

Gynaecological Cancer and exercise

What is gynaecological cancer?

Gynaecological cancer affects the tissues and organs of the female reproductive system and includes cancer of the uterus (or endometrium), ovaries, cervix, vagina, vulva (external genitalia), oviducts (fallopian tubes) and placenta. In Australia, more than 4,500 women are diagnosed with gynaecological cancer each year, which accounts for nearly 9% of all cancers in women (1). Uterine cancer occurs most frequently, followed by ovarian, cervical, vulval and vaginal cancer. Survival rates five years after diagnosis vary by cancer type (uterine, 82%; cervical, 72%; ovarian, 43%)(2). Importantly, survival rates are progressively improving. Depending on the type of cancer and the stage at diagnosis, treatment usually involves surgery and adjunct therapy, but sometimes chemotherapy and radiotherapy are used, alone or in combination, without surgery. Common, troublesome side effects of treatment include tiredness or fatigue, nausea, changed sensation of taste, lymphoedema (fluid build-up that causes swelling), and changes in bowel and bladder habits (3).

What exercise is best for survivors of gynaecological cancer?

The role of exercise for women who have been diagnosed with gynaecological cancer has, to date, largely been unexplored. However, these guidelines were developed from studies of survivors of various types of cancer.

- Aerobic and supervised resistance (weights) training are safe and beneficial. Most sports and specific activities, other than walking and gym-based exercise, have not been well studied. However, participation is encouraged unless clearly contraindicated (e.g. you have a high risk of fractures or infection).
- Moderate-intensity exercise is best. Until the upper and lower limits of beneficial exercise intensity are known, it is best to start an exercise program at low to moderate intensity and to progress gradually. If the exercise routine lapses, exercise intensity should be lowered again when restarting.
- Accumulating at least 30 minutes of daily exercise on at least three days each week can lead to benefits. Depending on fitness level, multiple short sessions may be needed to accumulate 30 minutes of daily exercise. Build up to, and then maintain, at least 30 minutes of exercise per session, accumulating at least 150 minutes of exercise each week.
- The supervision required depends on exercise history, the timing with respect to diagnosis, and the presence and intensity of treatment-related side effects. Supervision is recommended during active treatment periods, when the frequency and type of side effects are likely to fluctuate. Also, understanding the basic principles of planning exercise programs and safe techniques for resistance exercises is important, as is recognising and overcoming any barriers to exercise. An exercise physiologist is helpful here.
- Use a diary to record both exercise sessions and the frequency and severity of treatment-related side effects. This record helps you identify and overcome barriers to exercise, plan appropriate exercise for 'good' and 'bad' days, and ensure that any worsening in side effects is not linked to exercise.

The right exercise program will likely differ with type of cancer, the stage of disease and the time since diagnosis. The stage of treatment (completed, current or planned) and your longer-term outlook are important considerations. For example, programs for women with ovarian cancer who have had extensive open-abdominal surgery and are about to start repeated courses of chemotherapy should be supervised and tailored to fluctuating treatment-related side effects. Alternatively, women treated for uterine cancer have good long-term prospects, but may be obese. The exercise programs for these women might aim to reduce body fat and promote long-term exercise habits to reduce the risk of future disease.



What are some common barriers to exercise?

Fear of worsening symptoms (e.g. fatigue, nausea, pain) Diarising exercise and side effects can show that exercise, at the very least, does not worsen existing side effects. During cancer treatment, women often become less active, which leads to a harmful cycle of reduced activity, reduced function and worsening fatigue. While exercise may not *reduce* fatigue, it should not *worsen* fatigue. An appropriate exercise program prevents or reduces the muscle loss that only increases fatigue.

Lymphoedema (fluid build-up that causes swelling in various parts of the body) This common side effect may even develop before treatment and can persist for years after treatment. Swelling can occur in the legs, lower abdomen, genitals and buttocks. Associated symptoms include pain, heaviness, discomfort, weakness, 'pins and needles' and difficulty moving. Exercise encourages fluid to drain away, but many women fear that exercise will cause or worsen lymphoedema. However, studies of women at risk of, or who have developed, lymphoedema following breast cancer show that progressive aerobic or resistance exercise is safe and beneficial (2). Avoid standing or sitting with legs down for long periods to stop fluid gathering around feet and calves. Regular movement helps the muscles pump the fluid away. Aqua aerobics and swimming are especially helpful.

Trouble exercising during treatment periods with intense side effects Some women find they cannot maintain their usual exercise routines in the days immediately after a cycle of chemotherapy, or when symptoms are particularly intense. Instead of avoiding exercise altogether at these times, prepare a separate exercise program for 'bad days'. For example, instead of a 30-minute walk on the three days after chemotherapy, do four 5-minute walks. Some exercise on 'bad days' helps you maintain the habit of exercising.

Being overweight or obese Some women with uterine cancer are overweight or obese. Size can affect the ability to exercise (e.g. walking on a treadmill). Also, women who are overweight may lack confidence in their ability to exercise, or may be embarrassed, for example, to wear swimwear. Some may choose to exercise in a women-only fitness centre or at home, using low-impact exercises on even surfaces (e.g. a DVD aerobic class in the lounge room). Attending a fitness centre at quiet times is another option. Remember, many other women are self-conscious about their weight too.

Bowel and bladder problems After surgery and treatment for gynaecological cancer, changes in bowel habits (diarrhoea or constipation) are common. Exercise can increase the frequency and looseness of stools, so some women avoid exercising because they fear suddenly needing a bathroom. To reduce this anxiety, exercise at home or, if away from home, use a gymnasium or a park with a toilet block. Exercise may also relieve constipation. If you suffer from incontinence (poor bladder control), include exercises to strengthen the pelvic floor in your program, and use low-impact aerobic activities.

Feeling discouraged by not seeing improvements Women need to have progress and success appropriately defined. Without a structured exercise program, women may experience a decline in physical function during periods of active treatment. Actual improvements in function may occur for some women who exercise during treatment. At the very least, exercise can minimise or prevent typical treatment-related declines. Having realistic expectations regarding changes in function may assist women to stay active during and beyond the treatment period.

General barriers to exercise Of course, you will also need to overcome the usual barriers to exercise that are experienced by women without cancer (e.g. affordability, time constraints, lack of interest or motivation).

References and further information

Exercise is Medicine Australia www.exerciseismedicine.org.au

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

Exercise Right www.exerciseright.com.au

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