



Bewegen bij prostaatkanker

DE ONTWIKKELING VAN NEXT-NL 2.0

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TABLE 3. Summary of risk estimates for prediagnosis and postdiagnosis physical activity in relation to cancer-specific and all-cause mortality among cancer survivors.

Cancer Site	Prediagnosis Physical Activity				Postdiagnosis Physical Activity			
	Cancer-Specific Mortality		All-Cause Mortality		Cancer-Specific Mortality		All-Cause Mortality	
	<i>N</i> ^a	RR (95% CI)	<i>N</i>	RR (95% CI)	<i>N</i>	RR (95% CI)	<i>N</i>	RR (95% CI)
Breast	17	0.82 (0.73–0.92)	17	0.79 (0.72–0.86)	12	0.69 (0.56–0.84)	13	0.59 (0.48–0.71)
Colorectal	8	0.77 (0.68–0.87)	7	0.75 (0.68–0.83)	7	0.70 (0.54–0.90)	9	0.62 (0.50–0.77)
Prostate	6	0.99 (0.86–1.15)	2	0.87 (0.80–0.96)	4	0.67 (0.52–0.87)	3	0.55 (0.40–0.76)
Endometrium	2	1.04 (0.81–1.36)	2	0.92 (0.77–1.10)	—	—	—	—
Ovarian	2	1.01 (0.80–1.27)	3	0.90 (0.71–1.13)	—	—	—	—
Kidney	1	0.50 (0.27–0.93)	—	—	—	—	—	—
Lung	1	0.78 (0.66–0.93)	—	—	—	—	1	0.67 (0.31–1.48)
Melanoma	1	1.09 (0.69–1.70)	—	—	—	—	—	—
Non-Hodgkin Lymphoma	—	—	1	0.85 (0.73–0.99)	1	0.56 (0.31–1.03)	1	0.63 (0.48–0.81)
Childhood cancers	—	—	—	—	1	0.74 (0.39–1.42)	1	0.79 (0.62–1.00)
Esophageal	—	—	—	—	1	0.31 (0.22–0.43)	—	0.79 (0.55–1.13)
Gastric	—	—	—	—	—	—	1	0.75 (0.61–0.93)
Malignant glioma	—	—	—	—	—	—	1	0.64 (0.46–0.91)

^aAll published articles on physical activity and cancer survival were identified to January 2018 and risk estimates for the highest vs lowest quantiles of physical activity and survival outcomes were extracted. A meta-analysis was conducted to provide overall summary risk estimates by cancer site.

2019 Exercise Guidelines for Cancer Survivors:

Consensus Statement from International Multidisciplinary Roundtable.

Expected benefits for different types of exercise

Aerobic only	Resistance only	Aerobic plus Resistance
<ul style="list-style-type: none"> ↓ anxiety ↓ depressive symptoms ↓ fatigue ↑ quality of life ↑ perceived physical function 	<ul style="list-style-type: none"> ↓ fatigue ↑ quality of life No risk of exacerbating lymphedema ↑ perceived physical function 	<ul style="list-style-type: none"> ↓ anxiety ↓ depressive symptoms ↓ fatigue ↑ quality of life ↑ perceived physical function



Aerobic exercise
 3x/week
 30 mins per session
 Moderate intensity

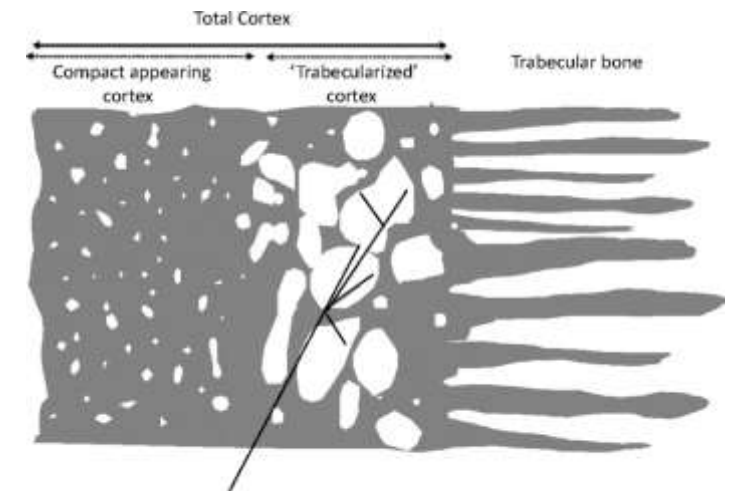


Resistance exercise
 2x/week
 30 mins per session
 2-3 sets, large muscle groups

Campbell KL, Winters-Stone KM et al, Med Sci Sport Ex 2019; DOI: 10.1249/MSS.0000000000002116

Impact ADT op gezondheidsprofiel

- Verhoogd risico op non-kanker mortaliteit
 - Diabetes
 - Cardiovasculaire aandoeningen
 - Abdominale obesitas
- Afname vetvrije massa
- Osteoporose
- Verhoogd risico op fracturen



Intracortical porosity is the result of intracortical remodeling. Pores coalesce in cortex adjacent to the marrow cavity producing cortical remnants that look like trabeculae.

