

EXERCISE ONCOLOGY IN PROSTATE CANCER

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In an age whereby the life expectancy has increased it is expected that the society would see a landscape of ageing population. Therefore, aged-associated diseases such as prostate cancer unsurprisingly are gradually becoming more common encounter. Unfortunately, crippling consequences are prevalent, whether directly resulting from the disease or due to the treatment received. It is a substantial burden to the society and hence clearly a responsibility for the healthcare sector to seek solutions to improve the outcome, not only to increase survival, but also to address the issues of adverse effect due to treatment and the quality of life.

Pelvis is an area with specialized vital functions such as micturition, sexual function and defecation. Any treatment therefore potentially could lead to debilitating dysfunctional state, causing much agony to the patient. Additionally, the affected elderly population largely have various existing medical morbidities plaguing their health hence poorer functional reserve. These patients also commonly face the social issues of isolation, loneliness, poor support, financial constraint and therefore impaired coping strategy. The treatment modalities for prostate cancer are numerous and rapidly evolving, ranging from mere monitoring to invasive types such as surgery. Although this seems to provide more alternatives for the patients, they may develop anxiety instead as the patients find it hard to make mutual agreement with their care givers and keep questioning the validities of their choices. One of the recognised reasons for patient to opt out of active surveillance and proceed for treatment despite having low risk and absence of disease progression is in fact anxiety during the monitoring period. In tandem with improved management, the patients apparently enjoy longer longevity but at the same time, have to endure more debilitating side effects. It is a question hence whether there is quality of life in a setting of prolonged survival.

In all likelihood, these thorny issues aforementioned could be addressed by exercise medicine, as evidenced by the abundant results from the literatures. Exercise and physical activities generally are regarded as tools in managing metabolic diseases. Evidences are gaining attention that exercise is also beneficial in the disease progression of cancer, ranging from prevention to palliation, whether physiologically or mentally. Hart et al mentioned this nicely, “exercise is a provocative medicine, known for its preventive, complimentary and

rehabilitative role in the management of cancer.”¹ There have been guidelines suggesting the necessary amount of exercise required to achieve the desirable end results.^{2,3} In the context of exercise advantage on malignant diseases, why is prostate cancer an excellent example? This malignancy represents more than a classic case of cancer. Not only there are the conventional treatment options such as surgery, radiotherapy, and chemotherapy, it also is a disease of the elderly, affecting the critical pelvic functions, as well as necessitating metabolic consideration due to the hormonal treatment. In order to fully utilize the benefit of exercise, the exercise physicians need to be constantly updated with the rapidly changing perspective of prostate cancer management. In addition, providing exercise medicine in the form of multidisciplinary approach is also crucial as it allow a better formulated regime for the particular patients. As a matter of fact, the participation of patient in the decision making process in an era of patient-centered care should be encouraged to improve compliance. Despite the gainful greatness of physical activities, the adherence rates somehow are known to be disappointingly low.^{4, 5, 6, 7, 8, 9} clearly there is a need for further venture to better understand this undesirable situation.

What may have allowed this to happen? Healthcare sector first and foremost partly is to be blamed. Exercise medicine is an uncharted territory for many clinicians as it is not yet a widely known mainstream practice and certainly there is lacking in confidence and expertise to provide the treatment.¹⁰ In addition, evidence of the exercise benefits maybe perceived to be deficient.^{3, 10} Clinicians likewise, may have different outlook towards exercise compared to the patients. An example being the reluctance of the primary clinicians to discuss exercise during the point of diagnosis as it was felt that additional information may not be well received by the patients. Contrary to that belief, patients actually are more appreciative of the advices, probably because this is the time in which the patients are absolutely willing to make changes in their life.¹⁰ In terms of infrastructure, inadequate facilities requiring patients to travel a distance definitely is a hindrance towards participation.⁸ Certainly we cannot forget also that the treatment for prostate cancer could result in protracted adverse effect, resulting in exhaustion to the patients, making even a trivial activity a daunting task. Being overwhelmingly consumed with the sequelae of treatment whether financially, physically or mentally, maybe there is little room left for the patient to be motivated to progress further into other treatment such as exercise despite knowing its perk and essential. On the other hand, exercise maybe poorly informed or understood among the patients causing under utilisation as a result.¹⁰ In this regard, the patients may not have the confidence to perform the physical duties and be wearily occupied with the worry and fear of getting injury.¹

Implementation of appropriate strategies unquestionably could ascertain exercise medicine to be properly exploited. Most importantly in this aspect is educating and creating awareness among the physicians and the public about the advantages of physical activities not just towards metabolic diseases but also cancers. Of course, exercise facilities that are provided sufficiently and conveniently should expect better patient adherence rate. Additionally, the regimes preferably to be tailor-made for each patient.³ It appeared that spousal involvement is a key facilitating factor in enhancing the acceptability of exercise among the patients.¹¹ At the same time, much consideration fundamentally is needed to ensure safety features to be thoroughly applied.^{2,3} Even if exercise is difficult to be attained the patients are encouraged to avoid no activities at all.³ As a matter of fact, the patients could realise even some simple daily activities at home is equivalently regarded as exercise.^{2, 6} Alternatively, there are also other comparable effective physical exercise such as Qigong or Tai chi.¹²

It is hoped that via this conference, physicians of various disciplines are able to understand each specialty better. Undeniably there would be a better opportunity to expose the public clearer the benefit of exercise and also to develop improved exercise regimens that are more meaningful to the patients.

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