RENEW (Reach out to ENhance Wellness in older cancer survivors)

Duke University School of Nursing PI: Denise Clutter Snyder, MS, RD, LDN

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SUMMARY OF WORK

Abstract

American women have a 1 in 3 lifetime risk of developing cancer; for men the risk is even higher (1 in 2). While cancer is a leading cause of death, survival rates are ever increasing - 62% of those diagnosed with cancer will be alive at least 5 years after diagnosis. Yet, a large proportion are left with significant morbidity, either from the cancer or its treatment. This population also is at increased risk for secondary cancers, diabetes, osteoporosis and cardiovascular disease - compounded co-morbidities that manifest themselves in accelerated functional decline, especially among older survivors. With >60% of cancer survivors being age 65+, there is large public health potential for interventions that stabilize or positively reorient the functional decline trajectory. Our multidisciplinary research team representing the fields of aging, oncology, exercise, nutrition, nursing, behavioral psychology and biostatistics is well-postured to test if a distance medicine-based diet and exercise program will improve physical functioning among older cancer survivors who are >5 yrs out from a diagnosis of colorectal, breast or prostate cancer. The proposed study builds upon our preliminary work which shows that functional decline may be attenuated through such intervention. A total of 641 survivors were recruited and block randomized into: 1) an arm that receives a 1-yr telephone-counseling + mailed material program that promotes exercise and a healthful portion-controlled diet (<10% kcal from saturated fat, > 5 svgs/day of vegetables and fruit); and 2) a delayed intervention arm that receives the intervention after a 1-year observation period. Specific aims of this randomized controlled trial are to: 1) determine the efficacy of the intervention in reorienting the physical function trajectory among elders who are long term survivors of cancer; 2) determine differences between arms with regard to other endpoints (physical activity, diet quality, BMI, depression, etc); 3) identify factors that influence program efficacy (self-efficacy, etc); and 4) characterize functional decline over a 2-year period in survivors who receive the initial intervention vs those who are intervened upon after a 1-year delay. Results of this study will increase our knowledge of the use of distance-medicine to deliver multiple risk factor interventions among older cancer survivors - an ever expanding population in which historically little research has been conducted.

Statement of Work

Targeted accrual of 641 cancer survivors was achieved in May 2007. Our efforts in the upcoming year will be devoted to delivering the intervention, monitoring and evaluating adverse events, and measuring the impact of the intervention. In the upcoming year, we plan to achieve the following goals:
1. Complete year one follow-up on all participants;
2. Begin to conduct year two follow-up on participants;
3. Continue to monitor services delivered by outside service agreements relative to the intervention delivery (People Designs, Pam Eberle), as well as data collection at Penn State University;
4. Manage all data, quality control & tracking systems;
5. Continue to mail out all study intervention materials, newsletters & replacement materials;
6. Participate in and submit a methods paper that details the study design and the unique challenges of accruing 640 long-term cancer survivors, who are at least 65 years if age and older;
7. Conduct cross-sectional analyses and complete papers that address differences in lifestyle behaviors among long term breast, prostate and colorectal cancer survivors, explore differences in lifestyle behaviors and quality of life between elders and those who are old-old, etc.