This material is protected by U.S. copyright law. Unauthorized reproduction is prohibited. To purchase quantity reprints, please e-mail reprints@ons.org or to request permission to reproduce multiple copies, please e-mail pubpermissions@ons.org.

# CONTINUING EDUCATION

# The Effects of Exercise on Body Weight and Composition in Breast Cancer Survivors: An Integrative Systematic Review

Carolyn Ingram, RN, DNSc, Kerry S. Courneya, PhD, and Dawn Kingston, RN, MSc

**Purpose/Objectives:** To examine the research literature regarding the effects of exercise on body weight and composition in breast cancer survivors.

**Data Sources:** Primary studies in English published from 1989–2004, located through electronic databases, hand searches, and personal contacts.

**Data Synthesis:** Of 1,314 studies screened, 14 met all inclusion criteria. Body weight and composition generally were secondary endpoints. Effects on weight were less common than reduction in percentage of body fat.

**Conclusions:** The evidence regarding exercise as a strategy for body weight and composition management in breast cancer is sparse. Research that considers these outcomes as primary endpoints is needed. Numerous measurement issues need to be addressed in future studies.

Implications for Nursing: Exercise may help to control adverse body weight and composition changes among breast cancer survivors. Improved research that assigns these outcomes primary importance will greatly enhance clinicians' ability to assist women in body weight and composition management.

### **Goal for CE Enrollees**

To enhance nurses' knowledge about research regarding body weight and composition among breast cancer survivors.

### Objectives for CE Enrollees

- 1. Discuss factors known to contribute to weight gain in women who are breast cancer survivors.
- Describe weaknesses associated with the control of variables in the studies reviewed.
- Discuss future directions for research in body weight and composition that may yield more reliable results.

xercise has been studied extensively and has demonstrated many benefits for cancer survivors (Baldwin & Courneya, 1997; Blanchard, Courneya, & Laing, 2001; Courneya & Friedenreich, 1997; Courneya, Friedenreich, et al., 2003; Courneya, Keats, & Turner, 2000; Courneya, Mackey, et al., 2003; Gaskin, LoBuglio, Kelly, Doss,

## **Key Points...**

- ➤ Adverse body weight and composition changes occur during breast cancer and its treatment, and physical activity is known to decrease during treatment; however, few studies of breast cancer and exercise have focused on the outcomes of body weight and composition.
- Most studies of exercise among breast cancer survivors have involved aerobic programs or a combination of aerobic and resistance approaches that were done in a fitness facility among women who were not undergoing active treatment.
- Body weight has been less responsive to the effects of exercise than body composition in existing studies.
- ➤ To establish a sound basis for clinical practice, body weight and composition should be primary endpoints in future research that examines a variety of exercise approaches, makes an effort to adopt and describe more precise and accurate measurement techniques, assembles samples of adequate size, is of sufficient duration, carefully examines related variables such as other exercise and dietary intake, and assesses lymphedema in the context of overall body weight and composition change.

Carolyn Ingram, RN, DNSc, is an associate professor of health sciences in the School of Nursing at McMaster University in Hamilton, Canada; Kerry S. Courneya, PhD, is a professor and Canada research chair in physical activity and cancer in the Department of Physical Education and Recreation at the University of Alberta in Edmonton, Canada; and Dawn Kingston, RN, MSc, is an assistant professor in the School of Nursing at McMaster University. Research for this article was funded by the Department of Defense Breast Cancer Research Program, U.S. Army Medical Research and Materiel Command, Office of the Congressionally Directed Medical Research Programs (grant no. DAMD 17-03-1-0301). (Submitted February 2005. Accepted for publication January 16, 2006.)

Digital Object Identifier: 10.1188/06.ONF.937-950