Age Influences Cancer Survivors' Path to Exercise Oncology Programs: **Referrals are Higher Among Older Adults**





SCHUTZ MEDICAL CAMPUS

BACKGROUND



Older cancer survivors experience greater declines in physical function than younger survivors or older adults without cancer

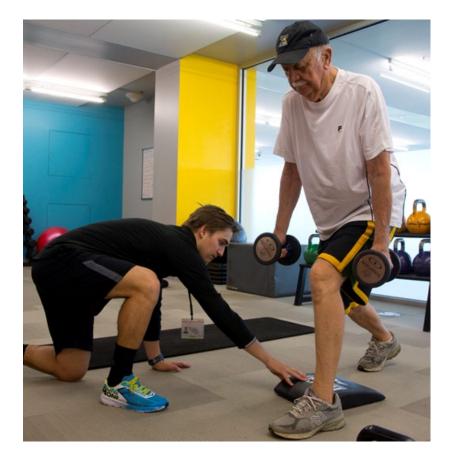
Benefits of participation in exercise oncology programs include: Physical fitness and ↑ Physical function



BfitBwell is a 12-week exercise oncology program that:

- Provides individualized aerobic and resistance training
- Is designed to help survivors meet physical activity guidelines





Why study exercise oncology program referrals?

- Key driver of exercise oncology program participation
- Lack of referral is a barrier to exercise oncology implementation
- Little is known about referral patterns across age groups



To evaluate referral patterns to BfitBwell across multi-disciplinary clinicians and compare observed patterns between older and younger participants (≥65 years vs. <65 years)

METHODS

Inclusion criteria:

- Age of \geq 18 years
- Diagnosis of any cancer type
- Currently receiving or within 6-months of receiving cancer treatment Procedures:
- Data from the BfitBwell research database between February 1, 2023 and September 1, 2024 were retrospectively analyzed
- BfitBwell participants were grouped into older adults (≥65 years) and younger adults (<65 years)
- Calculated χ^2 associations between referral type and age-group

