

GYNAECOLOGICAL CANCER & EXERCISE

WHAT IS GYNAECOLOGICAL CANCER?

More than 134,000 Australian men and women are diagnosed with cancer each year, and 68% will be disease-free five years after their diagnosis (1). Exercise plays an important role in the treatment of, and recovery from, cancer, from diagnosis to recovery or end-of-life.

More than 6,000 Australian women are diagnosed with gynaecological cancer each year; survival rates five years after diagnosis vary by cancer type (uterine, 83%; cervical, 72%; and ovarian, 44%), but are progressively improving (1, 2). Exercise plays an important role in the treatment of, and recovery from, gynaecological cancer, through reducing the number and severity of treatment-related side effects and symptoms (such as pain, fatigue, sleep disturbances, lymphoedema, and cognitive impairment), as well as maintaining function during and after treatment (3-4). Only a limited number of studies have specifically investigated the value of exercise for survivors of gynaecological cancer. However, on the basis of findings from these studies, as well as findings from studies involving other cancer populations and clinical practice, the following guidelines are recommended:

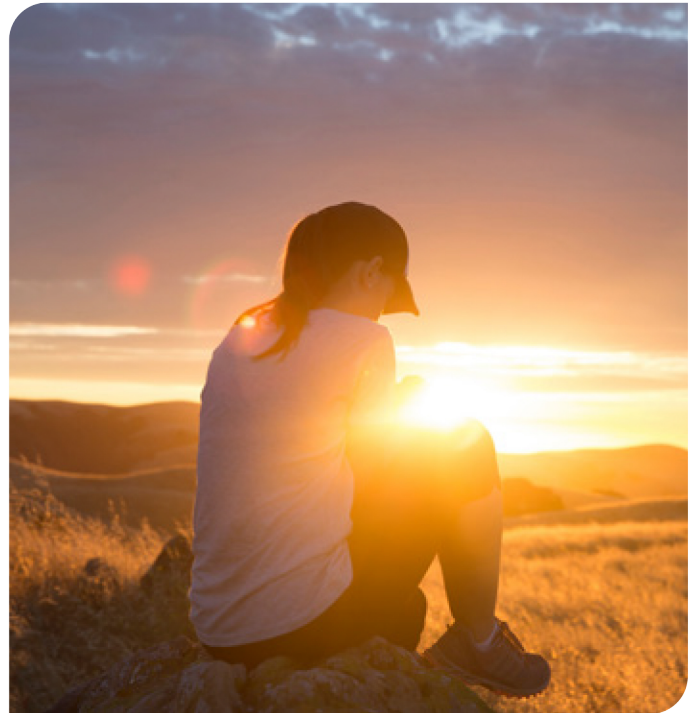


- **Aerobic and supervised, resistance (muscle strengthening) exercise is safe and beneficial.** Findings show that individuals should be encouraged to participate in their preferred exercise unless contraindicated.
- **Moderate-intensity exercise (enough to “puff” or the ability to “talk but not sing”) is recommended.** Those who are currently sedentary or engage in irregular and/or low levels of weekly physical activity, should be encouraged to take up regular exercise by starting with sessions of short duration (that is, less than 20 minutes) and low- to moderate-intensity, and to progress gradually (increase duration and/or intensity slowly and according to symptom control and fitness and functional adaptations). For those who are already regularly exercising with good symptom control (or no disease- or treatment-related side effects or symptoms), exercise at high-intensity is also likely safe (assuming appropriate progression to this intensity has occurred) and beneficial (can lead to greater fitness and functional gains); importantly, high-intensity exercise need not be discouraged.
- **Current guidelines recommend maintaining or building up to 150+ minutes of exercise each week.** Exercise can be done in sessions as short as 10 minutes and should include either or both aerobic- and resistance-based exercises. It is best to spread exercise sessions out across the week (e.g. 30 minutes on 5 days of the week). Depending on the intensity of the resistance-based exercise, it may be necessary to avoid doing resistance-based exercises on consecutive days. Additional benefits may be gained by exercising for up to 300 minutes each week, but it is important to progress towards this amount gradually.
- **Being diagnosed and treated for gynaecological cancer presents additional barriers to participating in regular exercise.** Fear of worsening symptoms (for example fatigue), discomfort from wigs, gastrointestinal changes requiring constant access to a bathroom, balance problems, increased pain from peripheral neuropathy, lymphoedema, or discouragement from not seeing improvements represent just some of the barriers to participating in regular exercise. However, with discussion and support from health professionals, barriers can be overcome through goal setting and problem solving. Further, appropriate exercise prescription leads to reduction in number and severity of side effects; a sedentary lifestyle is associated with increased frequency, duration and severity of side effects.



- **The supervision required during exercise depends on exercise history, the timing with respect to diagnosis, and the presence and intensity of treatment-related side effects.** Whilst many can safely exercise during or following treatment for gynaecological cancer without supervision, support from a qualified health professional (e.g. Physiotherapist /Accredited Exercise Physiologist) may help in commencing and maintaining an exercise program. Behaviour change strategies, advice regarding modifications to account for exercise preferences, contraindications, and barriers may be particularly important during active treatment when the frequency and type of side effects fluctuate. Those who have a preference for a particular type or intensity of exercise outside of the general guidelines are encouraged to discuss the need for any risk management with a health or exercise professional.

The body of evidence in support of exercise post-gynaecological cancer is consistent and overwhelmingly positive. All those diagnosed with gynaecological cancer should be encouraged to integrate exercise as part of their short- and longer-term treatment and given as much support as is needed to enable this to happen (whether that be referral to an exercise specialist, standard questioning as part of follow-up care regarding their weekly physical activity levels, and/or ongoing encouragement and support to become and stay physically active during and beyond their treatment for gynaecological cancer).



RELATED INFORMATION AND REFERENCES

If you have any concerns about the safety of your patient in commencing an exercise program, please consider referral to a Sport and Exercise Physician.

Find a Sport and Exercise Physician www.acsep.org.au/

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Exercise is Medicine Australia www.exerciseismedicine.org.au

Exercise Right www.exerciseright.com.au

Find a Physiotherapist www.choose.physio

Find an Accredited Exercise Physiologist www.essa.org.au

1. Australian Institute of Health and Welfare (AIHW). (2017). Cancer in Australia 2017. Cancer series no. 101. Cat. no. CAN 100. Canberra: AIHW.
2. Australian Institute of Health and Welfare 2017. Australian Cancer Incidence and Mortality (ACIM) books: Canberra. AIHW. [Accessed October 2017].
3. Lin, K.Y., et al., Exercise interventions for patients with gynaecological cancer: a systematic review and meta-analysis. *Physiotherapy*, 2016. 102(4): p. 309-319.
4. Pennington KP, McTiernan A. The role of physical activity in breast and gynecologic cancer survivorship. *Gynecol Oncol*. 2018 Jan 27.
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