World Physiotherapy
Europe region

Factsheet –
Physiotherapy and Prostate Cancer

Cancer Working Group

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World Physiotherapy
Europe region

FACTSHEET – PHYSIOTHERAPY AND PROSTATE CANCER

Europe Region

Cancer Working Group

PROSTATE CANCER IN THE EU

- Prostate cancer incidence varies 2.5-fold and breast cancer incidence 2-fold across EU countries.
- Countries with the highest incidence of prostate cancer were Lithuania, Norway and Sweden. Incidence ranged from 104 per 100 000 in Bulgaria to 265 per 100 000 in Lithuania, 72% higher than the EU average of 154 per 100 000 population. Prostate cancer incidence is highly influenced by prostate cancer screening practices, which differ considerably across the EU and may explain the much higher incidence observed in some EU countries.
- In Europe, prostate cancer (PCa) is the most common cancer and the third leading cause of cancer death in men.

PROSTATE CANCER MANAGEMENT AND SIDE EFFECTS

Management:

1. Active surveillance.
2. Radical prostatectomy (+ LN dissection).
3. Extended pelvic LN dissection.
4. Adjuvant treatment after RP.
5. Radiation therapy.
6. Brachytherapy.

Most common side effects:

1. Incontinence
2. Erectile dysfunction-Nerve-sparing (NS)
3. Urgency to defecate
4. Fatigue

KEY ROLES OF PHYSIOTHERAPY IN PROSTATE CANCER

Pelvic Floor Muscle Training (PFMT) for Urinary Incontinence

Supervised PFMT is the gold standard for managing post-prostatectomy urinary incontinence, which affects up to 69% of men after surgery[1]. Structured and supervised PFMT programs that confirm correct pelvic floor muscle activation show significant benefits, with 65% of studies reporting improvements in continence recovery and symptom severity[2]. Supervised programs are more effective than unsupervised approaches, particularly in the first 6 months after surgery[3]. The combination of PFMT with biofeedback and electrical stimulation yields the most substantial improvements in both objective measures and patient-reported outcomes[4].

Pre- and postoperative supervised PFMT significantly improves urinary incontinence outcomes. Patients receiving supervised PFMT had 65.2% continence at 12 months compared to 31.6% in the control group[5].
Early initiation, higher training intensity, and physiotherapy guidance are associated with greater benefits[2].

Exercise Therapy for Treatment Side Effects

Exercise is highly effective for managing androgen deprivation therapy (ADT) side effects, which include muscle loss, increased body fat, fatigue, and reduced quality of life[6]. Combined resistance and aerobic training significantly improve quality of life subdomains including global health, cognitive and sexual function, while reducing fatigue and urinary symptoms[7]. Resistance training specifically prevents increases in body fat and improves muscle strength and physical function[7,8].

Aerobic exercise is the superior modality for improving cardiovascular fitness (effect size 0.60), while resistance training excels at improving body composition by increasing lean body mass and reducing body fat percentage[6]. Exercise interventions improve physical functioning, general health, vitality, and mental health, with patients having the lowest quality of life at baseline deriving the greatest benefits[9].

Exercise and Survival Outcomes

Physically active men with prostate cancer show significant improvements in survival. Men engaging in at least 3 hours per week of vigorous activity had a nearly 50% reduction in all-cause mortality and a 60% reduction in prostate cancer-specific deaths[8,10].

Recommended Exercise Guidelines

The American Cancer Society recommends that prostate cancer survivors aim for at least 150 minutes per week of moderate-intensity exercise or 75 minutes per week of vigorous-intensity aerobic physical activity, along with routine weight-bearing and resistance exercises[10]. Exercise sessions should be supervised when possible, particularly during the early post-treatment phase, and should include moderate- to vigorous-intensity aerobic and resistance exercise conducted 2-3 times per week for 60 minutes per session[12,13].

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