

# ONCOLOGY GAMES

## WP 2.2. PHYSICAL ACTIVITY GUIDELINES

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00	27.09.2017	Dr. Chiara Bennati

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## 1. MAIN INCLUSION CRITERIA

Cancer patients to be included in ONCOLOGY GAMES activities have to meet the following criteria:

Criteria	Description
<b>To be adult</b>	Age $\geq$ 18 years old
<b>Do not be athletes</b>	Don't play sport at professional level
<b>Eastern Cooperative Oncology Group (ECOG) performance score</b>	Equal to 0 or 1
<b>Diagnosis of metastatic solid cancer</b>	<i>Please see the attached form "Medical and Physical Activity Form" which have to be filled and signed by both the patient and the referral oncologist. Moreover a copy of the original histology has to be sent with the form to certificate the diagnosis.</i>
<b>Adequate bone marrow, renal and hepatic function</b>	Absolute neutrophil count (ANC) $\geq$ 1,000/ $\mu$ L ; Platelet count $\geq$ 75,000/ $\mu$ L ; Hemoglobin $\geq$ 8.0 g/dL; Serum total bilirubin $\leq$ 1.5 $\times$ upper limit of normal (ULN) or $\leq$ 3 $\times$ ULN for subjects with Gilbert's disease ; Serum alanine aminotransferase (ALT) and aspartate aminotransferase (AST) $\leq$ 3 $\times$ ULN ( $\leq$ 5 $\times$ ULN if evidence of hepatic involvement by malignant disease); Calculated creatinine clearance $\geq$ 30 mL/min by the Cockcroft-Gault formula.
<b>Written informed consent from all participants before they are enrolled in the project activities</b>	<i>We will provide to the referral oncologist the informed consent which has to be signed by the patient).</i>

In case of bone metastases, the patient must provide a medical record describing the fracture risk (see the attached form).

### Special population

In case of brain metastases the patient must provide a medical record describing if they are stable or not - presence of edema, signs of hemorrhage, use of high dose of steroids - (see the attached form).

Patient data, instrumental and laboratory values will be recorded in an electronic anonymized database and personally collected by Dr. Chiara Bennati for retrospective analyses.

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ATTACHMENT 01

**Physical Activity and Medical Form**

To be filled by the participant

<b>Last name:</b>
<b>First name:</b>
<b>Date of Birth: dd/mm/yyyy</b>
<b>City of Birth:</b>
<b>Address:</b>
<b>Mobile phone:</b>
<b>Email address:</b>

<b>Physical Activity Practice</b>
Are you practicing sport? (if yes specify)
For how long have you been practicing sport?
How many times a week?
For how many hours a week ?
If you are not currently practicing activity, have you practiced in the past? For how long?

<b>Family History Anamnesis</b>	<b>Yes</b>	<b>No</b>
Cardiac Disease	<input type="checkbox"/>	<input type="checkbox"/>
Sudden Death	<input type="checkbox"/>	<input type="checkbox"/>
Myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tyroid disease	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Allergies	<input type="checkbox"/>	<input type="checkbox"/>

<b>Personal Anamnesis</b>		
<b>SMOKING</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, how many years of smoking?		
If yes, how many cigarettes/other a day?		
<b>ALCOHOL</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, how many years of consumption?		
<b>FRUITS AND VEGETABLES</b>		
<input type="checkbox"/> rarely	<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> daily
<b>BOWEL</b>		
<input type="checkbox"/> regular	<input type="checkbox"/> constipation	<input type="checkbox"/> diarrhea

**To be filled by the referral Oncologist**

<b>Name</b>	
<b>Institution</b>	
<b>Email address</b>	

<p><b>Primitive Cancer</b> (please attached a copy of the original histology)</p>
<p>Metastases (please clarify if brain and/or bone lesions)</p>
<p>If bone lesions: sites (femur; spine, etc); clarify if lytic or dense; clarify if irradiated; specify if high fracture risk</p>
<p><b>Concomitant Medications (please specify if anticoagulant and dosage):</b></p>
<p>Comorbidities (the most relevant: i.e myocardial infarction) and recent surgical intervention</p>



Allergies

**Please add a brief summary of onset diagnosis, chemotherapy (day of start and day of the last treatment), radiotherapy, last report of MRI or CT scan** (In case of brain metastases: presence of edema, signs of hemorrhage, use of high dose of steroids)

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<p><b>Biochemistry report to be attached (mandatory)</b></p> <ul style="list-style-type: none"> <li>▪ Complete blood count cell, glucose, calcium, sodium, potassium, bicarbonate, chloride, urea, creatinine, troponine, creatine kinase,</li> <li>▪ Urinalysis, alanine and aspartate transaminases, prothrombin time (PT), activated partial thromboplastin time (aPTT), and thrombin</li> <li>▪ Time (TT), troponine, CPK (creatine kinase)</li> </ul>
<p><b>EKG</b>  <input type="checkbox"/> regular    <input type="checkbox"/> pathologic</p>
<p>Date:</p>
<p>Final Diagnosis:</p>
<p>Ultrasound EKG date and final report (specify ejection fraction):</p>
<p><b>PULMONARY FUNCTION TESTS (PFTS)</b>  <input type="checkbox"/> regular    <input type="checkbox"/> pathologic</p>
<p>Date:</p>
<p>Final Diagnosis:</p>

I declare that my referral oncologist has been informed about my current psycho-physical conditions and my previous diseases and that I've never been declared unable in previous sport medicine visits under law.

I commit myself to not use of illegal substances and I declare to have been informed about the dangers arising from tobacco smoking and the use of alcohol.

Date

Referral Oncologist

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Date

Participant

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Include privacy statement according to national law, with reference to processing of personal, sensitive and health data.

*I, the undersigned, give my consent and authorization for the processing of my personal and / or sensitive data, exclusively for the purposes of prevention, diagnosis, care, and related performance.*

Date

Participant

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