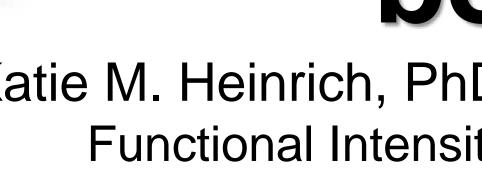


This study was funded by the Johnson Cancer Research Center.



INTRODUCTION

- There are currently over 14 million cancer survivors in the United States [1].
- Exercise helps combat physical and psychological effects of cancer treatments [2].
- High-intensity functional training (HIFT) is a promising groupbased exercise method that utilizes multiple energy pathways by temporally combining aerobic and resistance training exercises.
- HIFT takes significantly less time than moderate intensity exercise due to increased exercise intensity [3].
- Potential benefits of HIFT programs include metabolic and physiological adaptations, such as improvements in body composition through increased post-exercise fat oxidation [4].
- To date, HIFT has not been tested among cancer survivors.

PURPOSE

The purpose of this study was to investigate the effects of a HIFT program on the body composition of adult cancer survivors within five years of last cancer treatment.

METHODS

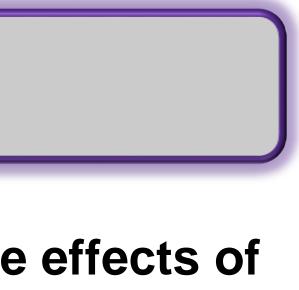
Design

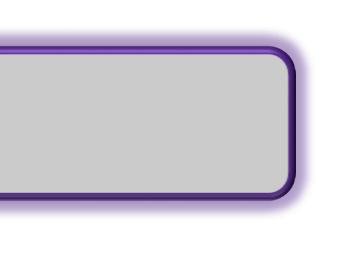
- Single-group pre-test, posttest pilot study
- 6 (75%) participants completed the study

Table 1. Participants (N = 8)				
Age	53.5y (± 5.0), Range= 47-60y			
Education	College Degree (100%)			
Ethnicity	White (100%)			
Gender	Female (75%)			
Cancer sites	Breast (n=4) Non-hodgkin lymphoma (n=1) Tongue (n=1) Skin squamous (n=1) Unknown primary (n=1)			
Cancer stage	Range: 1-3			
Treatments	Chemotherapy (n=6) Radiation (n=3) Surgery/ removal (n=3)			

High-intensity functional training improves body composition among cancer survivors

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Measures

During all exercise sessions

- Heart rate: participants wore heart rate monitors each session (Polar RX800CX)
- Measure of workout intensity
- The week prior to and the week following the intervention Body composition:
 - Height (stadiometer)
 - Weight (digital scale)
 - Waist and hip circumferences (flexible tape)
 - Dual-energy X-ray absorptiometry scan
- Dietary Intake: Online Automated Self-Administered 24-hour recall (ASA24TM)



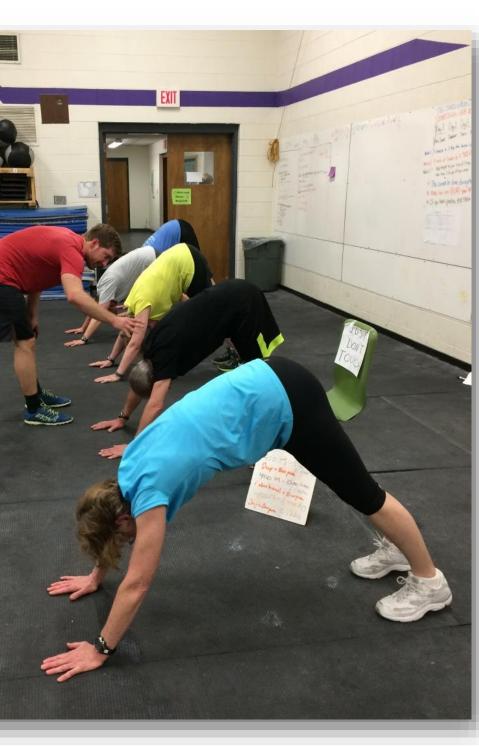
Intervention

Duration: 5-weeks, 3 days/week for 60 minutes 4 testing sessions (functional movement tests) 12 group workouts with mobility and stretching exercises Based on CrossFit[™] training template

- Led by CrossFit[™] certified coaches
- weight lifting exercises
- Individually scaled

<u>Analysis</u>

- Calculated max heart rate for age (Max_{HR}= $208 0.7 \times age$)
- Exercise intensity zones included light (<50% Max_{HR}), moderate (50-70% Max_{HR}), vigorous (71-85% Max_{HR}), and very vigorous (>85% Max_{HR})
- Paired samples t-tests



METHODS



Constantly varied to include cardiovascular, body weight, and

Workout Duration and Intensity

- min.

