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Cancer Rehabilitation: Redefining “Successful” Cancer Care

By *Leslie J. Waltke, PT*
Cancer Rehabilitation Coordinator, Aurora Health Care
Founder and Lead Faculty, R3 Programs

For the last decades in oncology we have rightfully been focused on eradicating disease, slowing disease progression and increasing length of life. And according to the American Cancer Society we have been quite successful. Combined five-year survival rates have increased from 50% in 1975 to nearly 67% in 2011.

But when the NCCN reports that when we treat people for cancer, up to 90% of them experience fatigue, pain, weakness and/or functional problems that can continue for months and years; do we need to reassess and challenge what we label “successful”?

As with many orthopedic injuries and surgeries, cardiac, neurological and chronic diseases, rehabilitation (physical, occupational, speech therapy and audiology) is a standard and key component in treatment and in achieving successful outcomes. With cancer surgery, chemotherapy, radiation, hormonal

and biological therapies causing well documented musculoskeletal, cardiopulmonary and functional problems, it is unfortunate that rehabilitation is not more frequently an automatic component of cancer care.

“It is unfortunate that rehabilitation is not more frequently an automatic component of cancer care.”

There is a significant amount of evidence in the literature proving the benefits of rehabilitation including decreased fatigue, pain and weakness during cancer treatment and faster physical recovery upon conclusion. Rehabilitation can decrease the risk of long term and late side effects, including lymphedema. There is even data showing that breast and colon cancer survivors on a walking program can reduce their risk of recurrence.

When a rehabilitation therapist is involved in patient care, oncology physicians appreciate improved interdisciplinary communication, decreased patient complaints, improved

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ACE Calendar



18th Annual Meeting
JAN. 18–21, 2012
SAVANNAH, GA
HYATT REGENCY SAVANNAH

19th Annual Meeting
JAN. 23–26, 2013
SAN ANTONIO, TX
GRAND HYATT SAN ANTONIO

President’s Message

William Laffey
System Director, Cancer Services
Aurora Health Care



As you probably know, January was named for the Roman god, Janus, who looked both forward and backward. ACE and its membership did the same thing at our annual meeting in New Orleans last January. In addition to acknowledging and thanking our outgoing board members (**Pat Grusenmeyer, Nancy Harris and Jeanne Rogers**), we welcomed new board members **Peggy Carey, Dave Gosky and Teresa Heckel**. Contact information for our new members, as well as our continuing members, is on the ACE website. Please let us know your thoughts, ideas and concerns. You’ll also find a list of our committees and their responsibilities. We invite all members to participate on a committee of your choice. If you have a special interest, contact the committee chair and get involved!

This year, we have established a short term work group, chaired by **Wendy Austin**, to explore in depth the concept of credentialing of cancer executives and make a recommendation to the board later this year. The response from our membership for participation on this important work team was overwhelming!! Over thirty-five members initially signed up to allow their opinions, both positive and negative, to be heard. You will hear much more about this topic over the upcoming months.

As we continue to look forward, mark your calendars now for the 2012 ACE annual meeting in Savannah, on . With **Linda Ferris** as chair, the Education Committee is planning a terrific program to assist all of us in hearing about best practices, technological advances, and organizational improvements to allow us to provide exceptional quality and unforgettable service to the patients and communities we serve.

Finally, a reminder to contact the board with any issues you’d like the organization to address or ideas you’d like considered. Thanks to each of you for your active participation in ACE! ■

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For more information about our services please contact us.

JULIA E. WILLIAMS

CEO/Oncology Recruitment Specialist
julawilliams@jwfriday.com

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Cancer Rehabilitation

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chemotherapy delivery rates, fewer infections, fewer falls and decreased length of inpatient stays. Hospitals and clinics report increased patient satisfaction, better transitions between inpatient and outpatient care as well as between surgery, radiation and chemotherapy. With rehabilitation being grossly underutilized in cancer care, it can be a significant source of increased revenue. And now that most health care systems are on a level playing field with diagnostics and equipment, a strong cancer rehabilitation program can set a facility apart from its competitors.

The largest barrier to cancer rehabilitation program development is a lack of education and understanding in both rehabilitation and oncology practitioners. Oncology and rehabilitation are not an automatic association in healthcare and most universities and medical schools don't address it in their curriculums. As a result there are two important medical pieces under the same roof that don't know what the other does. However, with meetings and education expanding paradigms of the medical, nursing, administrative and therapy staffs, cancer rehabilitation programs are quite simple to develop since personnel and equipment are already in place.

Since many of the physical problems faced during cancer treatment are treatable or preventable with rehabilitation, survivorship is too late to start

addressing these issues. Cancer rehabilitation best practice is best achieved when patients are referred shortly after the onset of cancer treatment and are followed by a rehabilitation professional throughout their months long treatment and into survivorship.

