Rehabilitation and Cancer Survivorship

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UNE Doctor of Physical Therapy Program

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Why We Are Here

- Third and final year community based project
- Northern New England Clinical Oncology Society Grant Recipients
- Build awareness on the role of rehabilitation services in cancer survivor management
- Discuss strategies to address existing need
- Motivated by personal and professional connections to cancer survivors

Overview

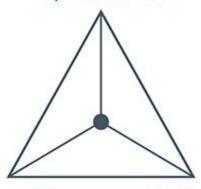
- Each cancer survivor has a unique set of risk factors, disease presentation, and course of treatment
- Cancer survivors are at high risk for severe and persistent symptoms of physical distress that impair post-treatment function
 - Kim YM et al. J Korean Med Sci. 2011
 - Kim BH, 2015
- Many cancer survivors can endure physical distress symptoms for up to 10 years following treatment
 - Hearn J et al. J Public Health Med. 1997
- Comprehensive rehabilitation and extensive wellness services available locally

Triple Aim

- ♦ Reducing the per capita cost of health care

The IHI Triple Aim

Population Health



Experience of Care

Per Capita Cost

Objective & Goals

Objective

• All cancer survivors have the opportunity to receive the additional services they need to maximize their quality of life.

Goals

- Feasible resolution to current barriers
- Identify physical distress screening tools and outcome measures
- Improve utilization of screening tools
- Education on rehabilitation services

2015 Cancer Incidence

National

- Estimated 1,658,370 new diagnoses (ACS, 2015)
 - ♦ Breast: 234,190 new cases
 - Lung/Bronchus: 221,200 new cases
 - Prostate: 220,800 new cases
 - Colorectal/Anal: 139,970 new cases

Maine

- Estimated 8,810 new diagnoses (ACS, 2015)
 - Breast: 1,010 (female) new cases
 - Lung/Bronchus: 1,360 new cases
 - Prostate: 1,100 new cases
 - Colorectal/Anal: 610 new cases

Cancer Incidence Statistics at CMMC

CMMC Annual Report 2013

- ♦ Cancer survivors treated in 2012: **735**
- ◆ Total % of 2012 Analytic Cases: 99.9%
 - ♦ Breast Cancer: 20.4%
 - **♦** Lung/Bronchus: 16.2%
 - ♦ Colorectal/Anal Cancer: 8.2%

Late Effects of Cancer Survivorship

- ▶ Between 1971 and the projections for 2022, the number of cancer survivors will increase from **3 million** to **18 million**.
- - ♦ At least 50% of survivors suffer from late treatment-related side effects
 - ♦ Many side effects are chronic in nature and even life-threatening Valdivieso et al. Int J Med Sci., 2012

Current CMMC Model

ECOG - Eastern Cooperative Oncology Group Scale of Performance Status

- Currently assessed at each patient visit
- Preliminary tool used for detecting change
- ♦ 0 = no impairment5 = death

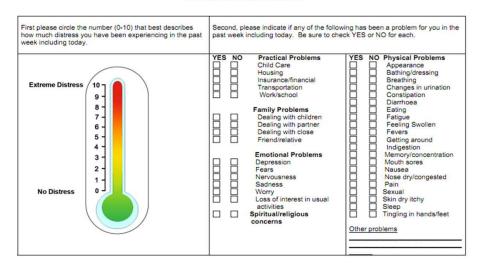
Grade	ECOG
0	Fully active, able to carry on all pre-disease performance without restriction.
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (i.e. light housework, office work).
2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
5	Dead.

Current CMMC Model

Distress Thermometer

- Currently administered at the initial patient visit
- ♦ A recommendation by the NCCN to screen for emotional, psychological, and physical distress
- ♦ 0 = no distress10 = extreme distress
- Practical, Family, Emotional, Spiritual/ Religious, and Physical Problems

