the concept that health professionals should recommend physical activity for patients to improve fitness has a solid foundation in literature.<sup>2-4</sup> Therefore we do not see how recommendation of increased physical activity based on exercise test performance is a detriment, or "not entirely appropriate".

The limitations of observational data are well accepted. We discussed these limitations in our manuscript.<sup>1</sup> We also acknowledged that higher mortality rates in the low fitness category might be the outcome of subclinical disease, and not low fitness per se. To account for this, we took several steps, including the exclusion of patients who died within the first 2 years of follow-up, and repeated the analyses. The fitness-mortality risk association remained, and the risk reduction did not change substantially.

Finally, we differ with Gobulic and Ray's interpretation of our findings. It was fitness (not statins) that had a differential benefit across statin strata. Our statements are based on the findings derived from acceptable and robust statistical procedures, and within the limitations of epidemiological data. The observational nature of the study alone should not constitute the basis for the dismissal of our findings.

We declare that we have no conflicts of interest.

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# Prescription of physical activity

I agree with Pedro Hallal and I-Min Lee (Feb 2, p 356)<sup>1</sup> that "prescription of physical activity should be placed on a par with drug prescription". However, this statement implies that doctors know how to prescribe, monitor, and evaluate the effectiveness of the exercise prescribed (eq, adapting exercise type, intensity, frequency, and duration according to individuals' characteristics, such as age and chronic conditions). Scientific reports<sup>2,3</sup> and my experience in a public health programme for the promotion of daily exercise in Brazil suggest that this is not the case. Physicians are not specific enough in their instructions to patients,4 these instructions do not provide enough information to empower people to exercise, especially if the patient has a comorbid condition, such as osteoarthritis.

Although promotion of physical activity should be part of routine clinical consultations, promotion of an active lifestyle at the individual level, as well as at the population level, needs a multidisciplinary approach involving doctors and other health professionals, including instructors with deep knowledge of sports science.

I declare that I have no conflicts of interest.

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### **Authors' reply**

Philipe de Souto Barreto raises an important issue in response to our Comment<sup>1</sup> on the need for more prescription of physical activity by physicians. How prepared are doctors to do so? A survey of 31 medical schools in the UK reported that physical activity education in the undergraduate curriculum is virtually non-existent.2 The situation is not much better in the USA, where only 13% of medical schools feature physical activity education within their curriculum.<sup>3</sup> Although we were unable to find statistics, this situation is likely to be more dire in medical schools in low-income and middleincome countries.

The current absence of knowledge of physical activity prescription by doctors leaves us with two options: to wait for physical activity prescription until doctors are prepared to do so; or to act immediately to train doctors and future doctors on prescription of physical activity by making it a core element of the curriculum in medical schools worldwide, and by training doctors now to recommend physical activity to their patients.

Distinction between individual exercise prescription is important, including precise definitions of frequency, duration and intensity, and the delivery of physical activity recommendations. Exercise prescription needs a set of skills that typically belong to the curriculum physical education, exercise of sciences, or kinesiology schools. However, the delivery of physical activity advice does not necessarily belong to a single field, and could easily be incorporated into routine worldwide through training of health

professionals and students from different fields. Not only doctors but also other health professionals, should be involved in the promotion of physical activity; this is the case in Brazil, where multidisciplinary teams provide primary health care to the population.<sup>4</sup> Finally, we acknowledge the complexity of promotion of physical activity. Efforts are needed not only at the patient level, but also at the community, national, and international levels.<sup>5</sup>

We declare that we have no conflicts of interest.

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## World Oncology Forum and commercial sponsorship

The World Oncology Forum was convened by the European School of Oncology (ESO) for its 30th anniversary in Lugano, Switzerland, with the task of evaluating progress so far in the war against cancer.

The participants concluded that current strategies for cancer control are clearly not working, and issued a remarkable action plan: concise with only 10 actions, the war against tobacco being first.

The Lancet. partner, as а published the appeal Stop Cancer Now! (Feb 9, p 426).<sup>1</sup> I can hardly understand the endnote indicating that the World Oncology Forum is "totally independent of commercial sponsorship." Indeed, ESO programmes are sustained by Amgen, AstraZeneca, Aventis, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene Corporation, Eli Lilly, Eisai, Genomic Health, GlaxoSmithKline, Helsinn, Merck Serono, Novartis, Ortho Biotech, Pharmacia Oncology, Roche, and Sanofi Oncology.<sup>2</sup>

The Lancet could have underlined that among the 100 experts invited to the meeting, 16 were journalists invited to play the role of "devil's advocate".<sup>3</sup>

I declare that I have no conflicts of interest.

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### **Author's reply**

Alain Braillon questions why the endnote to the Stop Cancer Now! appeal<sup>1</sup> indicates that the World Oncology Forum was "totally independent of commercial sponsorship". The reason is that the credibility of the World Oncology Forum and of the Stop Cancer Now! appeal depends on their freedom from influence by commercial interests, so we felt it was important to add this point.

World Oncology Forum was largely funded by an exceptional donation from European School of Oncology (ESO)'s two sustaining foundations, which are independent and not-forprofit, and receive no commercial funding. The balance of the funding was kindly provided by the Swiss Cancer League, Swiss Cancer Research Foundation, the Canton of Ticino authorities, and the City of Lugano. Regarding the part played by journalists at the World Oncology Forum, discussions about strategies and priorities for cancer control require perspectives from beyond the ranks of health professionals, and invitina iournalists from leading international newspapers to participate, challenge assumptions and pose difficult questions, added great value to the debate. The names and affiliations of all the participating journalists, and links to articles reporting some of the discussions at the World Oncology Forum, are available.<sup>2</sup>

As for ESO, which organised the World Oncology Forum in partnership with The Lancet, most of its funding (77%) comes from its two independent, not-for-profit foundations.<sup>3</sup> It is certainly true that some of its programmes are carried out with the help of commercial funding. This is done through a Sharing Progress in Cancer Care (SPCC) programme, which is a partnership that currently includes 13 companies, all of which are listed on the ESO website.<sup>4</sup> As part of this each company gives partnership, an annual grant which is totally unrestricted. The total amount of the pooled resources are used to fund partially ESO's Masterclass in Clinical Oncology and Cancer World Magazine. None of the SPCC members have any influence over the content of either of these activities.

I am Chairman of the Scientific Committee of ESO. I declare that I have no conflicts of interest.

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