Want Better Treatment Outcomes? Follow These New Exercise Guidelines

Experts say personalized exercise programs will achieve the best results.

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Exercise guidelines for people with cancer have gone well beyond generic recommendations to get moderate aerobic activity a few times a week. The evidence for specific benefits in reducing treatment-related side effects such as nerve pain, muscle weakness and cognitive impairments is now strong enough that exercise prescriptions can be tailored to the individual.

A new position statement on exercise guidelines for people with cancer from Exercise and Sports Science Australia (ESSA) in the Journal of Science and Medicine is calling for more personalized exercise programs that may include high-intensity workouts and strength training as well as safety precautions for certain conditions, reports Queens University of Technology (QUT).

In 2009, ESSA's first position statement on optimizing cancer outcomes through exercise recommended that people living with cancer take part in three to five sessions per week of generic low- to moderate-intensity exercise programs. But studies have since shown that a more targeted approach to exercise would help achieve better cancer outcomes, leading researchers from QUT and Edith Cowan University (ECU) to update the initial recommendation.

"While for the majority of cancer patients, moderate- to high-intensity exercise will likely be appropriate, there is no set prescription and total weekly dosage that would be considered evidence-based for all cancer patients," said Sandi Hayes, PhD, a QUT research fellow professor. "Precision medicine is about optimizing patient outcomes. This position statement allows for precision medicine through exercise."

Examples from the new recommendations:

People with a low platelet count—which increases the risk of serious bleeding—should avoid exercises associated with increased risk of falls or blunt-force trauma, such as contact sports and activities requiring balance and/or coordination. Instead, they should opt for water-based activities and machine weights.

People who experience loss of skeletal muscle mass (sarcopenia) or treatment-inducted bone loss should consider doing moderate- to high-resistance exercise (strength training) about two times

per week. For those with bone loss in particular, balance exercises to reduce the risk of falling are particularly recommended.

For those experiencing fatigue, however, low-intensity aerobic exercise (such as walking) may be as effective as high-intensity exercise. Short bouts of exercise may be easier to tolerate—and can avoid “rebound fatigue.” In some cases, short bouts of higher-intensity exercise can also work well.

For people at risk of developing lymphedema (or who have it), water-based exercises, which provide natural compression, can be effective.

Those who experience cognitive impairment (as a result of cancer and its treatment) may benefit from combining physical and cognitive exercises, such as workouts that require coordination and remembering a sequence of exercises to be undertaken without prompting.

According to Daniel Galvão, PhD, director of the ECU’s Exercise Medicine Research Institute and coauthor of the statement, there isn’t a one-size-fits-all prescription for exercise because people with cancer are not the same. This is why, he says, “the type, duration, frequency, intensity and total volume of exercise prescription needs to be tailored to the patient’s need and priorities.”

For more on exercise and cancer, read “Healthy Diet, Exercise Improve Survival in Colorectal Cancer,” “For Breast Cancer Survivors, Group Exercise Can Increase Quality of Life” and “Experts Recommend Exercise as Part of Cancer Care.”

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