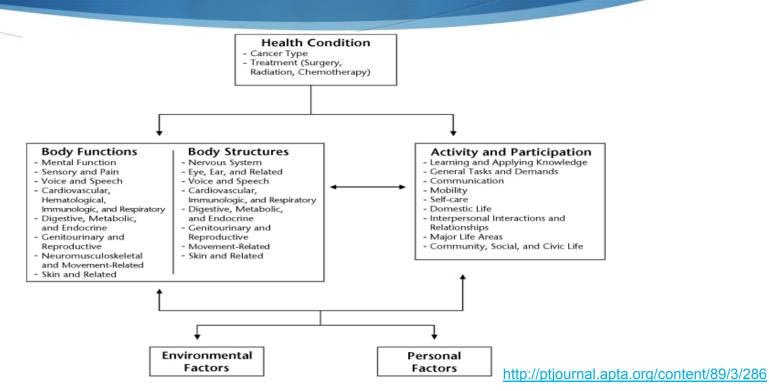
The Distress Thermometer



Oncology Rehabilitation Continuum

Prehabilitation Surgical Recovery Active Cancer Treatment Post-Cancer Treatment Survivorship Hospice/ Palliative Care

Assessment in Oncology Rehabilitation



Fatigue

- "Overwhelming and sustained exhaustion and decreased capacity for physical and mental work...not relieved by rest"
- ♦ As many as 75% of patients have cancer-related fatigue
- **Tools:** Distress Thermometer, Brief Fatigue Inventory (BFI), FACIT-F, FACIT-An
- **◆ PT Intervention**: promote mobility, ambulation, passive/active ROM, light resistance exercises

Sensory, Balance, Gait, and Fall-Risk

- Most prevalent neurological complication of cancer is chemo-induced peripheral neuropathy (CIPN)
- May develop in 50-60% of patients treated with taxanes
- ♦ **Tools:** various PT balance tests, fall risk screenings, Dizziness Handicap Inventory (DHI), visual acuity tests, Modified Total Neuropathy Score (mTNS)
- ♦ **PT Intervention:** fall risk prevention, vestibular rehab, balance activities, strengthening exercises, assistive devices, adaptive equipment

Pain

- ♦ PT and wellness programs early in cancer treatment "may help to diminish the intensity and incidence of chronic pain in long-term survivors."
- "30-50% of patients undergoing acute cancer treatment and up to 70% of patients with metastatic disease"
- ♦ **Tools:** Visual Analog Scale (VAS), Numeric Pain Rating Scale (NPRS), Faces Pain Scale (FPS), Distress Thermometer, Brief Pain Inventory (BPI)
- ♦ **PT Intervention:** modalities, manual therapy, pressure point release, transcutaneous neuromuscular stimulation (TENS), positioning, stretches

Neuromusculoskeletal

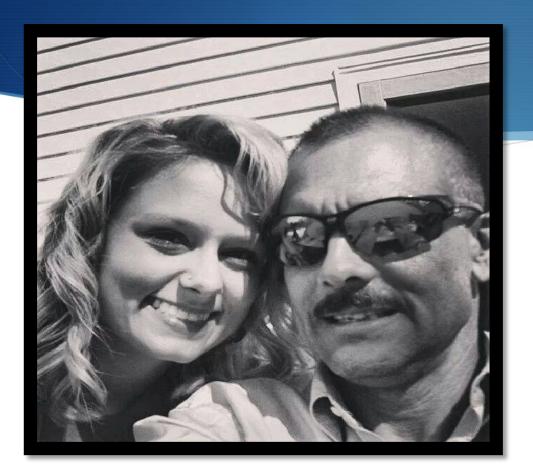
- ♦ ROM loss, decreased muscle strength, gait pattern abnormalities, and balance deficits
- ♦ Weakness is present in up to 78% of patients with brain tumors and 74-76% of patients with cancer-related spinal cord injury
- ♦ **Tools:** goniometry, manual muscle testing, grip strength, deep tendon reflexes, gait speed, gait analysis, etc.
- ♦ **PT Intervention:** PROM/AROM, muscle endurance and strength exercises, balance activities, and assistive devices

Incontinence Related to Pelvic Floor Imbalances/Weakness

- More common with pelvic cancers, such as cervical, ovarian, uterine, or vaginal cancer in women or prostate or testicular cancer in men
- ♦ **Tools:** Numerous standardized questionnaires available for symptoms, QoL, and sexual function
- ♦ **PT Intervention:** pelvic floor rehab/EMG, transverse abdominis muscle training, manual therapy, soft tissue release, positioning, education

