

# Getting Strong Before Cancer Treatment

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## Cancer prehabilitation may reduce treatment complications and improve outcomes

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Dr. Lawenda is the Clinical Director of Radiation Oncology at 21<sup>st</sup> Century Oncology. He is a Dana Farber Cancer Institute and Harvard Medical School trained radiation oncologist. He is the founder of Integrative Oncology Essentials, a website dedicated to integrative approaches to cancer prevention and care.

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Treatment doesn't begin immediately after a cancer diagnosis. It can take a few days or a few weeks before a health team has a treatment plan. But cancer patients often want to know what they can do right away. A new review discusses ways to take advantage of this time.

What's being called "prehabilitation" can offer cancer patients personalized therapy to help them get stronger before treatment begins, according to a recent review of the current research.

The goal of prehabilitation is to reduce treatment complications and speed recovery.

### **"Ask your oncology team how to prepare for cancer treatment."**

Julie K. Silver, MD, and Jennifer Baima, MD, both of the Department of Physical Medicine and Rehabilitation at Harvard Medical School, conducted a literature review of studies relating to prehabilitation for cancer patients.

"As with integrative oncology, cancer prehabilitation encourages patients to take an active role in their own cancer care by providing them information and guidance on healthful & supportive nutrition, improving physical activity and functioning and stress management," integrative oncologist Brian D. Lawenda, MD, told dailyRx News.

Prehabilitation starts with a physical, mental health and social skills assessment to identify areas where cancer patients can get stronger. This review also pointed out interventions (specific activities) that can reduce existing or future impairments.

This approach has a long history of success in people preparing for orthopedic (bone) surgeries of various kinds.

Interventions involve targeted activities that address expected or potential complications that can occur during or after cancer treatment.

Examples of prehabilitation activities include helping lung cancer patients stop smoking to improve their breathing; swallowing exercises for patients with head and neck cancer; or pelvic floor strengthening for men with prostate cancer who may suffer incontinence (lack of bladder control) following treatment.

So these activities are personalized to address the probable concerns of individual cancer patients.

Along with physical strengthening, the authors reported that psychological and social support promoted better mental health for people battling breast, ovarian and prostate cancer.

In addition to reducing treatment complications, these interventions may help decrease the amount of time a patient spends in the hospital,

cut down on readmissions, expand treatment options and help patients return to full function as quickly as possible.

"As an integrative oncologist, I firmly believe that the earlier we intervene and offer assessments and counseling after our patient's cancer diagnosis, the better their outcomes will be not only for quality of life but possibly even for cancer-related outcomes, such as cancer control and survival," said Dr. Lawenda, who is clinical director of Radiation Oncology at 21st Century Oncology in Las Vegas and founder of IntegrativeOncology-Essentials.com.

"Cancer prehabilitation affords the oncology health professional an excellent opportunity to provide expert guidance regarding targeted prehabilitation interventions that simultaneously improve physical and psychological health outcomes and create a partnership with the patient," the study authors wrote.

"However, more research is urgently needed in cancer prehabilitation to identify the best interventions to use in various patient populations," the authors concluded.

This review was published in the August issue of the *American Journal of Physical Medicine & Rehabilitation*, the official journal of the Association of Academic Physiatrists. No outside funding was provided and no financial conflicts of interest were declared.

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