

# Is it ethical today not to prescribe physical exercise in the gynaecology oncology consultation?

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Dear Editor:

If you have been diagnosed with cancer you can and should exercise. If you treat cancer patients you can and should prescribe exercise.

Exercise is medicine and a therapeutic tool. The scientific evidence is proving the reason with more and more force, as if based on *papers* it wanted to knock on the door of health professionals, reminding them of the importance of their involvement in the quality of life of their patient at each visit (Patel, et al., 2019; Campbell, et al., 2019; Pollán, et al., 2020; Rock, et al., 2022).

As a doctor, specialist in gynaecology and obstetrics and subspecialist in gynaecological oncology by the ESGO (European Society of Gynaecological Oncology) I see daily the urgent unmet need that exists in patients with gynaecological cancer to include exercise as soon as possible in their treatment routines. and self-care. I see the gap between the science that remains in the *papers* and the frenetic daily reality of health professionals. But I also see in projects like this journal and in new multidisciplinary teams, a light.

A light that will guide patients through new professionals to find a better quality of life. Patients only need a good exercise program where they can see the benefits in their own body, which, accustomed to fatigue and marked with scars, will feel how exercise transforms them with new hopes, it's filled with vitality and lets the exerkinases, hormones, mitochondria, etc. do their work biochemically...(Chow, et al., 2022).

The hardest path is found with health professionals, whose voice has so much weight for patients. Although it should be as easy as encouraging to continue to do the best they do: studying and transferring that knowledge, it seems that the message does not reach. Studies based on real-world data do not show us this (Hardcastle, et al., 2018). Despite the overwhelming scientific evidence and the promising studies that are at

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its mercy, it seems that it still does not compensate with the dedication of time, resources and desire that needs to be invested to be able to look at the patient in a comprehensive manner, as a woman with a biopsychosocial profile independent of their cancer and with a timeline pending to be lived and accompanied by us.

Gynaecological cancers are all the cancers of women, and includes cancer of the uterus, ovary, fallopian tube and peritoneum, cervix, vulva and vagina. Leaving aside for a few minutes breast cancer, which tends to cloud any news related to it due to its numbers, gynaecological cancers represent 14.4% of new cancer cases diagnosed in women around the world.

Uterine cancer (mostly endometrial cancer) is the most common gynaecological cancer in developed countries and one of the few cancers that continues to increase, in incidence and mortality, and especially in women over 65 years of age. This is a worrying fact since as the world's population ages, a higher burden of this cancer is expected.

Exercise in endometrial cancer is crucial in different aspects, starting with prevention. So much so, that in Spain up to more than 45% of uterine cancer in 2012 was attributable to excess body mass index (BMI) and up to 1.2% of cancers in Spain and up to 20% in the US could have been avoided if BMI figures had been maintained since 1982 (Sung, et al., 2021).

And although these figures should speak for themselves to take government measures, the BMI on the contrary does not stop rising, and above all and more dangerously in the average life of adulthood of women. Matching in the moment of peri or post-menopause of most of women, where exercise is undoubtedly the most powerful and complete weapon to avoid complications from both situations.

The quality of life due to endometrial cancer and during menopause is diminished, and it has been shown that it worsens in patients with obesity (Shisler, et al., 2018; Coronado, et al., 2021).

Therefore, the prescription of physical exercise and increased physical activity in women to avoid weight gain (BMI) and thereby reduce a proven risk factor for endometrial cancer is indisputable.

In the majority of women under 40 years of age with early-stage endometrial cancer who wish to preserve their fertility, exercise is also the protagonist. The gold standard treatment is a combination of exercise, nutrition and hormonal treatment without having to give up motherhood.

I believe that at this point you are understanding the impact that the dissemination of these findings can have for the 49.5% of the world's population with their specific and unique cancers. And even without talking about the role of exercise as a tool for improving stress, anxiety, emotional management, self-esteem, at a social level and adherence to chemotherapy treatment, among others... We are talking about exercise as a therapeutic tool and as an unresolved need; exercise as medicine.

The majority of gynaecological cancers will require surgical treatment, and the implementation of exercise and its benefits in relation to this aspect are demonstrated and brought to clinical practice through international guidelines (Wijk, et al., 2019). The maximum expression is observed in ovarian cancer, the silent killer, the number one gynaecological cancer in mortality without the possibility of early detection and usually diagnosed in advanced stages. We are currently in a sweet spot for this tumour with the best survival rates ever seen thanks to the technical possibility of performing major surgeries with less morbidity and

mortality and maintenance drugs that allow us to control the disease and increase the number of long-term survivors.

When the scale comes into play, you must start weighing. Placing the aggressiveness of surgeries with multiple comorbidities, long hospital stays, the adverse effects of continuous treatments on one side and to compensate we have the exercise as a fundamental protagonist that will make the difference in this search for balance. The patient's functional reserve achieved and maintained primarily by exercise will tell us whether she will be able to withstand this surgery and its complications or adhere to a more or less aggressive treatment. Exercise allows us to prepare the patient as if it were the most important competition of her life and improve multiple parameters with a single intervention that none polypill could do.

It has been proven that we reduce many post-surgical complications, hospital stays and allow us to be more aggressive at the surgical level; but we also create the magic of habit and necessity where we will take advantage of this window of opportunity to create healthy life models that will remain forever. With the exercise as an ally, adherence rates to systemic treatment and long-term quality of life improve, offering not only general or disease-free survival but also life in years and not just years in life.

The intention of this call to action is to give your patients the opportunity to improve not only their survival or complete surgery rates but also the greatest treasure with which they get up and go to bed every day, the empowerment, autonomy and independence that offers a high quality of life related to health (HQoL).

