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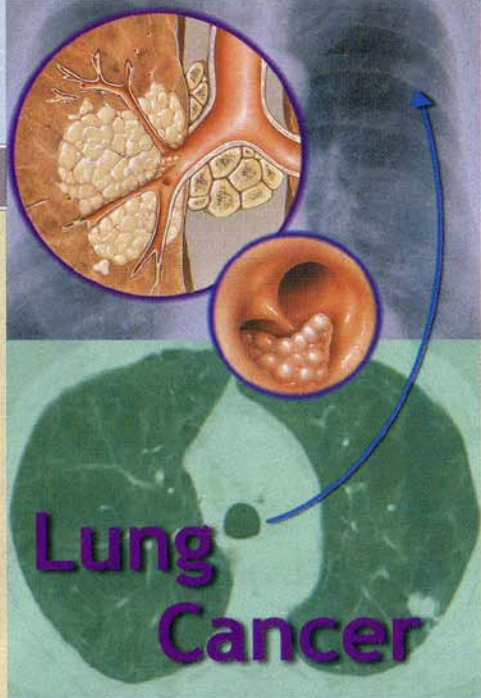


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THE **NEWS CENTER** FOR THE CANCER CARE TEAM

## Early-Stage Lung Cancer: Advances Include Adjuvant & Neoadjuvant Chemotherapy, PET Scanning for Diagnosis & Staging, Stereotactic Radiotherapy

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### Lung Cancer

### News from ICAAC:

Uncommon Fungal Infection on the Rise—At Risk: Leukemia & Lymphoma Patients & Those Undergoing Immunosuppressive Therapy; Fluoroquinolones Still Effective against Community-Acquired Pneumonia; and for Febrile Neutropenia, Linezolid Antibacterial Therapy Appears Safe

### ADVOCACY INSIGHT: At a Crossroad—Which Way Will Advocacy Go?

The cancer advocacy community is undergoing a disconcerting shakeup. Pharmaceutical companies that had promised funding have rescinded offers, and several prominent founders and leaders of advocacy groups have left, often suddenly and without explanation. Pharma is trying to find new mech-



• The Many Benefits of Medical Exercise for Cancer Patients ..... 32



## *Breast Cancer Rehabilitation Conference*

# To Exercise or Not To Exercise— That Should No Longer Be a Question

By Aaron Dalton

**N**EW YORK CITY—Why don't all breast cancer patients know about the benefits of exercise prior to, during, and after treatment? Why doesn't every breast cancer patient know about the risks of lymphedema and lymphangitis? Why aren't all breast cancer patients treated with the sensitivity and caring appropriate for women who undergo surgery that affects the very basis of their sexuality?

These are some of the tough questions raised at the Breast Cancer Rehabilitation Seminar here at Beth Israel Medical Center in November by Cindy Teeple, APRN, BC, MSN, AOCN, an oncology nurse practitioner in the medical oncology practice of Abraham Mittelman, MD.

Ms. Teeple decried the lack of a broad public understanding that exercise reduces the risk of cancer. She cited a study presented at the most recent American Association for Cancer Re-

search Annual Meeting that validated anecdotal evidence with hard data of a survival benefit associated with physical activity after diagnosis and treatment for breast cancer.

The study, presented by Michelle D. Holmes, MD, Assistant Professor of Medicine at Harvard School of Medicine and Associate Physician at Brigham and Women's Hospital, found that walking as little as three hours a week at a moderate pace reduces the risk of death from all causes for breast cancer survivors (*OT*, 6/25/04).

*Why don't all breast cancer patients know about the benefits of exercise prior to, during, and after treatment?  
Why doesn't every breast cancer patient know about the risks of lymphedema and lymphangitis?*

The study used data from the Nurses' Health Study, which enrolled 121,700 female nurses between the ages of 33 and 55, starting in 1976. After 1986, Dr. Holmes said, the questionnaire filled out by participants every two years included questions on physical activity.

### **Exercise & Fatigue**

While Ms. Teeple strongly encourages exercise among breast cancer patients, she does recognize the challenges of encouraging patients suffering from fatigue to engage in physical exercise.

Indeed, she encourages greater understanding of patient exhaustion associated with recovery. She tells of patients who sleep for 10 hours and feel upon waking as if they'd just run a marathon:

"Their metabolism is running 100 miles an hour trying to replenish cells that chemotherapy is killing off, but if you put them on an exercise program you are going to reduce fatigue," she

*(continued on page 33)*

