Earl diagnosis and more effective treatments have resulted in increasing numbers of cancer survivors in the United States, with 3 million survivors in 1971 increasing to more than 15.5 million in 2016 (American Cancer Society, 2016). About 20 million survivors are predicted to be alive in the United States in 2026 (American Cancer Society, 2016). As the number of cancer survivors has grown, so too has the focus on survivorship care, which is now an important subdiscipline of cancer care. A component of this care is maximizing physical fitness, an often sought-after goal during and after cancer treatment. Physical fitness is achieved when one engages in physical activity routinely and with intention (usually referred to as exercise, but the term physical activity is often used interchangeably). In this article, the authors will discuss the following questions regarding community-based exercise programs for cancer survivors: (a) How have we arrived here? (b) What are some examples of successful community programs? and (c) How do we leverage what we have learned from these programs and exercise research to develop more effective programming for cancer survivors?

Background

Exercise recommendations for cancer survivors are commonly highlighted in educational documents and on the websites of many cancer support organizations. These presentations speak to the current recommendations regarding exercise and cancer survivors. But how were these recommendations generated? Concurrent to the evolution of cancer survivorship care was the emergence of the fitness movement, which started in the 1970s (see Dalleck [2012] for a review on the history of physical fitness). In general, the modern movement was a byproduct of two observations: (a) American adults and children were physically unfit (Kraus & Hirschland, 1954) and (b) sedentary behavior caused hypoactive metabolic and cardiovascular disease (Morris, Heady, Raffle, Roberts, & Parks, 1953). Therefore, activities, such as jogging, aerobics, yoga, and Zumba, became fitness