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There is now considerable evidence for physical activity and, increasingly, for weight control interventions in survivors of the more prevalent cancers, especially breast cancer. However, in Australia, as in most developed countries, such interventions are not incorporated into routine cancer care. The Healthy Living after Cancer (HLaC) project seeks to bridge this evidence-to-practice divide. HLaC is an Australian National Health & Medical Research Council-funded Partnership Project involving collaboration between university cancer researchers and four state-based Cancer Councils (cancer control advocacy and support organizations similar to the American Cancer Society). The HLaC project, conducted from 2015 to 2019, is evaluating the implementation of an evidence-based, 6-month, telephone-delivered program targeting physical activity, healthy eating, and weight control among cancer survivors (of any cancer type following treatment with curative intent). The program is offered by the Cancer Councils free of charge via their telephone-based cancer support and information service. Cancer survivors can self-refer or be referred by a treating health professional. Screening, pre- and post-program assessment, and program delivery are all implemented by Cancer Council staff and nurses.

In this phase IV dissemination and implementation study (single-group, pre-post design with assessments at baseline and 6 months) (1), primary outcomes relate to program implementation: adoption (referral sources), reach (number of participants) and retention, fidelity of implementation, participant and staff satisfaction, and fixed and recurrent costs of program delivery. Secondary outcomes are patient-reported and validated measures of physical activity and dietary intake/behavior, weight, quality of life, cancer-related side-effects, and fear of recurrence.

To date, over 500 cancer survivors have been referred, with 89% screened as eligible and 91%

consenting. Among the first 440 to complete the pre-program assessment, 88% were female (most with breast cancer); mean age was 55 years (SD = 11); and mean was BMI = 29 kg/m^2 (SD = 6). Among the first nearly 200 program completers (57% completion rate), significant *(P* < 0.05) and clinically meaningful improvements have been seen in all secondary patient-reported outcomes.

This University-Cancer Council collaboration provides an opportunity for national dissemination of an evidence-based intervention to support healthy living among cancer survivors. Preliminary analysis of service-level outcomes suggests the program is feasible to deliver, with analysis of patient-reported outcomes showing it produces improvements in outcomes important to patients, clinicians, and public health. The end-of-program evaluation, including economic analysis, will provide the practice-based evidence needed to inform decisions regarding program sustainability.

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