Outpatient rehabilitation care services for patient with brain tumor

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Introduction.— Rehabilitation and Neuro-oncology tend to develop joined follow-up for patients with brain or medullar tumor. Recent guidelines in France (still in progress) show evidence for such a trend [1]. Rehabilitation experience in disability management and expertise in rehabilitation care pathways and socio-medical follow-up can be useful for patients with neurological tumor (whatever the evolution of the process) or for those with long-term neuro-oncological sequelae in relation with their surgery or radio-chemotherapy. We report here our innovative experience of outpatient multidisciplinary services in the Department of NeuroOncology. This activity was supported by the work group of NeuroOncologie Soins de Support (NOSS) et the Association pour la recherche sur les tumeurs cérébrales (ARTC).

Objectives.— The rehabilitation follow-up of outpatients takes place once a week in the department of Neuro-oncology with a double assessment made by a rehabilitation doctor and an occupational therapist. Patients are either addressed by the neurologist or by the nurse coordinator. The majority of patients suffer from a brain tumor (mainly glioblastoma). They either have incapacities directly linked to their tumor or sometimes in relation with side effects of radio-chemotherapy. Retrospective analyses of this rehabilitation follow-up show interest for:

- motor disability with possible indication of toxin botulinum injection when there is spasticity of the limb, fitting equipment (manual wheelchair, walking and home daily living equipment), indications for a physical therapy programme;
- cognitive and behavioral disability with communication aids, therapeutic information on neuropsychological disorders for the patient and his caregiver (heminegilegence, dysexecutive disorders, apathy), indications for a speech therapist programme;
- bladder and bowel disorders;
- home life project.

Discussion.— This rehabilitation follow-up points out the very importance of a quick response of the various therapists and care partners. Rehabilitation services should be easy and quick to access given the rapid evolution of many patients. Major objectives lie in helping the patient-caregiver life home project and maintaining a good quality of life. Preliminary assessments of this follow-up highlight the usefulness of integrating rehabilitation expertise in the global support programs for patients with tumor.

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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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 prognosis 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