E. J. Hamilton; *The Journal of Clinical Endocrinology & Metabolism* 2010

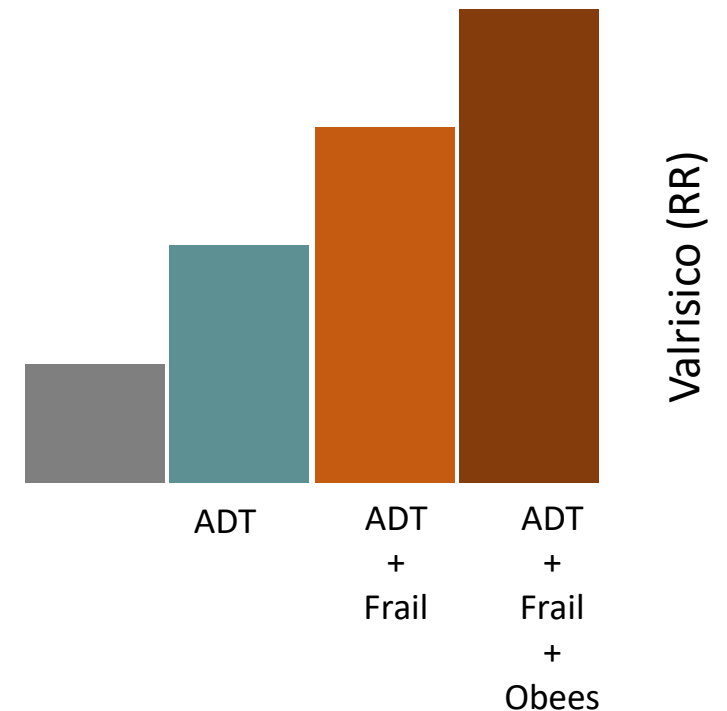
ADT, Frailty en Valrisico

○ 'Frailty phenotype' :

- Krimpen
- Zwakte
- Traagheid
- Vermoeidheid
- Inactiviteit

○ ADT ➡ afname van spiermassa, spierzwakte, vermoeidheid, afname loopsnelheid, inactiviteit

○ ADT users >2.5 x vaker frail



Oncology Clinician's Guide to Referring Patients to Exercise

Step 1: ASSESS

Question #1: How many days during the past week have you performed physical activity where your heart beats faster and your breathing is harder than normal for 30 minutes or more?

Question #2: How many days during the past week have you performed physical activity to increase muscle strength, such as lifting weights?

Question #3: Would this patient be safe exercising without medical supervision (e.g.; walking, hiking, cycling, weight lifting)

Question #3 answer is Yes.

(Patient is ambulatory,
ECOG score 0-2)

- **Step 2: ADVISE**
 - EIM ExRx for Oncology, based on current report of activity to increase to:
 - Moderate intensity aerobic exercise (talk but not sing) for up to 30 min, 3 times/wk
 - Resistance exercise 2x weekly 20-30 min
- **Step 3: REFER** to best available community program

Question #3 answer is No

Or

I'm not sure and I don't have the capacity to evaluate.

(ECOG score 3+ or other complications present)

