

Appendix A:

NICaN AHP Brief Research Proposal Template

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The proposal (max 2 x A4 pages)

The clinical question – hypothesis: to educate Gynaecological cancer patients about the importance of lifestyle change, dietary and activity advice alongside a Pilates based exercise programme.

The study background:

The majority of research into the effect of exercise on female cancer patients is focused on breast cancer patients, the gynaecological population is often overlooked in spite of their many problems post treatment. So far the research into exercise on breast cancer patients has shown an improved quality of life alongside other health related benefits such as range of movement and weight loss and improved muscle strength and functioning. Pilates has many benefits such as improved posture and increased core strength focusing on areas such as weakened pelvic floor and abdominal muscles which these patients would experience as a side effect of their treatment.

The rationale for the new research:

Currently there are no specific services in place for rehabilitation of the gynaecological cancer population. Recently the BRILL, Breast rehabilitation ran in 2 local Health and Social Care (HSC) Trusts to good effect. This highlights that these schemes are necessary and create an impact upon the lifestyle of cancer survivors.

A basic study plan: weekly sessions for 6 weeks. Educational component for 30mins, 60min Pilates programme including relaxation, 20min social interaction time for informal question/answer time with AHPs over a healthy snack. Over the duration of the 6 weeks, the education would include advice on physical activity and diet alongside information about cancer related fatigue and advice from a psychologist. On completion of the programme, the participants would have the option of continuing independently at home, or participating in a scheme of 3month free membership to a local leisure centre where staff have been educated in the management of cancer survivors and are confident advising them in progressing their activity level.

Outcome measures: as this is a low intensity exercise programme, we will not be expecting great changes in physical ability, but more applicable measures would be the FACT-G (general) with a gynaecological specific addition, the Body Esteem Scale (BES) and a measure of abdominal endurance and pelvic stability such as YMCA sit-up test and leg lowering (Kloubec, 2010), both easily replicated. As there is also an emphasis on the nutritional component, an outcome such as Weight Efficacy Lifestyle (WEL) questionnaire would be beneficial.

Audit: the class would be audited after the first group to complete to assess the financial viability of the scheme and any relevant adaptations made for the next group based on feedback questionnaires from both participating survivors and staff.

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Signed: Joanna Ferguson
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