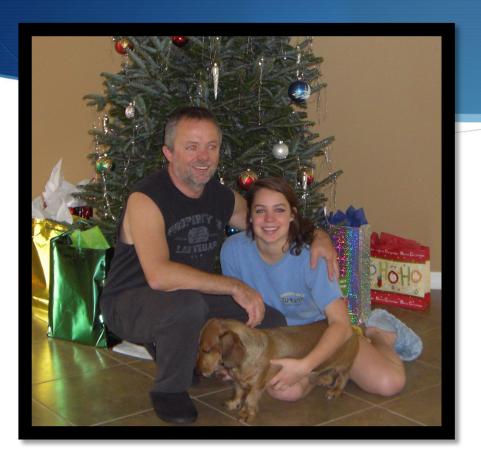
Lymphedema

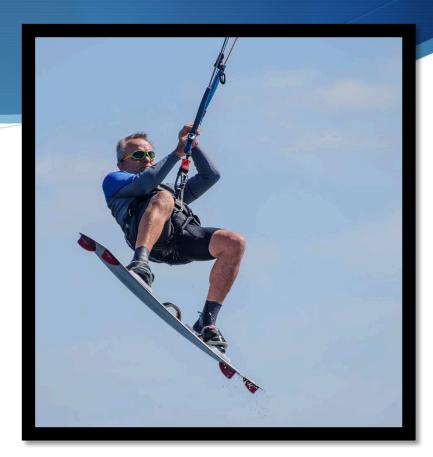
- Can cause disfigurement, physical discomfort, and functional impairment
- ♦ 6.3% 22.3% develop secondary lymphedema following SLND and ALND
- Tools: EDGE task force, circumferential measurements, FACIT-Lymphedema
- **PT Intervention:** complex decongestive therapy





January 14, 1966 - September 14, 2015









Positive Effects of Physical Activity

• Reduces cancer mortality by up to 17%

Li et al. Br J Sports Med. 2015

 Pre-habilitation and rehabilitation can reduce physical distress and improve QoL

> Silver et al. *CA Cancer J Clin. 2013.* Bernat et al. *BJU Int. 2015*

Reduces cancer-related fatigue

Meneses-Echavez et al. J Physiother. 2015

Additional Oncology Rehabilitation Services

Occupational Therapy

- ♦ ADL management
- Assistive device management
- Energy conservation and relaxation techniques
- **♦** Environmental modifications
- Return to leisure activities.
- **♦** Lymphedema management

Speech-Language Pathology

- Neurogenic Communication Disorders
- ♦ Cognitive-Communication Assessment "Chemo-brain"
- Augmentative/Alternative communication
- Dysphagia
- Intraoperative language mapping
 Laryngectomy Rehabilitation
 Voice Therapy

Fitness and Wellness for Survivors

The Patrick Dempsey Center for Cancer Hope and Healing

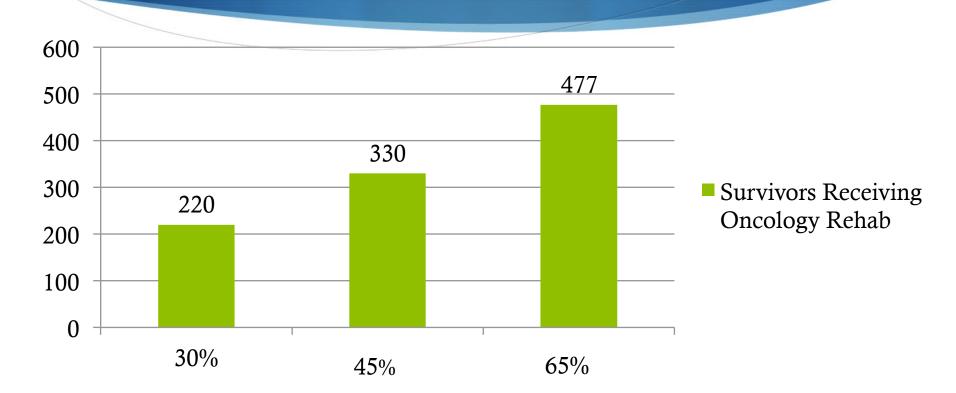
- Massage, Reiki, yoga, Tai Chi, meditation
- Mindfulness Meditation ongoing series
- ♦ Toll-free cancer assistance line
- Short-term therapeutic counseling services
- Financial resource counseling
- Nutrition counseling
- Nutrition for Life series
- Community cancer-related health outreach and education
- Professionally facilitated cancer and caregiver support groups