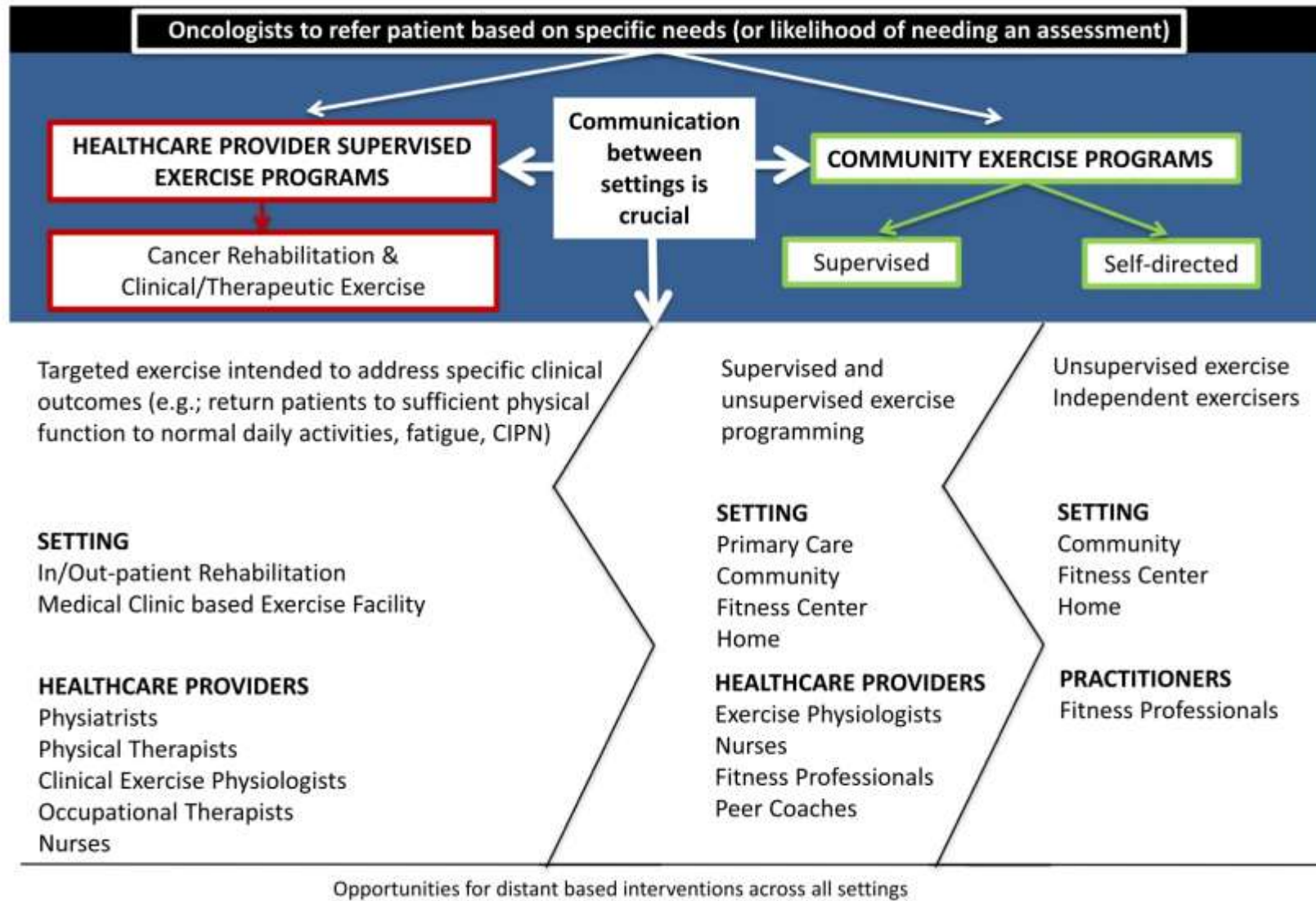
- **Step 2: ADVISE**
 - Advise patient to follow-up with outpatient rehabilitation healthcare professional for further evaluation
- **Step 3: REFER**
 - Outpatient rehabilitation health care professional will recommend best available program

 **ASK**

 **ADVISE**

 **REFER**

REPEAT AT REGULAR INTERVALS AT CLINICAL ENCOUNTERS DURING AND AFTER ACTIVE TREATMENT





STANDAARD PROGRAMMA

Oefening	Week 1		Week 2		Week 3		Week 4	
	Ma	Di	Ma	Di	Ma	Di	Ma	Di
Loop 10 min								
Zittend werken								
Zittend oefenen								
Zittend oefenen								
Zittend oefenen								
Zittend oefenen								
Zittend oefenen								

Oefening	Week 1		Week 2		Week 3		Week 4	
	Ma	Di	Ma	Di	Ma	Di	Ma	Di
Zittend oefenen								
Zittend oefenen								
Zittend oefenen								
Zittend oefenen								
Zittend oefenen								
Zittend oefenen								
Zittend oefenen								

NEXT NL-2.0

- + trainingsspecificiteit
- + door de hele keten
- + op maat



- Behandel/ begeleidingsrichtlijnen
- Triage hulpmiddel
- Lokale netwerkvorming

Survey

- I.s.m. prostaatkankerstichting
 - Nieuwsbrief
 - Social media
 - Website
- Componenten
 - Gezondheidsprofiel
 - Ervaringen beweegadvies in de zorg
 - Verwachtingen van bewegen
 - Voorkeuren bewegen