If we are going to attempt to cure people of cancer, we need to make it worth it. Let's progress our definition of successful cancer treatment to eradicating or slowing disease progression as well as returning or maximizing comfort and activity levels. I think our patients would insist. ■



Leslie J. Waltke, PT, is the Cancer rehabilitation Coordinator for Aurora Health Care and Founder and Lead Faculty of R3 Programs. She welcomes questions, comments and consulting inquiries at Leslie.Waltke@att.net or at (414) 322-8033

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- Name must appear on new member online application
- Dues must be current; referral must be registered and in attendance at ACE's 18th Annual Meeting in Savannah
- Claim your gift card at the Annual Business Meeting during the ACE 18th Annual Meeting in Savannah

18TH ANNUAL MEETING
JANUARY 18-21, 2012
Savannah, Georgia
HYATT REGENCY SAVANNAH

***One card per referral. No limit on how many cards one person can receive. Please contact ACE HQ with any questions.**

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■ **Daniel Chang**
Architect, President
AE Design Inc.
 2130 Kingston Court
 Suite E
 Marietta, GA 30067
 770-644-9200
 daniel@ae-design.com

■ **Nick Erikson**
*Project Manager, Comprehensive
 Cancer Center at Exempla Saint
 Joseph Hospital*
Insight Oncology, Inc.
 1825 Marion St.
 Denver, CO 80218
 303-318-1316
 nickerikson@insightonc.com

■ **Judy Fisher, RN**
Director, Community Health Resource
Norton Cancer Institute
 Suburban Medical Plaza I, Suite 3C
 4001 Dutchmans Lane
 Louisville, KY 40207
 502-899-6867
 judy.fisher@nortonhealthcare.org

■ **Spencer Green**
Business Operations Manager
**Bozeman Deaconess Cancer
 Center**
 931 Highland Blvd., suite 3130
 Bozeman, MT 59718
 406-522-1617
 green0032@yahoo.com

■ **Toni Hare, RHIT, CTR**
Vice President
CHAMPS Oncology
 1226 Huron Rd East
 Cleveland, OH 44115
 216-255-3716
 toni.hare@chanet.org

■ **Laura Holasek**
Administrative Director
**Park Nicollet Frauenshuh Cancer
 Center**
 3931 Louisiana Ave So.
 St. Louis Park, MN 55426
 352-993-5732
 Laura.Holasek@parknicollet.com

■ **Jason Howard**
Manager, Physician Relations
Norton Cancer Institute
 315 E. Broadway, 4th Floor
 Louisville, KY 40202
 502-629-2992
 jason.howard@nortonhealthcare.org

■ **Kathleen LaRaia, OTR**
Vice President Oncology
St. John Providence Health System
 22201 Moross Suite 250
 Detroit, MI 48236
 313-343-4621
 kathleen.laraia@stjohn.org

■ **Rose Mueller**
**University of Pennsylvania Health
 System**
 512 Crown Street
 Willow Grove, PA 19090
 215-248-8948
 Mueller@uphs.upenn.edu

■ **John Randall**
UT MD Anderson Cancer Center
 1515 Holcombe Blvd.
 Unit 1354
 Houston, TX 77030
 713-563-0737
 jmrandall@mdanderson.org

■ **Andrea Schelin, RN, MSN**
Director, Oncology Services
Trinity Regional Health System
 2701 17th Street
 Rock Island, IL 61201
 309-779-5902
 schelial@trinityqc.com

■ **Natalie Schuren, RN, BSN, MSN**
*Department Administrator
 Palliative Care and Rehab. Medicine*
UT MD Anderson Cancer Center
 1515 Holcombe Boulevard, Unit 1414
 Houston, TX 77030
 713-792-6085
 nlschuren@mdanderson.org

■ **Jeffrey B. Silvers**
Alliance Oncology
 45 W. Honeysuckle Road
 Lake Forest, IL 60045
 847-615-8835
 jsilvers@allianceoncology.com

■ **Michael Stein, CMPE**
Director
**Alvin & Lois Lapidus Cancer
 Institute**
 2401 West Belvedere Avenue
 Baltimore, MD 21215
 410-601-8494
 mwstein@lifebridgehealth.org

■ **Rick Varterasian**
Director, Oncology Service Line
CaroMont Health
 2525 Court Drive
 Gastonia, NC 28054
 704-834-3544
 varterasianra@caromonthhealth.org

■ **Susan Woods, MBA, BSN, RN**
Director, Oncology Nursing Services
Spectrum Health
 145 Michigan St. NE, MC 120
 Grand Rapids, MI 49503
 616-486-5897
 sm.woods@gmail.com



CONFERENCE CALL

Topic: MULTIDISCIPLINARY CONFERENCES
Speaker: Mark Krasna
Wednesday, June 15, 2011 | 2:00PM EST
 45 min. Presentation + 15 min. Q&A

ACE Members are invited to participate in a **FREE one-hour conference call** featuring invited speakers to discuss a **"hot topic"** in the industry. We hope you find this ACE Member tool an exciting way to learn from your peers and experts in the field.



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REGISTRATION IS REQUIRED. Registration information will be sent to members soon.
QUESTIONS? Call ACE HQ at 202-521-1886 or email info@cancerexecutives.org

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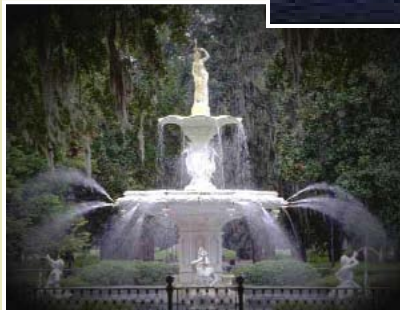
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JANUARY 18-21, 2012

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