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EDITORIAL COMMENT

The benefits of physical exercise for men diagnosed with prostate cancer are legion, not least of which is improved overall survival.^{1,2} Randomized trials of exercise interventions have been reported in the past, focusing primarily on patients receiving androgen deprivation, for whom exercise can preserve muscle and bone mass and combat fatigue and depression.³ Furthermore, because most men with PCa typically die of cardiovascular disease,⁴ even those with low-risk tumors that do not require immediate treatment would likely benefit from exercise counseling at the “teachable moment” of diagnosis.⁵

In the current study, the authors successfully enrolled and completed a randomized trial to examine a novel exercise intervention in the post-RP setting. The intervention emphasized supervised exercise ball and resistance band exercises, in 1-hour sessions twice a week. All men were given general instructions regarding Kegel exercises. No men were unable to complete the regimen because of physical limitations. Four men (12%) withdrew from the intervention because of travel requirements; however, the same number withdrew from the control group. Ideally, an intent-to-treat analysis could have assessed the effect of partial completion of the regimen. Additional analysis of the patients who withdrew might allow the assessment of any dose-response relationship between the intervention and outcome.

Several findings merit additional discussion. First, substantial benefits were seen in dynamic parameters such as flexibility and balance but not in the more chronic measures such as fat mass and body mass index. Both physical and mental quality-of-life overall were notably better in the intervention arm than in the control arm. Several parameters were improved compared with the preoperative baseline in the intervention arm. Perhaps the most dramatic finding, however, was the substantial improvement in urinary continence in the intervention group compared with the control group.

Continence is among the most important determinants of post-RP quality of life but has proved difficult to improve simply by intensifying pelvic floor rehabilitation. A behavioral intervention involving careful coaching regarding Kegel exercises and bladder control techniques and monitoring outcomes using bladder diaries was recently shown to substantially improve continence compared with expectant management for men with persistent leakage within 1 year after RP.⁶ However, in that study, just as in others, adding biofeedback and/or physical therapy to Kegel-type pelvic

floor exercises did not result in additional improvement in urinary function.^{6,7} This new trial suggests that a more general approach to exercise might yield greater benefits.

The current trial was relatively small, and the findings need to be verified in larger cohorts and in other settings to validate the portability of the intervention and results. If these are borne out, it should be easy to justify participation of physical therapists in the recovery of men after RP, just as they are integral to recovery after orthopedic procedures. Alternatively, additional work might allow a less intensive, longer term regimen to be developed that could be followed by the patients on their own at home. An intervention that improves physical fitness, mental health, and urinary function should be an easy “sell” to all men after RP.

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