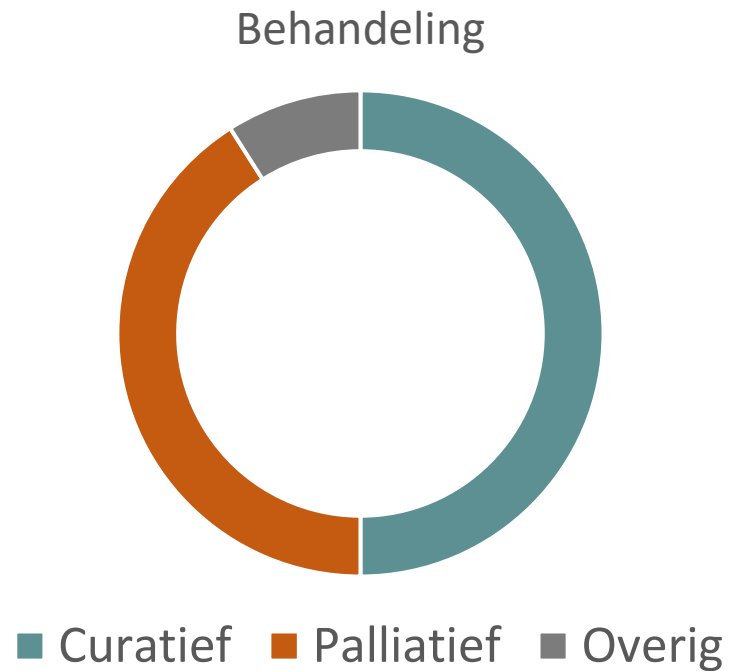


Profiel deelnemers

- Deel 1 = 171 deelnemers
- Deel 2 = 156 deelnemers
- Gemiddeld 70 jaar oud (SD: 6.42)
- Verspreiding over heel Nederland
 - Meerderheid in de randstad
- Grotendeels hoogopgeleid

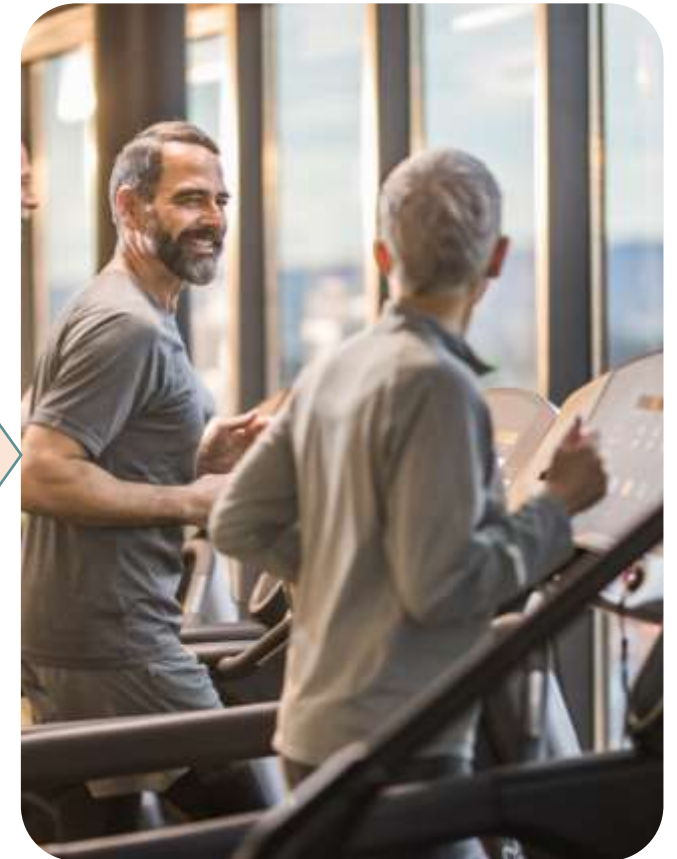


Gezondheidsprofiel



- Therapie
 - Hormoontherapie = 31%
- Fysiek functioneren
 - 50.6 (SD: 8.67)
 - Algemene populatie Europa = 50 (SD: 10)
- Vermoeidheidsscore
 - 9.9 (SD: 5.5, range: 4 – 22)
 - Intensiteit van vermoeidheid
 - Beneden gemiddeld vergeleken met mensen met kanker
 - Boven gemiddeld vergeleken met gezonde doelgroep

NEXT **NL-2.0**





> 500 LOCATIES IN NL

MIN 67 UUR INITIELE
SCHOLING

VERPLICHTE
NASCHOLING en
TOETSING



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