



**Clinical
Oncology
Society of
Australia**

COSA Position Statement Exercise in Cancer Care

Draft as at 29 January 2017

ABOUT COSA

The Clinical Oncology Society of Australia (COSA) is the peak national body representing multidisciplinary health professionals whose work encompasses cancer control and care. COSA members are doctors, nurses, scientists and allied health professionals involved in the clinical care of cancer patients. COSA is affiliated with and provides medical and scientific advice to Cancer Council Australia.

COSA is the only organisation that provides a perspective on cancer control activity in Australia from those who deliver treatment and care services across all disciplines. The benefits of membership include discounted registration to COSA's Annual Scientific Meeting, access to a range of education programs and workshops, Cancer in the News daily email and subscriptions to Cancer Forum and the Asia Pacific Journal of Clinical Oncology. Please visit our website at www.cosa.org.au for more information.

The COSA Exercise and Cancer Group focuses on enhancing supportive care practice and policy with the aim of improving outcomes for patients through affordable, accessible and effective exercise medicine.

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COSA CALLS FOR

- Exercise to be embedded as part of standard practice in cancer care and to be viewed as an adjunct therapy that helps counteract the adverse effects of cancer and its treatment.
- All members of the multi-disciplinary cancer team to promote physical activity and recommend people with cancer adhere to exercise guidelines.
- Best practice cancer care to include referral to an accredited exercise physiologist and/or physiotherapist or other health professionals with specific training in exercise prescription for patients.

DRAFT

COSA'S POSITION

- All people with cancer should avoid inactivity and return to normal daily activities as soon as possible following diagnosis (i.e. be as physically active as current abilities and conditions allow).
- All people with cancer should progress towards and, once achieved, maintain participation in:
 - at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic exercise (e.g. walking, jogging, cycling, swimming) each week; and
 - two to three resistance exercise (i.e. lifting weights) sessions each week involving moderate- to vigorous-intensity exercises targeting the major muscle groups.
- All health professionals involved in the care of people with cancer have an important role in promoting these recommendations.
- Specific exercise programming adaptations may be required for people with cancer based on disease and treatment-related adverse effects, anticipated disease trajectory and their health status.
- Accredited exercise physiologists and physiotherapists are the most appropriate health professionals to prescribe and deliver exercise programs to people with cancer¹.

¹. Services provided by accredited exercise physiologists and physiotherapists are eligible for subsidies through Medicare and private health insurers. An extensive number of exercise physiologists and physiotherapists are based in the community and can be located using online search functions of the respective accrediting bodies: exercise physiologists – <https://www.essa.org.au/find-aep/>; physiotherapists – <http://www.physiotherapy.asn.au/apawcm/controls/FindAPhysio.aspx>. Effective exercise prescriptions can be delivered across a variety of settings including hospital-, cancer treatment centre-, community- and home-based.

DRAFT

EXERCISE IN CANCER CARE

The term physical activity applies to any movement produced by skeletal muscles that requires the body to exert energy. Exercise is structured physical activity for the purpose of conditioning the body to improve health and fitness. To maximise the therapeutic potential of exercise, well-established principles of training (including specificity, progression, overload, individualisation) should be applied and operationalised using the FITT formula – frequency (number of exercise sessions), intensity (how hard per session), time (session duration) and type (exercise modality) [1, 2].

Clinical research has established exercise as a safe and effective intervention to counteract many of the adverse physical and psychological effects of cancer and its treatment. To date, the strongest evidence exists for improving physical function (including aerobic fitness, muscular strength and functional ability), attenuating cancer-related fatigue, alleviating psychological distress and improving quality of life across multiple general health and cancer-specific domains [3-17]. Emerging evidence highlights that regular exercise before, during and/or following cancer treatment decreases the severity of other adverse side effects and is associated with reduced risk of developing new cancers and comorbid conditions such as cardiovascular disease, diabetes and osteoporosis [3, 4]. Furthermore, observations from epidemiological research suggests that being physically active provides a protective effect against cancer recurrence, cancer-specific mortality and all-cause mortality for some types of cancer (research has predominately focused on breast, colorectal and prostate cancers) [3, 18-27]. These findings have set the scene for a number of clinical trials, which are currently underway to rigorously evaluate the effects of exercise on cancer survival.

The convincing body of epidemiological and clinical trial evidence on the benefits of exercise has led to the endorsement of exercise guidelines for people with cancer by major organisations internationally [28-33]. These guidelines largely mirror guidelines for the general population (as outlined in the previous section on page 4). Despite this advice being widely disseminated by government and non-government cancer organisations, the majority of Australian's with cancer do not meet these recommended targets [34-36]. Reports indicate that approximately 60-70% of cancer patients do not meet aerobic exercise guidelines and it is estimated that approximately 80-90% do not meet resistance exercise guidelines [34-36]. Thus, while many cancer patients have indicated a desire to participate in appropriately designed and supervised exercise programs [37-45], only a minority are engaging in sufficient levels of exercise.

This document outlines the position of COSA with respect to exercise recommendations [28-33], taking into account the strengths and limitations of the epidemiological and clinical trials evidence base.

Key Points:

- Being physically active and exercising regularly is important for the health, function, quality of life and potentially survival of people with cancer.
- The majority of people with cancer do not meet exercise recommendations.
- People with cancer express a desire to become and stay sufficiently active but need advice and support to do so.
- To maximise therapeutic effect, exercise should be prescribed and delivered under the direction of an accredited exercise physiologist or physiotherapist.

COSA encourages all health professionals involved in the care of people with cancer to:

1. Discuss the role of exercise in cancer recovery;
2. Recommend their patients adhere to the exercise guidelines;
3. Refer their patients to a health professional who specialises in the prescription and delivery of exercise (i.e. accredited exercise physiologist or physiotherapist).

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ENDORSED BY

COSA is pleased to have the support of the following endorsing organisations:

<include logos for endorsing organisations (if the statement is endorsed)>

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