

# Exercise and breast cancer

## What healthcare providers should know

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Exercise is one of the most effective lifestyle strategies to reduce cancer-related side effects. It also addresses chronic health risks that people with breast cancer are more likely to face, like cardiovascular disease and diabetes. Exercise is a priority strategy in survivorship care.

Exercise should begin as early as possible in the cancer experience. Research indicates that starting exercise during treatment can lead to better outcomes than starting exercise after treatment ends. Early intervention may help reduce side effects more effectively and enhance recovery trajectories. Even years after diagnosis, it remains highly beneficial.

While it is widely recognized that exercise plays a vital role in physical and emotional health and is recommended for risk reduction during and after breast cancer, fewer than 15% of cancer survivors meet both aerobic and resistance training guidelines.<sup>1</sup> Helping your patients find a way to move more requires a plan for intentional, progressive movement and a focused clinical conversation.

### Common challenges where exercise can help



Loss of skeletal muscle mass (sarcopenia) and bone density



Persistent fatigue, decreased strength, reduced mobility, and balance



Body composition changes, like increases in visceral fat<sup>2</sup>



Sleep disturbances, increased stress, and cognitive challenges

## Why patients don't exercise

Many people face barriers to exercise after breast cancer. Understanding these practical challenges is essential to supporting your patients toward successful behavior change:

- **Limited knowledge or confidence** in when, where, or how to exercise safely, often waiting for explicit clearance from their oncology team. Visit the American College of Sports Medicine page for a [Safe-Start Checklist](#) to help your patients get started.
- **Motivation and emotional changes** during and after treatment, especially related to weight gain linked to menopause or hormonal therapy
- **Time, energy, and cost** constraints
- **Limited access** to oncology-trained exercise professionals and **uncertainty** about exercising independently


## What counts as exercise?

Use specific language to strengthen your message and support patient understanding:

- **Physical activity** is any body movement that increases energy expenditure, including activities of daily living or non-structured movement.
- **Exercise** is structured, purposeful physical activity designed to improve fitness and achieve specific health outcomes.
- **Fitness** is a goal or objective that an individual hopes to achieve through exercise.

## How much exercise?

Many people will need to gradually increase their exercise to the recommended amounts. Reassure your patients that any exercise is better than no exercise at all. Exercise should be personalized by the individual's function, goals, preferences, and access to resources. Across the breast cancer continuum — risk reduction, active treatment (including advanced cancer), and survivorship — clinical guidelines<sup>3,4</sup> recommend:

 **Exercise** — 150+ mins/week moderate  
OR 75 mins/week vigorous

 **Resistance/strength training** — 2 days/week

 **Sedentary time** — reduce by replacing with activity

## Independent exercise or supervised exercise?

For people with a cancer diagnosis, it may not always be practical or necessary to begin with supervised exercise, guided by a trained exercise professional. Barriers such as cost, time, transportation, or discomfort with someone watching them can be the difference between doing some exercise or doing none at all.

Supervised exercise can increase both motivation and adherence. When discussing exercise options, it is essential to acknowledge the person's concerns and communicate openly.

For people with these risk factors, supervised exercise can ensure safety, build confidence, and guide appropriate progression:

- **New or unstable bone metastasis or unstable metastatic disease**
- **Known cardiotoxicity**
- **History of fall, recent near-fall, concerns with balance**
- **Active lymphedema**

A simple way to frame this conversation might be:

**“Based on what you've shared, I recommend starting with supervised exercise to ensure your safety, address any risks early, and create a personalized plan that supports the best outcomes for you.”**

Assure your patient that this could even be just a single session.

## References

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