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## Prevention inquiry in health and social care: Recognition and integration of physical activity into routine cancer care

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### Why the Committee should consider physical activity for the prevention of cancer recurrence as part of its inquiry.

One in every two people will receive a cancer diagnosis in their lifetime(1). Yet, one in every four cancers could be prevented through lifestyle changes including participation in regular physical(2). Regular physical activity during cancer treatment could reduce a patients' relative risk of recurrence by up to 50%(3), preventing all cause and cancer-specific mortality.

However, there is currently no policy for routinely encouraging physical activity within the treatment pathway for all patients with cancer in the UK. Subsequently, both clinicians and patients are not aware of the substantial impact physical activity can play in increasing patients' chances of survival.

The NHS are facing substantial pressures and resources for treatments such as chemotherapy are stretched with patients in some regions waiting months for life saving treatment. Therefore, the acknowledgement of the benefits of physical activity during and after cancer treatment by the Chief Medical Officer and the development of a policy that requires the routine promotion of activity within the patient pathway could prevent recurrence and in turn reduce health care costs.

### Why the Committee should look at it now: in particular, whether there is an opportunity for it to add value to existing research and evidence.

Lancet Oncology states that cancer survivorship in the UK is behind the other European countries with no signs of improvements over the last 15 years(4) and highlight the need for cancer specific interventions to improve survival. Furthermore, they reported that the greatest improvements in cancer survival in other high-income countries are from those which have implemented dependable, long-lasting policies supported by substantial implementation and funding. Further emphasising the need for an effective nationwide policy.

In 2020, the WHO endorsed the importance of physical activity for all adult patients during and after cancer treatment by developing cancer specific physical activity guidelines(5). These guidelines have not been acknowledged or endorsed by the UK government creating further barriers such as a lack of awareness of the importance of activity following a cancer diagnosis.

Recognition of these physical activity guidelines and creating a policy for improving the cancer patient pathway would allow the translation of current evidence and empower both clinicians and patients to routinely promote physical activity.

Clinicians currently lack the confidence, education and resources to promote physical activity with their patients(6). Similarly patients lack the knowledge, guidance and support to be active during and following their treatment resulting in 43% of patients becoming less physically active following their diagnosis(7), in turn leading to further comorbidities(8) and further increases to NHS resources.

### Why this area would benefit from scrutiny.

Further scrutiny from the committee would support the development and implementation of an effective evidence-based policy, based upon the learnings from health services around the world.

The integration of physical activity within routine care and providing support to access facilities and resources would aid the reduction of health inequalities across the nation by providing all patients diagnosed with cancer with the same chances of survival regardless of their geographical location, race or socio-economic background.

### Why the Government needs to take action in this area.

Policy should state that physical activity is discussed at multiple time points within a cancer patients treatment pathway and the committee should consider integrating it as standard practice in the same way it is for those with other non-communicable diseases such as cardio-vascular disease and diabetes. The intended outcomes of acknowledging and endorsing physical activity within routine cancer care include:

- increasing chances of survival through prevention of secondary cancers(2)
- reducing the risk of comorbidities such as cardiovascular disease(8)
- reduction in NHS costs and resources
- improvements to patients' tolerance of treatments such as chemotherapy and surgery(9)
- reduction in hospitalisation(10)
- improvements to patients' psychosocial well-being(11)

### How a policy in this area could improve survival

We propose that the committee recognise the importance of physical activity for preventing recurrence and improving patient outcomes by:

- Updating the UK physical activity guidelines by acknowledging the cancer specific guidelines endorsed by World Health Organisation in 2020(5)
- Consider the integration of physical activity promotion within routine cancer care so that **all** patients receive the benefits of being active during and after treatment
- Reducing health inequalities by providing healthcare professionals with the ability to refer patients to local leisure facilities for subsidised membership and access to resources

### References:

1. Ahmad AS, Ormiston-Smith N, Sasieni PD. Trends in the lifetime risk of developing cancer in Great Britain: comparison of risk for those born from 1930 to 1960. *Br J Cancer* [Internet]. 2015 Mar 3 [cited 2023 Feb 3];112(5):943–7.
2. Cancer Research UK - Science blog [Internet]. [cited 2023 Feb 7]. Available from: <https://news.cancerresearchuk.org/2018/03/23/more-than-2500-cancer-cases-a-week-could-be-avoided/>
3. McTiernan A, Friedenreich CM, Katzmarzyk PT, Powell KE, Macko R, Buchner D, et al. Physical Activity in Cancer Prevention and Survival: A Systematic Review HHS Public Access.
4. The Lancet Oncology. Still waiting for a UK cancer plan that truly delivers. *Lancet Oncol* [Internet]. 2022 Dec 1 [cited 2023 Feb 2];23(12):1475.
5. Bull FC, Al-Ansari SS, Biddle S, Borodulin K, Buman MP, Cardon G, et al. World Health

- Organization 2020 guidelines on physical activity and sedentary behaviour. *Br J Sports Med*. 2020 Dec;54(24):1451–62.
6. Hardcastle SJ, Kane R, Chivers P, Hince D, Dean A, Higgs D, et al. Knowledge, attitudes, and practice of oncologists and oncology health care providers in promoting physical activity to cancer survivors: an international survey. *Support Care Cancer*. 2018 Nov;26(11):3711–9.
  7. Orange ST, Gilbert SE, Brown MC, Saxton JM. Recall, perceptions and determinants of receiving physical activity advice amongst cancer survivors: a mixed-methods survey. *Support Care Cancer*. 2021 Apr;1:3.
  8. Patel A V, Friedenreich CM, Moore SC, Hayes SC, Silver JK, Campbell KL, et al. American College of Sports Medicine Roundtable Report on Physical Activity, Sedentary Behavior, and Cancer Prevention and Control. *Med Sci Sports Exerc*. 2019;
  9. Cave J, Paschalis A, Huang CY, West M, Copson E, Jack S, et al. A systematic review of the safety and efficacy of aerobic exercise during cytotoxic chemotherapy treatment. *Support Care Cancer [Internet]*. 2018 Oct 1 [cited 2023 Feb 7];26(10):3337–51.
  10. Mijwel S, Bolam KA, Gerrevall J, Foukakis T, Wengström Y, Rundqvist H. Effects of Exercise on Chemotherapy Completion and Hospitalization Rates: The OptiTrain Breast Cancer Trial. *Oncologist [Internet]*. 2020 Jan 1 [cited 2023 Feb 7];25(1):23.
  11. Gokal K, Wallis D, Ahmed S, Boiangiu I, Kancherla K, Munir F. Effects of a self-managed home-based walking intervention on psychosocial health outcomes for breast cancer patients receiving chemotherapy: a randomised controlled trial. *Support Care Cancer*. 2016;24(3).

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