

Cancer Treatment-Related Impairments

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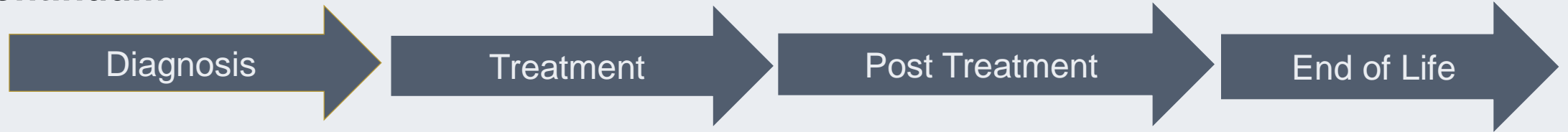
Cancer Prevention and Control

West Virginia University

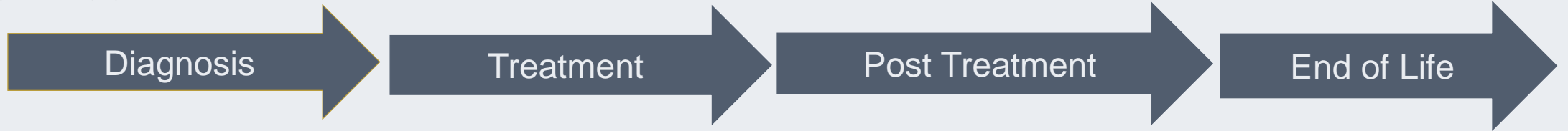
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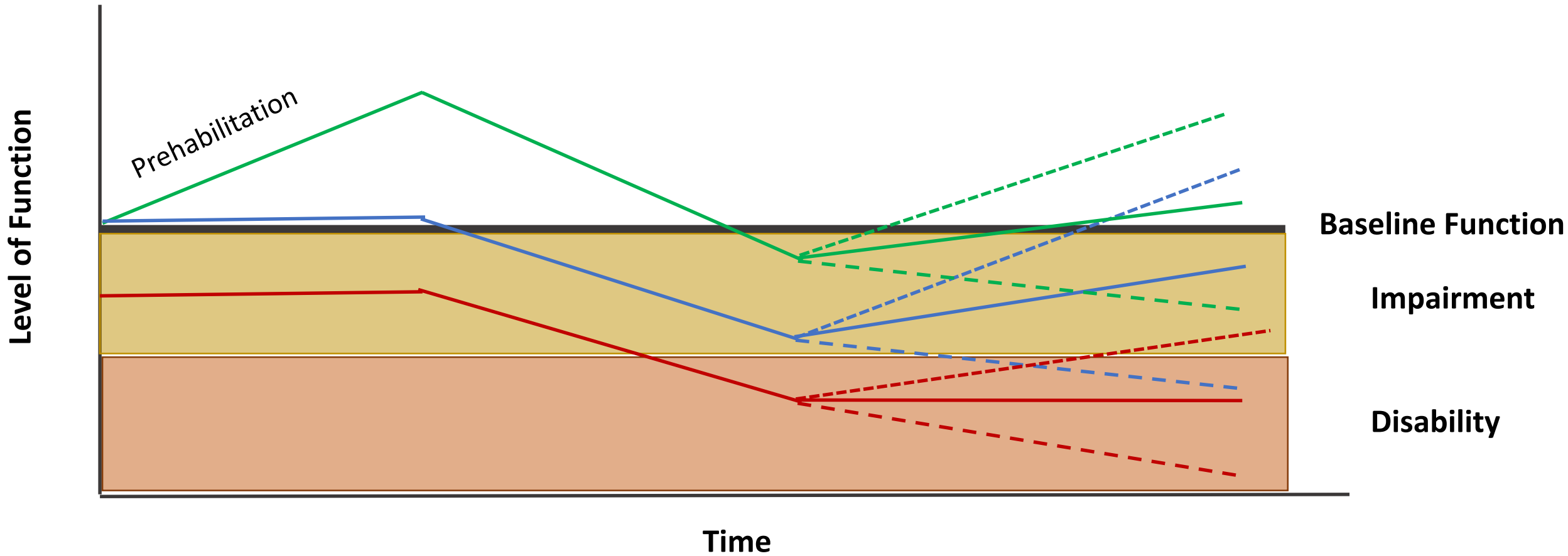
Cancer Care Continuum



Cancer Care Continuum



Functional Continuum



Common Cancer Treatment-Related Impairments

Impairment	Prevalence	
Fatigue	>65%	Improves with intervention
Peripheral Neuropathy*	>70%	Persistent residual impact on function Progressive functional impact if unmanaged
Lymphedema	40-60%	Progressive over time if unmanaged Chronic, life-long
Pain	>60%	Variable Persistent residual impact on function
Cognitive dysfunction	30-40%	Improves with intervention Persistent residual impact on function
Incontinence*	30-40%	Improves with intervention
Weakness	>70%	Improves with intervention
Loss of Endurance	>80%	Persistent residual impact on function

* Disease treatment dependent

Persistent Impairment and Late Effects

Impairment	Chronicity
Fatigue	1/3 of survivors report fatigue that disrupts daily function >2 weeks/month
Lymphedema	Life-long management with ongoing supportive care needs
Cardiac dysfunction*	Onset >6 months post treatment, progressive in ~30% of cases Related to cardiotoxic chemo +/- Left chest wall RT
Pulmonary dysfunction*	Onset >6 months post treatment, progressive in ~20% of cases Related to chest wall RT
Gait and balance dysfunction	>40% of survivors with a history of neurotoxic chemotherapy with measurable gait dysfunction ~6 yrs post tx. Falls rate 2-3X higher than general population
Cognitive and memory dysfunction	Progressive, multi-faceted Impacts daily activity >50% of time

* Disease treatment dependent

When considering cancer treatment-related impairment

- Consider trajectory of the treatment plan
- Consider the aggregate burden of impairment
- Impairment presentation and persistence within disease types will vary *greatly*
- Late effects are often progressive and *can be* more disabling than treatment side effects