the isokinetic measurement of maximal torque for knee flexors and extensors, the maximal power and the heart rate on ergometric bicycle and questionnaires (Hospital Anxiety and Depression scale, Fatigue Severity Scale and Tampa scale for kinesiophobia). Activity and participation were assessed by three functional scales of the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) [2]: Physical functioning, Emotional status, Cognitive status, Social relationships, Capability of assuming functions and roles. The proportion of patients returning to work was also evaluated. Results.– Eighteen patients completed all evaluations during one year. After the end of the follow-up, patients had a poor muscle performance and a low endurance on ergometric bicycle. They also had bilaterally a low pain threshold for the upper limb. Patients were not significantly depressed but had high level of fatigue and kinesiophobia. Social relationships and capability for function and roles improved gradually over the one-year period. However, 25% of the patients did not return to work. Conclusion.– The patients treated for breast cancer present alterations of body function and activities after one year and deserve rehabilitation and arrangements both for work and everyday life, these findings being confirmed by other authors [1,3].

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Physical activity in patients with unresectable pancreatic adenocarcinoma: A multicentric randomized controlled study (APACA$p$ study)

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Introduction.– Performing physical activity during a period of chemotherapy is a promising support to improve fatigue and quality of life (QoL) [1,2]. It has been shown efficient and feasible in various cancers. Pancreatic adenocarcinoma (PAC) is the second digestive cancer in incidence and one of the poorest prognostic cancers with 5-year survival rate < 5%. Effects of physical activity in advanced PAC have not been explored. We aim to evaluate its potential role in these patients.

Patients and methods.– Randomized multicentric phase III interventional study to test the efficacy of an unsupervised home-based 16-week physical exercise program. Specificities of PAC for physical activity program implementation will be taken into account (physical activity partner instead of patients groups, nutritional management). Main inclusion criteria: histologically confirmed, unresectable PAC; scheduled for chemotherapy; WHO PS 0-2; age ≥ 18; physical activity partner. Two study arms: intervention group with exercise program (aerobic and resistance exercises) in addition to usual care; control group with usual care. Primary objective: effects on fatigue (MFI-20) and QoL (EORTC-QLQ-C30) at week 16, unified as co-primary endpoint. Secondary objectives: effects on pain, depression, nutritional status, insulin resistance, cancer-treatment tolerance, survival; adherence to the program, cost-effectiveness analysis. Number of patients required: 220.

Results.– PAC patients are strongly affected by fatigue, thus they are expected to benefit from a physical activity intervention. Moreover, exercise may be beneficial on tumor outcome, by reducing insulin resistance and insulin/IGF-1 secretions.

Discussion.– Such intervention may appear challenging because of multiple cancer-related symptoms (pain, fatigue, depression, denutrition) that can appear as barriers to physical activity. On the contrary, we hypothesize that an adapted physical exercise program may improve symptoms and QoL. If physical activity intervention proves to be feasible, effective and cost-effective, implementing standardized physical exercise programs in addition to chemotherapy in advanced PAC will be a logical next step. This project will be labelled by the...