Body Composition (Table 2)

- overweight, and one obese participant.
- significantly change.

Table 2. Changes in Body Composition (n = 6)

Measure

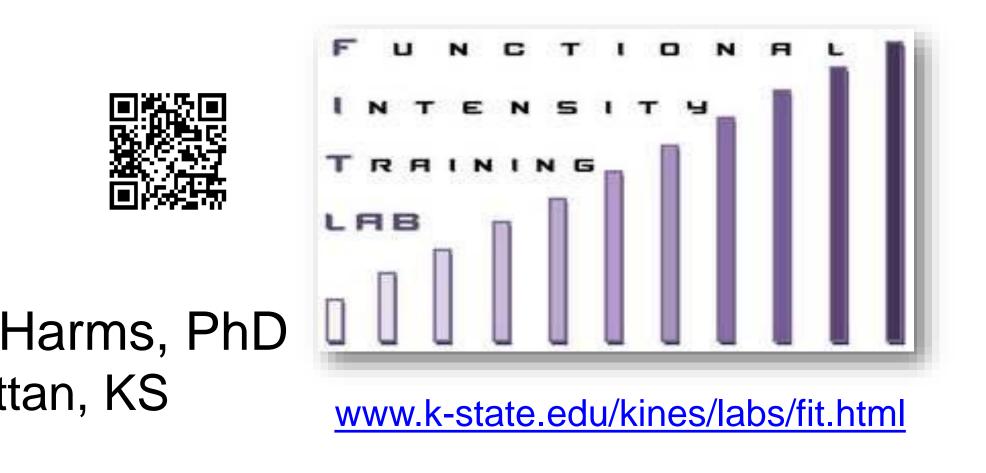
Height (m) Weight (kg) BMI (kg/m²) Waist Circumference (cm **Hip Circumference (cm)** Waist-to-Hip Ratio Lean Mass (kg) Fat Mass (kg) **Body Fat Percentage**

Dietary Intake

Five weeks of HIFT training was well-received by most cancer survivors and is a promising method for improving body composition. Future research should compare HIFT with low and moderate intensity exercise options in a larger sample and track body composition changes over a longer time period.

References

- systematic review and meta-analysis. J Cancer Surviv. 2010;4:87–100.
- 3. Heinrich KM, Patel PM, O'Neal JL, Heinrich BS. High-intensity compared to moderate-intensity training for exercise initiation, enjoyment, adherence, and intentions: an intervention study. BMC Public Health, 2014,14:789. 4. Warren A, Howden EJ, Williams AD, Fell JW, Johnson NA. Post-exercise fat oxidation: effect of exercise duration, intensity, and
- modality. Int J Sport Nut Exerc Metab. 2009;19:607-623.





• Average workout length was 12 min (±11.4 sec); Range=5.8-20

• Heart rate data were available for 10 workouts.

• Participants spent 30.4% of the workouts at a vigorous and 36.0% of the workouts at a very vigorous heart rate for age.

• Participant BMI ranged from 20.5-36.0, with 3 normal weight, 2

Weight, BMI, and waist and hip circumferences did not

	•		
Pre-test	Post-test	%	p-value
M (SD)	M (SD)	Change	
1.72 (0.08)			
78.9 (22.3)	79.2 (22.7)	+0.4	0.513
26.4 (5.2)	26.5 (5.3)	+0.4	0.523
91.8 (21.1)	90.1 (15.5)	-0.9	0.515
104.8 (11.7)	104.3 (11.7)	-0.4	0.634
0.87 (0.11)	0.86 (0.06)	-0.4	0.740
49.1 (10.6)	52.9 (12.2)	+7.5	0.008
25.8 (13.1)	22.4 (12.5)	-15.0	0.001
33.2 (9.2)	28.5 (9.3)	-15.3	0.000

Statistically significant changes included an increase in lean mass (t=4.32, p=0.008), and decreases in fat mass (t=7.91, p=0.001)and body fat percentage (t=9.39, p<0.001).

• Did not significantly change, although average calorie consumption increased slightly from pre-test (*M*=1956±581 kcal) to posttest (*M*=2357±823 kcal; *t*=2.57, *p*=0.124)

CONCLUSIONS

1. American Cancer Society. (2014). Cancer treatment and survivorship facts & figures 2014-2015. Atlanta, GA: American Cancer Society. 2. Speck RM, Courneya KS, Masse LC, Duval S, Schmitz KH. An update of controlled physical activity trials in cancer survivors: a