### **ActWELL**

## Study Results for Participants and Breast Cancer Now Lifestyle Coaches



### The Aim of the ActWELL Study

The aim of the **ActWELL** study was to measure how well a weight management programme (**ActWELL**), delivered by **Breast Cancer Now** (**BCN**) lifestyle coaches, was at helping women lose weight and become more physically active. It is estimated that around 30% of breast cancers in post-menopausal women are related to lifestyle. Weight loss of between 4.4-9.9 lbs (that's 2-4.5 kg) is associated with an 18% lower risk of breast cancer if the weight is kept off.

#### Main findings for weight and physical activity

For weight:	the <b>ActWELL</b> programme reduces weight
For physical activity:	the <b>ActWELL</b> programme may result in little change in physical activity



#### How many women took part?

A total of 560 women took part in the study. Of these, 279 received the **ActWELL** programme and 281 did not. The women who did not receive **ActWELL** were a comparison group and allowed us to see the difference between women who received the programme and those who did not.



## Weight How women in the two groups compared

We were able to analyse data from 240 women who received ActWELL. Some women lost more weight, and some less, but we are confident that women who received ActWELL lost between 4.2 lbs and 6.8 lbs; our best estimate is that they lost on average 5.5 lbs. In kilograms that is 2.5kg. In this group, 51% of the women lost more than 4.4lbs (or 2kg) which is the amount of weight loss clearly linked with lowering the risk of breast cancer.

For women who did not receive **ActWELL** we had data from 227 women. We are confident that for women who did not receive **ActWELL** the change in weight was between a loss of 4.2 lbs to a gain of 1.3 lbs; our best estimate is that they lost on average 2.6 lbs. In kilograms that is 1.2kg. In this group, 27% of the women lost an amount of weight clearly linked with lowering the risk of breast cancer. This is still quite a lot and suggests that women in the comparison group were probably also actively trying to lose weight. This is quite common in trials and is something researchers expect: taking part in the trial can itself raise awareness and motivation.

We also looked at the weight difference between women who received the ActWELL programme and those who didn't. For this we took account of some things we knew might affect weight loss, like a woman's weight at the start, or where a woman first heard about ActWELL. When we did this we found that women who received ActWELL lost more weight than women who didn't.

We are confident that the loss in weight was between 0.9 lbs and 4.9 lbs more; our best estimate is that the difference was on average 2.9 lbs more. In kilograms that is 1.3kg more.



During the study, a smaller group of 144 women (72 women who received **ActWELL** and 72 who did not) wore an accelerometer, a small electronic gadget worn on the thigh to measure physical activity. We used it to measure the number of steps a woman took. Due to a technical issue with the accelerometer, we were only able to analyse data from 36 women who received the **ActWELL** programme and from 44 women who did not.

Once again we looked at the difference in physical activity between women who received the ActWELL programme and those who didn't. We took account of the same things as we did for weight (see previously) and when we did this, we found that women who received ActWELL did a few more steps than women who didn't receive ActWELL, though not very many more. We are confident that the difference in steps was between 635 fewer steps and 1,602 more steps; our best estimate is that the difference was 483 more steps.



As part of the study a lot of information was collected about participants and we list some more findings below.

Alcohol intake and eating habits: The ActWELL study was not able to show a clear improvement in alcohol or fruit and vegetable intake i.e. less alcohol drunk and more fruit and vegetables eaten. Also, although both insulin and total cholesterol (measures of risk for diabetes and heart disease) did change in a favourable direction, we weren't able to say there was a definite improvement because of ActWELL.

Cost of the ActWELL programme: It costs around £500 per woman to run the ActWELL programme, which is comparable to other similar community-based programmes.

Lifestyle coaches: Forty-six lifestyle coaches delivered 523 face-to-face coaching sessions and 1915 support calls to 279 women in the ActWELL programme group. Another 100 coaching sessions were delivered to women in the comparison group after the end of the study period.



The ActWELL study was introduced as part of the Scottish National Cancer Strategy as an investment in cancer prevention. All the information collected as part of the study will now be considered by clinicians and policy makers responsible for considering it for national roll-out. It is too soon after the end of the study to know what their conclusions may be.



# How the trial has contributed to research in the area

Two new ways of doing things were part of the ActWELL study and our findings have shown that these were both successful. Firstly, we showed that approaching women when they attended routine breast screening was a good place to mention programmes like ActWELL. The other new approach was to use Breast Cancer Now lifestyle coaches to deliver the programme. We also found that sending reminder cards a month or so before women were due to have a meeting with a research nurse might lead to a small improvement in data collection, which is helpful to know for future trials.



Although the study team worked hard to design and run the best study possible there are some limitations which should be borne in mind when looking at the findings. Although ActWELL did involve women from socio-economically disadvantaged areas, we involved fewer than we had hoped for in order to see whether ActWELL works for everyone regardless of income. This means we are less certain whether ActWELL works as well for this group of women. That said, we saw no differences in how women from these areas engaged with ActWELL once in the programme and they were able to attend meetings with their coach as much as other women and benefit from the programme. The trial was also not very ethnically diverse, which means we are less certain that **ActWELL** works as well for women from ethnic minority groups. Both of these would be areas for improvement if the programme were to be rolled out in the future.

We also do not know about how long into the future the changes brought about by the **ActWELL** programme will last. Only longer-term monitoring of everyone who took part would show this and this is something we are considering.



A description of problems/ changes to initial trial plans

The only important change we made to the trial compared to how we originally planned it was that we trained some lifestyle coaches to do only telephone calls. We made this change because we needed more coaches than we expected and telephone-only worked well for some coaches.



The first place to go is the new website for the **ActWELL** study:

#### www.actwellstudy.org

On the website you can find information about the work that happened to prepare for the **ActWELL** study, other scientific publications stemming from the study, this Plain English Summary of the study findings and videos of study participants, coaches and the study team where they talk about their experience of the study.

The scientific paper describing the **ActWELL** study and its findings has been published in the International Journal of Behavioral Nutrition and Physical Activity. The paper is freely available online by following this link:

#### https://rdcu.be/cj0WR

Breast Cancer Now have written their project report, about lifestyle coaches, which is freely available on the **ActWELL** study website:

https://actwellstudy.org/ actwell-publications/



**Collaborators** 















