

Cancer as a Public Health Challenge and the National Cancer Institute Promoting Physical Activity in Brazil as a Prevention and Control Action

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O Câncer como Desafio de Saúde Pública e o Instituto Nacional de Câncer promovendo a Atividade Física no Brasil como Ação de Prevenção e Controle

El Cáncer como Desafío de Salud Pública y el Instituto Nacional del Cáncer Promoviendo la Actividad Física en el Brasil como Acción de Prevención y Control

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The National Cancer Institute (INCA) under the purview of the Ministry of Health follows the National Policy of Cancer Prevention and Control (PNPCC)¹ and highlights physical activity role in controlling the disease. This practice is associated with the prevention of some of the most frequent types of cancers that affect the Brazilian population such as female breast cancer and colon cancer (large intestine)^{2,3}. In addition, it contributes to symptom control by reducing fatigue and improving psychosocial condition⁴ during and after the treatment further to other overall health benefits. In January 2025, INCA reaffirmed its commitment to protecting the health of the Brazilian population by launching a position statement⁵ on physical activity and also planning to publish a booklet on the subject for patients, caregivers and family members.

Based on rising evidence about the effectiveness of physical activity for cancer prevention and control⁶⁻⁹ and given that the National Health System (SUS) has been offering this practice for more than 30 years¹⁰, INCA has been developing strategies to strengthen this practice in public health policies.

One of the highlights is the qualification of professionals to promote and integrate physical activity into the routine of SUS and contribute to avoiding new cases and care for/treating individuals affected by the disease. To that end, INCA has been offering virtual training workshops in partnership with state and municipal entities associated with SUS and a remote education course. In addition, the Institute is participating in the production of studies, scientific-technical materials, and institutional

position statements^{3,4,11,12}, dissemination of information through health literacy actions, communication, mobilization, teaching, and participation in different strategic encounters to discuss public policies. Beyond promoting physical activities, all these actions address themes such as the importance of healthy food, body weight control, and restriction of alcohol use, since these health actions synergy is of essence.

As detailed in the institutional position statement⁵, INCA understands physical activity as any human body movement requiring skeletal muscle contraction, resulting in energy expenditure, as well as considering the spaces and contexts in which it occurs, since it acknowledges a wide array of motivations, interests, emotions, and ideas that, on its turn, affect how movements are performed.

These activities can be performed through gymnastics, plays, dances, sports, fights, among others. In addition to the biological aspects, INCA's approach recognizes the relevance of non-hierarchical social, cultural, and emotional factors. The option of bringing up other elements beyond human biology and from then on, the mechanisms involved in the disease, is based on the assumption that using the reduction of risk of sickening by a type of cancer as a single argument needs to be overcome and not neglected, as a part, and not all the possibilities of dialogue and action. Therefore, the approach considers the needs, preferences, and opportunities of each individual or community assisted, promoting individualized and collective strategies that make the practice more accessible and sustainable.

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To broaden the concepts, narratives, and attitudes about physical activity implies in acknowledging it is a complex and multi-determined phenomenon, influenced by individual, collective, environmental, cultural, economic, and political factors that facilitate or hinder the practice¹³. Therefore, although knowledge, attitudes, and beliefs, influence personal choices, they also reflect other social rules and factors such as environmental and socioeconomic conditions³. Physical inactivity, on the other hand, and other cancer and chronic diseases risk factors tend to be more prevalent among more underprivileged populations¹⁴. Recommending the frequency, duration, and intensity of physical activity neglecting the individual's reality can reduce the effectiveness of this important health measure.

Whereas the arguments presented herein, INCA's actions and participation in physical activities discussions endeavors to articulate different dimensions of the individuals' lives because it believes that they need to access activities with which they are more attached or that best fit into their routines so they can incorporate their health benefits, particularly cancer prevention and control to facilitate the initiation and continuation of this practice¹⁵⁻¹⁷.

The aforementioned expanded perspective of physical activity is in synergy with strengthening public policies at SUS and other areas such as sports and leisure, education, and social work that facilitate access to pleasant, safe, healthy, equalitarian, and intentional physical activity, which should be a social priority¹⁸. Regardless of where physical activities are performed, whether at SUS facilities or other venues, preferences, time availability, and proper facilities should be considered; the key aspect is to make the individuals the main protagonists of the construction of a more active life, to pursue individual and collective measures to identify and overcome the obstacles¹¹.

Therefore, INCA's position statement ratifies the potential of this practice to prevent and control cancer in Brazil and enhances the discussion around the creation of a National Policy of Body Practices and Physical Activities at SUS (PNPCAF)^{19,20} as a benchmark to consolidate and expand physical activity to promote healthcare.

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