Referral Types

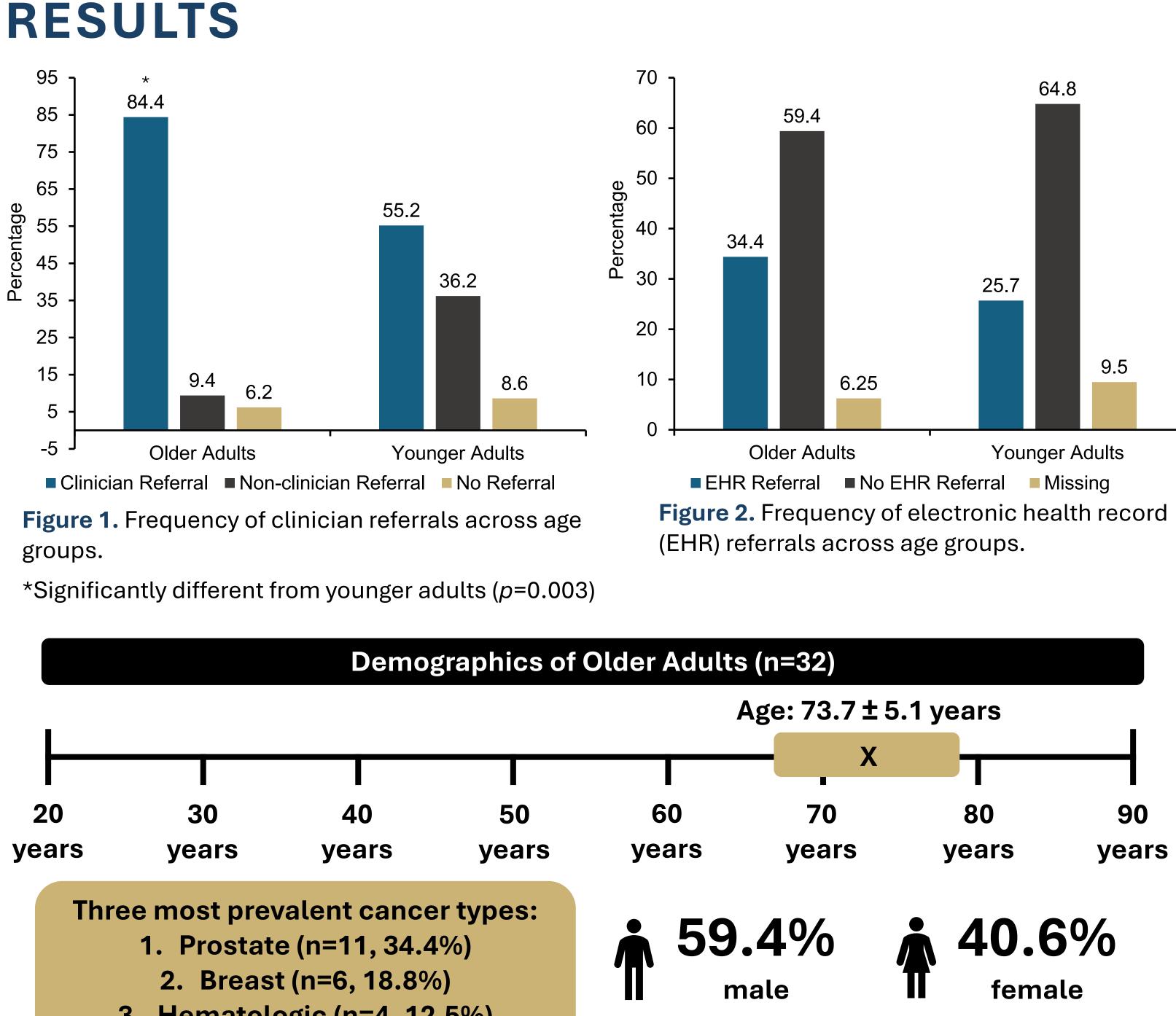
No Referral: Participant did not report any referral source Non-clinician Referral: Friends/family, advertising, or research studies <u>Clinician Referrals</u>: Physician, nurses, allied health professionals

<u>Electronic Health Record (EHR) Referral:</u> All referrals were also categorized by whether the referral was placed in the EHR (Yes/No)

