chemotherapy (CAPOX or Capecitabine). A 8-week group exercise class which included stretching exercise, strengthening exercise with therapeutic band and aerobic dance was carried out under physiotherapist's supervision. The physical performance of the participants was measured by a series of muscle strength, endurance, and balance tests. Their subjective fatigue level and Personal Wellbeing Index (PWI), which documented various subjective dimensions of their quality of life, were also recorded. The effect of exercise therapy was evaluated by comparing the assessments at baseline and post exercise training.

<u>Result</u>

Total 8 patients (5women, 3men) completed the exercise program with the mean age 61.8 years old (ranging from 49 to 68years old). The results showed that the physical functioning such as muscle strength for upper and lower limb, and functional reach had significant improved by 8.0%, 24.4% and 21.6% (p<0.05) respectively after the

exercise training program. The mean systolic blood pressure was decreased from 148 \pm 23.6 mmHg to 140 \pm 23.7 mmHg which was statistically insignificant. The subjective fatigue level in Numerical Pain Rating Scale (ranged from 0 to 10) was significantly improved from 5.5 \pm 1.07 to 2.9 \pm 1.25 (p<0.05). The mean PWI score was also improved from 44.3 \pm 17.2 to 49.4 \pm 19.3, however, the difference was statistically insignificant.