

Physical Activity Aids Breast Cancer Recovery

BY BRUCE JANCIN

SAN ANTONIO — Breast cancer patients who have a high prediagnosis level of physical activity and are able to maintain it afterward experience markedly better quality of life and fewer treatment-related symptoms, according to data from the Tamoxifen and Exemestane Adjuvant Multicenter trial.

Patients whose prediagnosis weekly recreational physical activity level was above the median, and who managed to stay within 7.5 metabolic equivalent (MET) hours/week of that level during their first year after diagnosis, consistently scored the highest of any subjects on quality-of-life evaluations at the 2-year mark. A MET is a unit of energy expenditure.

These physically active breast cancer patients also consistently scored lowest of all TEAM subjects with regard to symptoms of fatigue, shortness of breath, constipation, menopausal com-



Mean scores of the physically active patients averaged 10-19 points higher on each of the functional scales.

DR. VAN NES

plaints, and arm impairment, Dr. Janine van Nes reported at the San Antonio Breast Cancer Symposium.

It's difficult to maintain a physically active lifestyle following a cancer diagnosis; only 89 of 454 women (20%) in the lifestyle substudy managed to do so. Indeed, most women had a marked decrease in physical activity from prediagnosis to 1 year after starting hormonal therapy, and returned only partway to prediagnosis levels by 2 years, said Dr. van Nes of Leiden (the Netherlands) University Medical Center.

Participants' total recreational activity (defined as the sum of hours spent walking, cycling, gardening, and playing sports, multiplied by the MET value of these activities) dropped from 51 MET hours/week before diagnosis to 43 at year 1, before climbing back to 48 MET hours/week at year 2.

Total leisure time activity (defined as recreational activity plus housework) went from a baseline of 111 MET hours/week to 93 at 1 year and 98 at 2 years.

The consistently high activity subgroup scored highest on the EORTC (European Organisation for the Research and Treatment of Cancer) QLQ-C30 and -BR23 questionnaires that assessed the social, physical, emotional, and global health functional domains at 1 year of follow-up.

The mean scores of the physically active patients averaged 10-19 points higher on each of the 0-100 functional scales than did those for women with low prediagnosis activity levels that further de-

clined after diagnosis. Those are clinically meaningful differences, Dr. van Nes stressed in an interview.

The high-activity women also scored an average of 11-24 points lower on each of the 0-100 scales that assessed symptoms of fatigue, constipation, dyspnea, menopausal symptoms, and arm complaints.

Although the TEAM lifestyle substudy was observational, the findings raise the

testable hypothesis that deliberate efforts to promote physical activity in the aftermath of breast cancer diagnosis could have salutary effects on cancer-related symptoms and global quality of life, Dr. van Nes noted.

TEAM is an ongoing nine-country clinical trial that randomized close to 10,000 postmenopausal women with hormone-sensitive early breast cancer to 5 years of the aromatase inhibitor ex-

emestane (Aromasin) or 2-3 years of tamoxifen followed by exemestane for a total of 5 years of adjuvant hormone therapy.

The TEAM trial is funded by Pfizer Inc., and the lifestyle substudy was supported by a grant from the Pink Ribbon Foundation.

Dr. van Nes reported having no financial conflicts of interest regarding the study. ■



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