CO67-005-e
Rehabilitation treatment protocol in patients with lymphedema secondary to breast cancer
L. Gijón Moreno a, E. Villalobos Bueza a, G. Árevílo López a, C. Varela Lage a, C. de Miguel Benalidiba Hospital Universitario Ramón y Cajal, Madrid, Spain
*Corresponding author.

Keywords: Lymphedema; Breast cancer; Rehabilitation

Introduction.– Lymphedema is a common complication in patients with breast cancer. Treatment must be established as soon as possible to avoid complications and pain, minimize risk factors of lymphedema progression, maintenance of limb function and preserve patient’s quality of life.

Material and methods.– We performed, together with 38 physicians from 13 different specialties, after weekly meetings, a treatment protocol consisting of: prevention phase: Lymphedema’ School. Treatment phase: based on Compression Garments (CG) and Complex Decongestive Physical Therapy (CDT). Has two phases: intensive phase and maintenance phase. Recommended treatment according to stages: lymphedema stage I: CG; stage II–III: CDT. Intensive CDT should be done before lymphedema surgery, and 2 weeks after manual lymph drainage, adding CG during the 4th week.

Results.– We elaborated a Rehabilitation Treatment Protocol for patients with breast cancer and lymphedema.

Discussion.– We thought necessary to elaborate a Rehabilitation Treatment Protocol in order to help physicians manage with this common pathology.

Further reading

http://dx.doi.org/10.1016/j.rehab.2014.03.1355

CO67-006-e
Reduction of health risk factors through an adapted physical activity program in patients with breast cancer
A.M. Foucaut a, S. Berthouze b, M. Touillaud b, A.S. Kempf-Lépine c, C. Baudinet c, R. Meyrand b, J. Carretier b, P. Bachmann a, B. Fervers c
a Centre for Research and Innovation on Sport EA647, Université Claude-Bernard Lyon 1, Université de Lyon, Villeurbanne, France
b Cancer, Environnement & Nutrition Unit, Léon-Bérard Comprehensive cancer centre, 28, rue Laennec, 69008 Lyon, France

Keywords: Adapted physical activity; Breast cancer; Health risk factors; Sedentary

Introduction.– After a breast cancer diagnosis, patients are at high risk of reducing their physical activity (PA) and gaining weight. Both lack of PA and weight gain are known to be negative but modifiable prognostic factors. An observational study of a 3-month adapted PA program was performed to assess its benefits in terms of PA level improvement and reduction of risk factors related to health, during or after cancer treatments.

Methods.– Anthropometrics were measured at the beginning and the end of the program. PA profile, aerobic capacity and usual average daily energy expenditure were estimated using the PAQAP© questionnaire. Median values were compared using non-parametric tests.

Results.– Sixty-one (61) voluntary breast cancer patients attended 80% of the sessions. At baseline, median (minimum–maximum) body mass index was 23.3 (16.1–36.8) kg.m⁻², Waist circumference and waist circumference to height ratio showed metabolic risks. After 3 months, anthropometrics remained stable. Moderate PA significantly improved (+13 min/day) and sedentary tended to decrease (-18 min/day).

Discussion.– A 3-month adapted PA program allows patients with breast cancer to limit nutritional risk factors associated with negative prognosis. This study reinforces the need to promote PA as early as possible in breast cancer patients’ care.

http://dx.doi.org/10.1016/j.rehab.2014.03.1356

CO67-007-e
Musculoskeletal sequelae of solid tumours and cancer rehabilitation of children treated with intensive chemotherapie, surgery and radiation therapy
A. Petrichenko a, E. Bukreeva, N. Ivanova, T. Sharoee
Child Health Care Research Clinic, Moscow, Russia
*Corresponding author.

Keywords: Childhood cancer; Long-term survivors; Cancer rehabilitation

Introduction.– Advances in diagnosis and treatment of childhood cancer have dramatically increased long-term survival and it is now evident that the disease and its treatment can significantly impair long-term health.

Material and methods.– Seventy-one patients at the mean age of 14.5 years with solid tumours were treated between 1987 and 2011 years, follow-up of 2 to 26 years. Eighteen patients had metastases, 11 patients had solitary metastases, 8–multiple. Treatment consisted of chemotherapy, radiotherapy, oncologic surgery, included limb-sparing procedures. The most common late effects we had observed were: scoliosis—in 63 cases, muscular hypoplasia—53, osteopenia—39, limb-length discrepancy in spite of usage of growing endoprostheses—38, deformation of chest wall and limbs—23, pathological fractures—3, poor joint movement—40, neurological disturbance—15, lymphedema—5, deforming osteoarthrosis—in 2 cases. Sixteen patients had more, than 6 late effects. Twenty-one patients underwent individual combined rehabilitation program.

Results.– Long-term survival is possible, even for patients with metastatic disease. All long-term survivors of childhood cancer should attend a specialized therapy in rehabilitation clinic.

Discussion.– We suggest that the usage an individual rehabilitation program can enhance physical fitness and dramatically increase the quality of life.

http://dx.doi.org/10.1016/j.rehab.2014.03.1357

CO67-008-e
Effects of an adapted physical activity program with a playful pedagogy in a service of paediatric oncology