The call is based on training to inform, stop and reorder priorities and dedicate time to recommend and/or refer to the necessary professionals who will help us overcome the true challenge of the 21st century of achieving quality of life in cancer patients, leaving the 20th century challenge of survival behind. A truly committed mentality as a health professional is one that practises medicine that not only offers the health of today but is congruent with the health of tomorrow.

To conclude, I leave a reflection shared by many professionals where the current question is: with all this evidence, and despite even the lack of specific guides, and millions of excuses that we can use to avoid having to leave our zone of comfort I ask you: is it ethical today not to prescribe physical exercise in our medical appointments?

**Keywords:** Physical exercise, Physical activity, Exercise, Cancer, Cancer prevention, Cancer treatments, Cancer survivors, Psychology, Sport medicine.

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## REFERENCES

Campbell, K.L., Winters-Stone, K.M., Wiskemann, J., May, A.M., Schwartz, A.L., Courneya, K.S., Zucker, D.S., Matthews, C.E., Ligibel, J.A., Gerber, L.H., Morris, G.S., Patel, A.V., Hue, T.F., Perna, F.M., Schmitz KH. (2019). Exercise Guidelines for Cancer Survivors: Consensus Statement from International Multidisciplinary Roundtable. *Med Sci Sports Exerc.* (11):2375-2390. <https://doi.org/10.1249/MSS.0000000000002116>

- Chow, L.S., Gerszten, R.E., Taylor, J.M., Pedersen, B.K., van Praag, H., Trappe, S., Febbraio, M.A., Galis, Z.S., Gao, Y., Haus, J.M., Lanza, I.R., Lavie, C.J., Lee, C.H., Lucia, A., Moro, C., Pandey, A., Robbins, J.M., Stanford, K.I., Thackray, A.E., Villeda, S., Watt, M.J., Xia, A., Zierath, J.R., Goodpaster, B.H., Snyder, M.P. (2022). Exerkines in health, resilience and disease. *Nat Rev Endocrinol.* 18(5):273-289. <https://doi.org/10.1038/s41574-022-00641-2>
- Coronado, P.J., Monroy, M., Fasero, M., Sánchez-Borrego, R., Palacios, S., Rejas, J., Ruiz, M.A. (2021). AEEM collaborative group for the study of psychometric validation of the Cervantes Short-Form. Population-based norms for the Cervantes-SF short-form questionnaire assessing health-related quality of life in menopause. *Maturitas.* 146:34-41. <https://doi.org/10.1016/j.maturitas.2021.01.004>
- Hardcastle, S. J., Kane, R., Chivers, P., Hince, D., Dean, A., Higgs, D., & Cohen, P. A. (2018). Knowledge, attitudes, and practice of oncologists and oncology health care providers in promoting physical activity to cancer survivors: an international survey. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer*, 26(11), 3711–3719. <https://doi.org/10.1007/s00520-018-4230-1>
- Patel, A.V., Friedenreich, C.M., Moore, S.C., Hayes, S.C., Silver, J.K., Campbell, K.L., Winters-Stone, K., Gerber, L.H., George, S.M., Fulton, J.E., Denlinger, C., Morris, G.S., Hue, T., Schmitz, K.H., Matthews, C.E. (2019). American College of Sports Medicine Roundtable Report on Physical Activity, Sedentary Behavior, and Cancer Prevention and Control. *Med Sci Sports Exerc.*; 51(11):2391-2402. <https://doi.org/10.1249/MSS.0000000000002117>
- Pollán, M., Casla-Barrio, S., Alfaro, J., Esteban, C., Segui-Palmer, M.A., Lucia, A., Martín, M. (2020). Exercise and cancer: a position statement from the Spanish Society of Medical Oncology. *Clin Transl Oncol.* (10):1710-1729. <https://doi.org/10.1007/s12094-020-02312-y>
- Rock, C.L., Thomson, C.A., Sullivan, K.R., Howe, C.L., Kushi, L.H., Caan, B.J., Neuhaus, M.L., Bandera, E.V., Wang, Y., Robien, K., Basen-Engquist, K.M., Brown, J.C., Courneya, K.S., Crane, T.E., Garcia, D.O., Grant, B.L., Hamilton, K.K., Hartman, S.J., Kenfield, S.A., Martinez, M.E., Meyerhardt, J.A., Nekhlyudov, L., Overholser, L., Patel, A.V., Pinto, B.M., Platek, M.E., Rees-Punia, E., Spees, C.K., Gapstur, S.M., McCullough, M.L. (2022). American Cancer Society nutrition and physical activity guideline for cancer survivors. *CA Cancer J Clin.* 72(3):230-262. <https://doi.org/10.3322/caac.21719>
- Shisler, R., Sinnott, J. A., Wang, V., Hebert, C., Salani, R., & Felix, A. S. (2018). Life after endometrial cancer: A systematic review of patient-reported outcomes. *Gynecologic Oncology*, 148(2), 403–413. <https://doi.org/10.1016/j.ygyno.2017.11.007>
- Sung, H., Ferlay, J., Siegel, R.L., Laversanne, M., Soerjomataram, I., Jemal, A., Bray, F. (2021). Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.*: 71: 209-249. <https://doi.org/10.3322/caac.21660>
- Wijk, L., Udumyan, R., Pache, B., Altman, A.D., Williams, L.L., Elias, K.M., McGee, J., Wells, T., Gramlich, L., Holcomb, K., Achtari, C., Ljungqvist, O., Dowdy, S.C., Nelson, G. (2019). International validation of Enhanced Recovery After Surgery Society guidelines on enhanced recovery for gynecologic surgery. *Am J Obstet Gynecol.* 221(3):237. <https://doi.org/10.1016/j.ajog.2019.04.028>

