Cancer Survivorship and Enablement

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The expected tsunami of cancer survivors...
SJOG Bendigo Multidisciplinary Outpatient Oncology Rehabilitation

Individual patient assessment; psychosocial screening & fitness → Formation of collaborative goals

8-week group rolling program at SJOG Bendigo Hospital
1hr exercise & 1hr allied health education per week

→ Discharge letter re: outcomes

Individual patient reassessment; psychosocial screening, fitness & goals

Retrospective audit of patient discharge letters (n=58)
Non-identifiable data extracted

Does this model meet the needs of cancer survivors?

Patient demographics & needs

Statistical analysis of pre to post assessment data. Criterion for a significant difference in patient outcomes; p-value < 0.05.
## Multidisciplinary Outpatient Oncology Rehabilitation
### Exercise & education component

### Group Exercise
- aerobic, resistance, balance and stretches.
- exercise physiologist and physiotherapist supervise
- Exercise circuit is individualised to address needs and level of deconditioning.

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<th>Allied Health Discipline</th>
<th>Education Topic</th>
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| **Physiotherapy**              | • Program overview – Bringing it all together and getting the balance right  
                                  • Calming the body and mind  
                                  - Muscle stretches, relaxation and sleep  
                                  - Introduction to Pastoral Care and Music Therapy |
| **Exercise Physiology**        | • Home exercise and guided relaxation  
                                  • Tai Chi practical and relaxation |
| **Psychology**                 | • Living with a cancer diagnosis  
                                  - Life changes and communication  
                                  • Coping with stress |
| **Dietetics**                  | • Nutrition and Cancer |
| **Occupational Therapy**       | • Fatigue management  
                                  - Returning to your normal activities and relaxation. |
Retrospective audit of patient discharge letters - Patient demographics:

- 64% of the patients were aged ≥ 65 years
- 67% were women
- Most common cancer diagnoses were gastrointestinal (33%), breast (29%) and haematological (17%)
- 27% had nodal or distant metastatic spread
- 25% did program during chemotherapy course
Retrospective audit of patient discharge letters -
Symptoms and treatment side effects:

• fatigue
• poor sleep
• anxiety / depression
• decreased strength & endurance
• decreased balance
• chemotherapy induced peripheral neuropathy (CIPN)
• decreased bone mineral density (BMD)
• type 2 diabetes (T2DM)
• weight loss / gain
Retrospective audit of patient discharge letters - Comorbidities:

- osteoarthritis / joint pain
- T2DM
- cardiovascular disease
- hypertension
- hypercholesterolaemia
- current smoker / ex-smoker
- decreased BMD
- decreased balance
- decreased vision
- anxiety / depression
- other cancer(s)
- social issues (e.g. isolation)
Change in FACT-G (Functional Assessment of Cancer Therapy – General) wellbeing score from before to after the program

n=57, mean change = +9 points, p (paired samples t-test) < 0.001
Change in distance walked in 6 minutes from before to after the program
n=55, mean change = +128 metres, p (paired samples t-test) < 0.001
Change in number of sit to stand repetitions in 30 seconds from before to after the program

n=58, mean change = +4.5, p (Wilcoxon signed-rank test) < 0.001
Change in number of wall push up repetitions in 30 seconds from before to after the program
n=57, mean = +4.6, p (Wilcoxon signed-rank test) < 0.001
Change in timed up and go (TUAG) test (seconds) from before to after the program
n=46, mean = -2.4, p (Wilcoxon signed-rank test) < 0.001
How does this model meet the needs of Cancer Survivors?

• Accommodates patients
• Individualised
• Group education characteristics
• Self-management in the context of a chronic disease
• Senior allied health staff including a psychologist
• Routine quality improvement
• Patient feedback
Conclusion:

Cancer survivors’ physical, functional and psychosocial health outcomes improved significantly following completion of the SJOG Bendigo Hospital oncology rehabilitation program.
Cancer is the new frontier in chronic disease management.

What does allied health have to offer? 
**Rehabilitation** – it’s what we do.
Clinical practice guidelines:

• [www.petermac.org/](http://www.petermac.org/)
• [www.cosa.org.au/](http://www.cosa.org.au/)
References:

- www.facit.org/FACITOrg/Overview
- Wang, XS., Cleeland, CS. Symptoms that cluster around cancer pain: A research agenda. 2006. IASP Clinical Updates; Vol 14, issue 5