19th Conference of the International Society of Geriatric Oncology

Integrative oncology – Leaving no one behind

#SDGACTION26996
UN Partnerships for Sustainable Development Goals (SDGs)

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Geriatric assessment guided interventions: The role of occupational therapy and allied health

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Meet Cliff ...

“Life isn’t as carefree as it used to be”

“I feel like I’m walking with moon boots.”
**Disability in activities of daily living among adults with cancer: A systematic review and meta-analysis**

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1/3 describe difficulty with activities of daily living

1/2 describe challenges with instrumental activities of daily living

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30% report health as fair/poor

50% have pain

20% have an impairment in IADL

83% already receiving some assistance

11% dementia
“The evidence supports, at a minimum, assessment of function, comorbidity, falls, depression, cognition, and nutrition”
**Why Cancer Rehabilitation?**

Predictors of chemotherapy intolerance

- Increased Risk:
  - *Chemotherapy Toxicity*
  - *Unplanned Hospitalization*
  - *Mortality*

- Increased Risk: + 1 Fall

- Decreased Performance Status
- Severe Co-morbid Conditions
- Mobility Issue

Cancer + Comorbidities:
- Diabetes
- Arthritis
- Macular degeneration

Falls
- “only” 1

Function
- Mobility
  - ADL
  - IADL

Cognition
- Attention
- Memory

Health condition
- Body functioning & structures
- Activities
- Participation

Environmental factors

Personal factors
Participation
Significant decline in QOL associated with lower levels of activity and function

Note. PROMIS physical health, PROMIS mental health and FACT-G plotted against Patient-Generated Subjective Global Assessment- Activities/ Function (PG-SGA-AF); Response options for activities/ function range from 0 “normal activity with no limitations” to 4 “pretty much bedridden, rarely out of bed”.

What can rehabilitation do?

- Screen
- Assess
- Intervene
The Role of Cancer Rehabilitation: Living Well Beyond Cancer

Cancer & Anticipated Side Effects + = Improved function, activity and participation
Components of Comprehensive Cancer Rehabilitation Care

Prospective Surveillance Model

Cancer Care Continuum

Diagnosis/Pre-op
- Personal Factors
- Environmental Factors

Treatment
- Personal Factors
- Environmental Factors

Survivorship
- Personal Factors
- Environmental Factors

End of Life
- Personal Factors
- Environmental Factors

Assess Conditions of Health
- Body Systems and Structures (impairment)
- Activity (limitation)
- Participation (involvement)

**Function**
- Mobility
- ADL
- IADL

**Cognition**
- Attention
- Memory

**Speech and Swallowing**

**Comorbidities:**
- Diabetes
- Arthritis
- Macular degeneration

**Falls**
- "only" 1

**Activity:**
- Wearing button-downs
- Zippers

**Participation:**
- Social events
- Yard-work
- Woodworking
Function
- Mobility
- ADL
- IADL

Cognition
- Attention
- Memory

Falls
- “only” 1

Cancer

Co-morbidities

Physical Therapy

Activity:
- Wearing button-downs
- Zippers

Occupational Therapy

Speech and Language

Speech and Swallowing

Activity:
- Social events
- Yard-work
- Woodworking

Participation:

Function

Cognition

Physical Therapy

Occupational Therapy

Speech and Language

Speech and Swallowing

Function

Cognition

Physical Therapy

Occupational Therapy

Speech and Language

Speech and Swallowing

Activity:
- Wearing button-downs
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Participation:
- Social events
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Function

Cognition

Physical Therapy

Occupational Therapy

Speech and Language

Speech and Swallowing
What can rehabilitation do?

Supervised

Targeted

Problem solving-adapting
Engagement in activity and participation improves QOL

<table>
<thead>
<tr>
<th>Occupational therapy</th>
<th>Physical therapy</th>
<th>Speech and language</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improved QOL, function and mental health</td>
<td>• Increased physical activity</td>
<td>• Improved swallowing</td>
</tr>
<tr>
<td>• Improved problem-solving</td>
<td>• Increased strength</td>
<td>• Decreased trismus</td>
</tr>
<tr>
<td>• Self-efficacy and activity expectations</td>
<td>• Decreased fatigue</td>
<td></td>
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(Cheville, 2005; Cheville & Tchou, 2007; Lyons, 2006; Lyons, Erickson, & Hegel, 2012; Lyons, Orozovic, Davis, & Newman, 2002; Pergolotti, Cutchin, & Muss, 2014; Pergolotti, Cutchin, Weinberger, & Meyer, 2014; Pergolotti, Deal, Lavery, Reeve, & Muss, 2015; Unruh & Elvin, 2004; Vrkljan & Miller-Polgar, 2001)
Cancer Rehabilitation
Specialists in Function, Activity & Participation
Thank you

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