the isokinetic measurement of maximal torque for knee flexors and extensors, the maximal power and the heart rate on ergometric bicycle and questionnaires (Hospital Anxiety and Depression scale, Fatigue Severity Scale and Tampa scale for kinesiophobia). Activity and participation were assessed by three functional scales of the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) [2]. Physical functioning, Emotional status, Cognitive status, Social relationships, Capability of assuming functions and roles. The proportion of patients returning to work was also evaluated.

Results.– Eighteen patients completed all evaluations during one year. After the end of the follow-up, patients had a poor muscle performance and a low endurance on ergometric bicycle. They also had bilaterally a low pain threshold for the upper limb. Patients were not significantly depressed but had high level of fatigue and kinesiophobia. Social relationships and capability for function and roles improved gradually over the one-year period. However, 25% of the patients did not return to work.

Conclusion.– The patients treated for breast cancer present alterations of body function and activities after one year and deserve rehabilitation and arrangements both for work and everyday life, these findings being confirmed by other authors [1,3].

References

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Physical activity in patients with unresectable pancreatic adenocarcinoma: A multicentric randomized controlled study (APACaP study)

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Keywords: Pancreatic cancer; Physical activity; Fatigue; Quality of life; Supportive care

Introduction.– Performing physical activity during a period of chemotherapy is a promising support to improve fatigue and quality of life (QoL) [1,2]. It has been shown efficient and feasible in various cancers. Pancreatic adenocarcinoma (PAC) is the second digestive cancer in incidence and one of the poorest prognostic tumors with 5-year survival rate < 5%. Effects of physical activity in advanced PAC have not been explored. We aim to evaluate its potential role in these patients.

Patients and methods.– Randomized multicentric phase III interventional study to test the efficacy of an unsupervised home-based 16-week physical exercise program. Specificities of PAC for physical activity program implementation will be taken into account (physical activity partner instead of patients groups, nutritional management). Main inclusion criteria: histologically confirmed, unresectable PAC; scheduled for chemotherapy; WHO PS 0–2; age ≥ 18; physical activity partner. Two study arms: intervention group with exercise program (aerobic and resistance exercises) in addition to usual care; control group with usual care. Primary objective: effects on fatigue (MFI-20) and QoL (EORTC-QLQ-C30) at week 16, unified as co-primary endpoint. Secondary objectives: effects on pain, depression, nutritional status, insulin resistance, cancer-treatment tolerance, survival; adherence to the program, cost-effectiveness analysis. Number of patients required: 220.

Results.– PAC patients are strongly affected by fatigue, thus they are expected to benefit from a physical activity intervention. Moreover, exercise may be beneficial on tumor outcome, by reducing insulin resistance and insulin/IGF-1 secretions.

Discussion.– Such intervention may appear challenging because of multiple cancer-related symptoms (pain, fatigue, depression, denutrition) that can appear as barriers to physical activity. On the contrary, we hypothesize that an adapted physical exercise program may improve symptoms and QoL. If physical activity intervention proves to be feasible, effective and cost-effective, implementing standardized physical exercise programs in addition to chemotherapy in advanced PAC will be a logical next step. This project will be labelled by the...
FFCD and GERCOR cooperative groups, and organized in partnership with the SFP-APA.

References
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P115-f
Résection partielle de la scapula et des muscles péri-scapulaires suite à une fibromatose desmoïde péri-scapulaire. À propos d’un cas ; intérêt d’un programme de rééducation
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Mots clés : Fibromatose desmoïde péri-scapulaire ; Exérèse élargie ; Programme de rééducation
Introduction.– Les tumeurs desmoïdes sont des affections des tissus mous rares et graves par leur fort potentiel extensif local. Le développement aux dépens des muscles péri-scapulaires nécessite une exérèse élargie sacrifiant une bonne partie de ces muscles, ce qui entraîne des modifications biomécaniques importantes altérant à terme le pronostic fonctionnel de l’épaule.
Observation.– Mme P, ingénieur, âgée de 29 ans, droitière, sans antécédents pathologiques, a été opérée de son épaule droite suite à la découverte fortuite d’une tumeur desmoïde aux dépens des muscles péri-scapulaires. L’acte chirurgical a nécessité une exérèse partielle de la scapula avec exérèse musculaire sacrifiant l’infra-épineux, le petit rond, le grand rond, une partie du grand dorsal et le sub-scapulaire. La patiente avait initialement une impossibilité de faire les rotations externe et interne, une abduction avec anté et rétro-pulsions limitées. Les mobilités passives étaient conservées. A la fin du programme de rééducation, les mobilités actives obtenues sont satisfaisantes avec des scores fonctionnels significativement plus élevés (DASH et Constant).
Discussion.– Les fibromatoses desmoïdes sont des tumeurs rares et d’étiologie inconnue des tissus mous. Elles peuvent être très agressives localement avec un haut risque de récidive locale après chirurgie. La localisation au niveau des muscles péri-scapulaires est exceptionnelle mais a un retentissement fonctionnel important du fait du nombre de muscles sacrifiés.
L’objectif de notre programme de rééducation était essentiellement de compenser le défi de mobilité active obtenu en postopératoire suite à cette résection élargie. Le renforcement a visé les muscles sacrifiés.

P115-e
Partial resection of the scapula and peri-scapular muscles after peri-scapular desmoid fibromatosis.
About one case; interest of a rehabilitation program
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Keywords: Desmoid fibromatosis; Expended excision; Rehabilitation program
Introduction.– Desmoid tumors are soft tissues disorders that are rare and serious because of their high potential of local extension. The development at the expense of the peri-scapular muscles requires an expended excision sacrificing a big part of these muscles, which results in significant biomechanical changes impairing at the end the functional prognosis of the shoulder.
Observation.– Mrs. P, engineer, 29-year-old, right-handed, without pathological medical history and who was operated on for the right shoulder after a fortuitous discovery of a desmoid tumor at the expense of the peri-scapular muscles. The surgery required a partial excision of the scapula with muscular excision sacrificing the infraspinatus, the teres minor, the teres major, a part of the latissimus dorsi and the subscapularis. The patient was initially unable to do the external and internal rotation with a limited abduction and pre and retro-pulses. Passive movements were moved. At the end of the rehabilitation program, active movements obtained are satisfactory with functional score significantly higher. (DASH and Constant).
Discussion.– Desmoid fibromatoses are tumors of soft tissues that are rare and of unknown etiology. They can be very aggressive locally with a high risk of local recurrence after surgery. The localization near the peri-scapular muscles is exceptional with an important functional impact because of the number of muscles sacrificed.

The aim of our rehabilitation program was mainly to compensate the lack of active mobility obtained postoperatively that follows this expanded resection. The strengthening targeted the muscular groups remaining in function of their synergistic effect: the anterior fasciculus of the deltoid and major pectoral for internal rotation; the posterior fasciculus of the deltoid for the external rotation; the medium fasciculus of the deltoid and the supraspinatus for the abduction. To stabilize the scapula in its movements, the work consisted of reinforce simultaneously in co-contraction during the different movements the trapezius and the anterior serratus at the back with the long head of the biceps and the small pectoral in front.

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