

## **Feasibility and acceptability of a web-based behavioral intervention in men with prostate cancer (PCa): a randomized pilot trial**

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**Background:** Diet and exercise may be associated with quality of life and survival in men with PCa. Yet, few men follow national nutrition and physical activity guidelines for cancer survivors. A web-based program could be a scalable approach to disseminate information and provide support for behavior change. We aimed to determine the feasibility and acceptability of a remotely delivered web-based behavioral intervention among men with PCa.

**Methods:** We conducted a 4-arm pilot trial of a 12-wk intervention among men with PCa (clinicaltrials.gov Identifier: NCT03406013). The study was conducted at Oregon Health and Sciences University (OHSU), University of California San Francisco (UCSF), and University of Colorado Denver. Men were recruited through cancer registry databases, CaPSURE (a nationwide PCa registry study), and in clinic. To be eligible, men had to self-report a PCa diagnosis, have a personal device that connected to the Internet, be  $\geq 18$  y, able to read English, and able to receive text messages and email. Men currently receiving chemotherapy or radiation, or who reported potential contraindications to exercise, could participate with physician clearance. Each site recruited patients; OHSU performed study-related tasks; UCSF performed data analysis. Participants were randomized (1:1:1:1) to additive intervention levels: (1) static website; (2) website plus personalized diet and exercise prescription; (3) website, personalized prescription, plus Fitbit and text messages; and (4) website, personalized prescription, Fitbit, text messages and a 30-min call with an exercise trainer and a 30-min call with a registered dietician. Participants completed surveys at enrollment, 12-, and 24-wks. Our primary outcomes were feasibility (accrual, attrition, website use) and acceptability (survey data).

**Results:** Between August 2017 and September 2018, we screened 259 men for eligibility. Of these, 217 were eligible and 202 were randomized (Level 1: 49, Level 2: 51, Level 3: 50, Level 4: 52); 198 men received their assigned interventions (47, 49, 50, 52 in Levels 1-4, respectively). Follow-up was 85% at 12 wks and 79% at 24 wks. Preliminary analyses indicate that the average age was 69 y, average body mass index was 27.3 kgm<sup>2</sup>, 93% were non-Hispanic white, and 93% had 2-yr college or more education. Website visit frequency varied by level (median: 3, 10, 11, 6, Levels 1-4, respectively) and the majority of men were satisfied or very satisfied with the intervention (53%, 68%, 58%, 67%, Levels 1-4, respectively).

**Conclusions:** A remote behavior intervention is feasible and acceptable among men with PCa.

Disclosures:

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