- Educational workshops on a variety of cancer and wellness-related topics
- Patient Navigation
- The Healing Tree program, which offers support, education and wellness services for youth and families impacted by cancer.
- Space to Breathe and Space to Grieve,
 adolescent outdoor adventure programs
- ♦ Interactive website and social media
- A cancer resource Lending Library including books, periodicals and DVDs

Need for Referral

- ♦ 92% of women with metastatic breast cancer had at least 1 physical impairment Silver, CA Cancer J Clin. 2013
 - 91% of those impairments required a physical rehabilitation intervention
 - ♦ 88% required PT and/or OT
 - Fewer than 30% received this care
- ♦ 63% of survivors of the 10 most common cancers reported the need for at least 1 rehabilitation service Silver, CA Cancer J Clin. 2013
 - ▶ 40% of the patients reported unmet rehabilitation needs

Estimated Patient Rehab Needs for CMMC Survivors



Barriers and Opportunities to Access Services

Potential Barriers

- Cancer survivors overwhelmed and limited available time
- Financial burden
- Lack of awareness
- Lack of financial incentive

Potential Opportunities

- Progressive thinking
- Pilot a PT in Cancer Center to increase referrals and financial revenue
- Encourage utilization of nearby facilities
- Empower cancer survivors to be an active participant in their treatment

Budget

An example of lymphedema:

- \bullet 6.3% 22.3% of breast cancer survivors
 - Shaitelman et al. CA Cancer J Clin. 2015

- ♦ Healthcare costs increase with lymphedema \$14,877-\$23,167 using traditional care
 - ♦ Shih et al. Journal of Clinical Oncology. 2009

Budget

Prospective surveillance screening:

- Before beginning treatment
- Follow-up screening at 3 month intervals

Cost:

- Prospective Surveillance Model: \$636.19
- ◆ Cost to manage late lymphedema:
 \$3,124.92
 Stout et al. Phys Ther. 2012

OT/PT in Maine

0.2 FTE = \$15,000 (BLS.gov)

Economic Impact

- ♦ Fatigue is most common impairment among cancer survivors
- ♦ 75% changed their employment status
- ♦ 65% of family caregivers took extra days off work
- ♦ Work loss due to cancer accounts for 0.8% of GDP
 - 120 billion dollars

Rehabilitation for Advanced Cancer Survivors

- ▶ 103 adults undergoing radiation therapy for advanced cancer
- Single-blinded RCT
- ♦ 8 multi-disciplinary interventions of 90 minutes, 30 minutes devoted to PT
- **♦** 89.3% attendance rate

Cost-Effectiveness of Cancer Rehabilitation: A Systematic Review

"Studies published so far report statistically significant benefits for multidimensional interventions over usual care, most notably for the outcomes fatigue and physical functioning....all [available economic evaluations] showed favorable cost effectiveness ratios."

Mewes JC, et al. Oncologist. 2012.

Opportunities



The Central Maine Medical Family

Working together with

Massachusetts General Hospital Cancer Center

Annual Report 2013

TOTALS 809 763 735

Our Recommendation: The Cancer Center

- Increased frequency of Distress Thermometer administration
- Referral to rehabilitation services with a Distress Thermometer score of 4 or more
 - Indicates significant distress requiring screening
- Allow rehabilitation services to perform additional patient screens in Cancer Center

Our Recommendation: Rehabilitation Dept.

- ♦ A full-time rehab clinician as part of the oncology team
 - Patient care and interdisciplinary team meetings
- Clinician follow-up with patients based on distress thermometer results

Our Recommendation: The Dempsey Center

- Volunteer representative in the Cancer Center (Medical Oncology & Radiation Oncology)
- Pamphlets/Calendars available in waiting room, exam room, gowned waiting room in Radiation Oncology
- Enhance access in Cancer Center to visiting massage therapist, Reiki practitioner, and meditation services
- Enhance collaboration with patient navigator

Turning Challenges into Opportunities

- ◆ Identifying the right patient at the right time
 - ♦ CMMC Cancer Center Infusion Center
- Securing patient buy-in
 - ♦ through word-of-mouth, pamphlets, and personal experience
 - ♦ face-to-face interaction with a PT to educate patient on benefits of rehabilitation specific to their cancer diagnosis and treatment
- Feasibility

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Thank You!



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