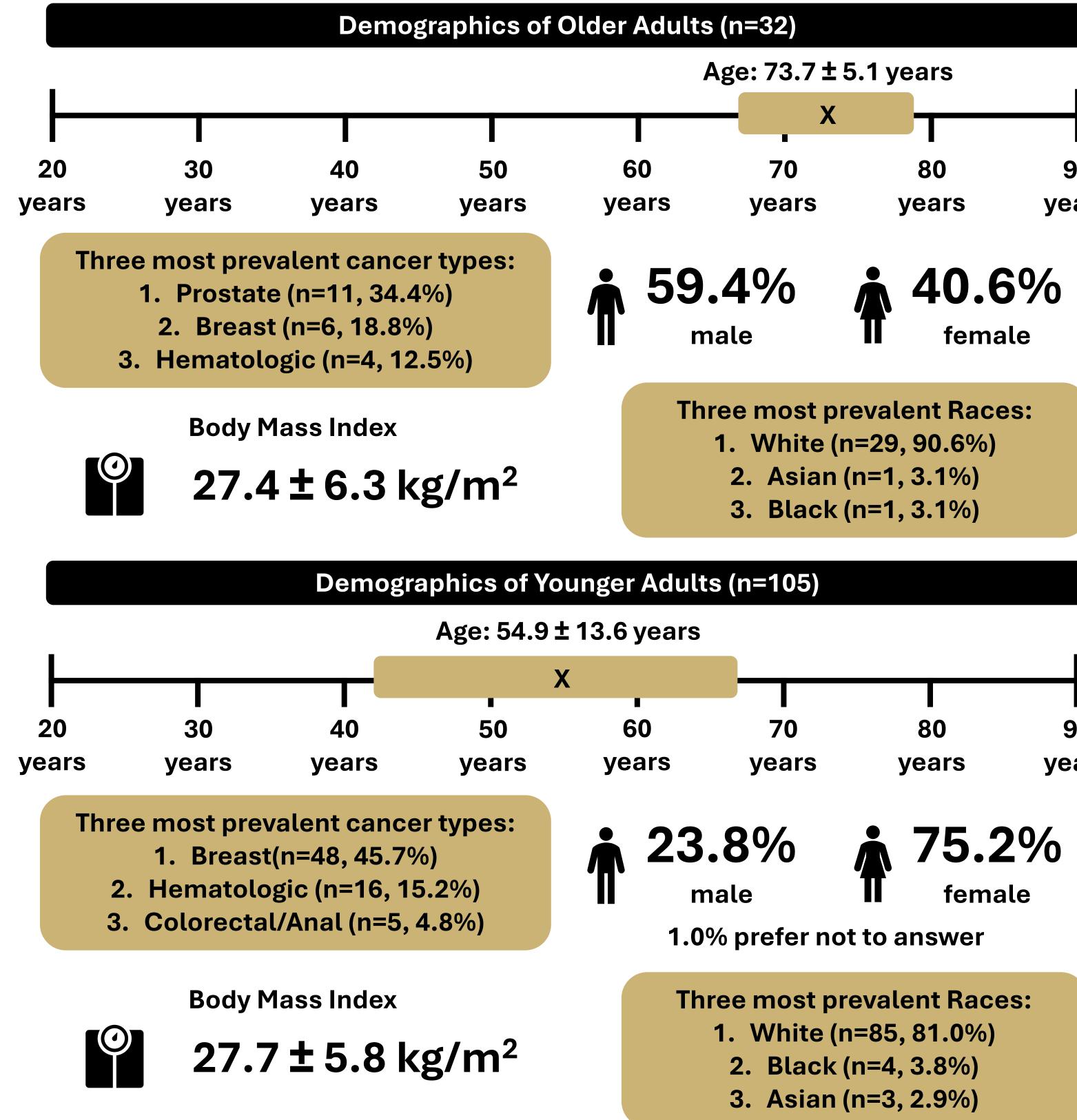
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groups.





.6 years			-
60	70	80	90
years	years	years	years

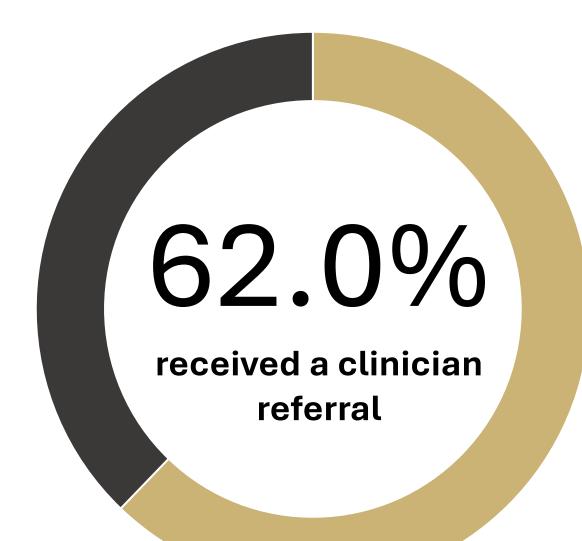


Figure 3. Frequency of clinician referrals.

CONCLUSIONS

Older cancer survivors had a greater proportion of clinician referrals compared to younger cancer survivors; yet, less older cancer survivors participated in BfitBwell.

A minority of the referrals from clinicians were placed in the EHR, highlighting an opportunity to address the drivers of limited formal EHR referrals, as compared to informal referrals.

IMPLICATIONS

Future research engaging with clinics and providers with higher rates of exercise oncology referrals may yield insights on ways to increase referral rates

Despite the benefits of exercise oncology programs, survivors are referred inconsistently

Offering standard referral pathways or decision support tools to promote exercise oncology referral could help address this challenge

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RESULTS CONTINUED

received an EHR referral

Figure 4. Frequency of electronic health record (EHR) referrals.

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