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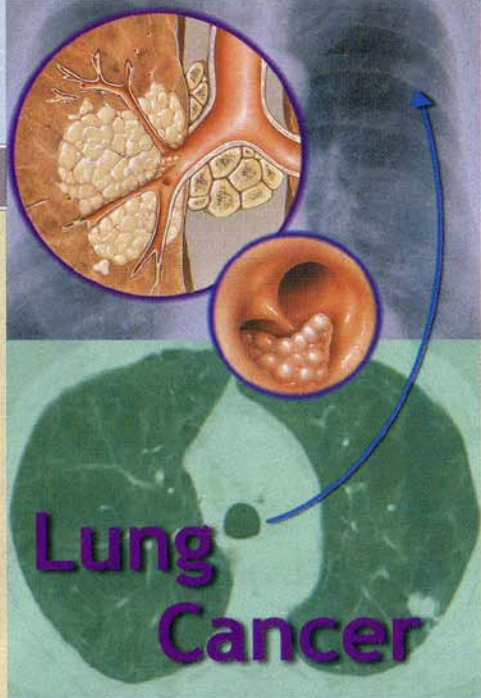


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THE **NEWS CENTER** FOR THE CANCER CARE TEAM

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

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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 Pharmaceutical companies that had promised funding have rescinded offers, and several prominent founders and leaders of advocacy groups have left, often suddenly and without explanation.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

NEW 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).

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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

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Exercise

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said. "Nausea and vomiting will also decrease if you can get your patients to exercise."

Exercise can control weight gain and thus raise the energy level and confidence among women who would otherwise react to the trauma of the cancer experience by eating and sleeping, Ms. Teeple said.

"When women are upset, they tend to head to the kitchen and look for comfort foods....Under stress, women sleep. That's our escape mechanism. We rest and relax, we don't head to the gym and work out."

Keeping the patient's inclinations of exercise avoidance in mind, Ms. Teeple said she believes health practitioners must move to a new paradigm of practice in which indulgence of the patient's natural wish to rest and recuperate is replaced with exhortations to exercise.

"We need to tell our patients, 'Get out there and walk! Do something. If you've never exercised, start!'"

Controlling Body Weight, Reducing the Risk of Lymphedema

To help patients formulate an appropriate exercise regimen, Ms. Teeple recommended the book *Staying Abreast—Rehabilitation Exercises for Breast Cancer Surgery* by Annie Toglia, MES, CSCS, ACSM, a breast cancer survivor who credits her strong recovery to exercise and fitness.

Ms. Toglia, a former patient of Ms.

Teeple, was one of the organizers of the Seminar, and Ms. Teeple contributed a forward to Ms. Toglia's book of exercises. (See accompanying article above.).



Oncology nurse practitioner Cindy Teeple, APRN, BC, MSN, AOCN, notes that exercise can control weight gain and thus raise the energy level and confidence among women who would otherwise react to the trauma of the cancer experience by eating and sleeping: "When women are upset, they tend to head to the kitchen and look for comfort foods....Under stress, women sleep. That's our escape mechanism. We rest and relax, we don't head to the gym and work out." Health practitioners should move to a new paradigm of practice in which indulgence of the patient's natural wish to rest and recuperate is replaced with exhortations to exercise, she said.

When Ms. Teeple calls on oncologists to emphasize the benefits of exercise to breast cancer patients, she urges

that such education take place within the context of a general discussion of how breast cancer treatment affects body weight.

She said she frequently sees women who still believe that cancer plus chemotherapy equals weight loss. "I have to be the one to tell them they will put on 20 to 25 pounds because of the chemotherapy," she said.

Postsurgical exercise can specifically help in reducing the risks of lymphedema, Ms. Teeple added: "The motion of the lymph fluid through the lymph channels is aided by the motion of the skeletal muscles."

Yet Ms. Teeple says many of her patients not only lack awareness of ways to reduce the risks of lymphedema through diet and exercise, but they come to her not even knowing their risks of developing the condition.

She said she wonders why patients who have been under the care of medical oncologists and surgeons still know little about the warning signs of lymphedema or lymphangitis, the extreme version of lymphedema characterized by severe swelling, pitting hardened skin, redness, and infection.

Without treatment, lymphangitis can lead to cellulitis, requiring hospital admission and the use of intravenous antibiotics to prevent fatalities.

Postsurgical exercise can help reduce the risks of lymphedema. "The motion of the lymph fluid through the lymph channels is aided by the motion of the skeletal muscles."

Using Sensitivity & Endorphins to Combat Psychological Trauma

Ms. Teeple emphasized the need for compassion and understanding of the psychological trauma the cure itself can inflict on the women it touches.

She cited an incident several years ago where she was treating a woman who had undergone a bilateral mastectomy: "The surgeon was in the room and the patient was crying. The surgeon looked at the patient and said, 'I have no idea why you are crying. I just saved your life.' Even now, years later, there is still a lot of that attitude."

Here too, on the psychological level, Ms. Teeple praises the positive role that exercise can play in lifting the spirits of women who have been emotionally devastated by breast cancer.

"You would need to have been buried under a stone not to know about the relationship between exercise and the release of endorphins," she said. "I'd much rather have my patients walking and exercising than being plied with antidepressants. I tell them, 'Get out there and get going!'"