4: Cancer: Management & Prevention

4(i): Diet & Physical Exercise

4(iii): Environmental Factors

Session Chair

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Title: **Level of physical leisure and daily living activities in cancer patients undergoing radiotherapy**

Dr. Anna Enblom, Karolinska Institute, Sweden

Yves-Jean BIGNON, J Cancer Sci Ther, 3:7
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"PACThe": Programme of Accompanying women after breast Cancer treatment completion in Thermal resorts: Preliminary results on 125 patients at one-year follow-up

Yves-Jean BIGNON
Centre Jean Perrin, FRANCE

Quality of life (QOL) is greatly impaired in women just after completion of the treatment for their breast cancer (BC). High body mass index (BMI) at BC diagnosis impaired the survival prognosis. Adjuvant chemotherapy is significantly associated with weight gain, which is linked to increased mortality of BC. First interventional nutrition trials demonstrate a positive effect on global mortality. Increasing physical activity seems to have even more benefits. Nevertheless no European trials were undertaken.

Objectives: improvement of the QOL, avoid weight gain, reduce overweight in high BMI women, increase physical activity for women in complete remission of BC just after completion of their treatment including chemotherapy

Programme: Randomization is made before the ninth month after completion of treatment: one arm with individual standard recommendations at home, one arm with 10-women-groups in an intensive multi-disciplinary 13 days-course of personalized education for protective nutrition and physical activity (full pension in one of three spas).

Intermediate results: 117 were randomized in the "spa" arm, 116 in the control group (CG). 125 women were followed-up at one year (51% overweight or obese).

- CG gained weight while spa group lost 4% of weight ($p<10^{-7}$).
- Physical activity level is stable in CG and significantly increased in spa group (p=0,005).
- QOL increased in both group, significantly in only spa group ($p=7< 10^{-7}$)
- Depression is significantly improved in the spa group ($p=7x\ 10^{-5}$)

Conclusion: efficiency of PACThe reinforced programme looks high compared to CG, on QOL, physical activity level, control of weight gain.

Biography

After MD. in oncology (1984) and PhD. in molecular biology (1991), Pr. YJ Bignon joined as geneticist the University of Auvergne at the Cancer Center Jean Perrin in France, after a post-doctoral position at UCSD (USA). YJ Bignon pioneered oncogenetics in France (1988), and developed research on hereditary predisposition to breast cancers and tertiary prevention (nutrient-genetics relationships).

YJ Bignon published 258 papers in peer-review journals (5,200 citations), H index at 31, made 300 conferences and 500 communications in scientific meetings, co-owners 5 patents. YJ Bignon is the scientific director of the Centre Jean Perrin since 2004.

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Patient Advocate Perspectives on Integrative Oncology – Diet & Physical Exercise, Managing Unwanted Effects, Environmental Factors

Ann E. Fonfa

The Annie Appleseed Project, USA

From the perspective of a person with cancer, there is NO separation between management of the unwanted (usually called 'side') effects and diet and physical exercise. Why is that? Because both appropriate nutrition and physical movement have been shown to be effective tools in reducing many of the negative short and long-term outcomes of conventional cancer treatments.

As advocates we think more emphasis is needed about simple steps any person with cancer can take to get healthier to better deal with conventional treatments. Is everyone seeing a nutritionist or exercise counselor? Why not? These services should be available at all cancer centers, and be known to all oncology professionals treating people. Additionally since so many with cancer face the risk of recurrence, counseling on nutrition and physical exercise would be of value there as well. We find simple ways to encourage people to move in healthier directions, and we find them very interested. Research is also needed that looks at combining a variety of healthy behaviors including the use of 'green' cleaning and personal care products, detoxifying the body from the continual assault of pollutants in our atmosphere and the use of some dietary supplements – some of which have been well-defined in individual studies, ie fish oil, probiotics, vit D, etc. We've heard arguments about the difficulty but remain unimpressed by that. Our mission is providing information for people with cancer, and we do it on a large-scale via our website, online since June 1999, reaching millions of English-speaking people.

Biography

Ann E. Fonfa was diagnosed with breast cancer at the age of 44 (1993). She became interested in a variety of issues that she though badly handled. Happily more than half of the list has been addressed. Comorbidities made her unable to take chemotherapy and explored alternative medicine. She founded Annie Appleseed Project educating others about what she found. She's Florida Field Coordinator for National Breast Cancer Coalition, Advocacy co-chair, Florida Breast Cancer Foundation, Chair, Risk Reduction Working Group, SFLCCC, author of one published paper, coauthor of many. Reviews for Cochrane and other organizations. Serves on many varied panels.

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Preventive medicine: Hope or Hype?

Amr Amin
UAE University, UAE

Cancer is the second leading cause of morbidity and mortality worldwide. Billions of dollars have been spent to study cancer and tremendous advancements in the understanding and treatment of cancer have been made. Nevertheless, as effective cures for a variety of cancers continue to elude us, natural protection against cancer has been receiving a great deal of attention lately not only from cancer researchers and patients, but also from physicians. There is compelling evidence from epidemiological and experimental studies that highlight the importance of compounds derived from plants "phytochemicals" to reduce the risk of colon cancer and inhibit the development and spread of tumors in experimental animals. More than 25% of drugs used during the last 20 years are directly derived from plants, while the other 25% are chemically altered natural products. Still, only 5-15% of the approximately 250,000 higher plants have ever been investigated for bioactive compounds. The advantage of using such compounds for cancer treatment is their relatively non-toxic nature and availability in an ingestive form. An ideal phytochemical is one that possesses anti-tumor properties with minimal toxicity and has a defined mechanism of action. This presentation will shed some light on numerous herbal remedies that have shown potential protective effects against cancer along with other illnesses that are currently represented in the area at alarming rate. Finally, "whether the drug discovery and pharmaceutical industry in Middle East have gone far enough" is a concern that remains to be carefully addressed.

Biography

Prof. Amin is a graduate faculty at UAE University who supervised many graduate theses. He earned his PhD from University of Illinois at Chicago and received a postdoctoral training at University of Pennsylvania School of Medicine. After joining UAEU Prof. Amin's focus was redirected to the field of preventive medicine. His lab is interested in natural product's protection against diabetes and cancer. He has published many articles, reviews and book chapters in reputable journals. He serves on the editorial boards and as a reviewer of many international journals. Prof. Amin is also the recipient of many national and international awards.

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Cancer and palliative care in Africa: Case of Cameroon

Koanga Mogtomo ML and Ngono Ngane RA
University of Douala, Cameroon

Cancer-related pain has become a major problem worldwide. Pain can be caused by cancer, cancer treatment or by the side effects of treatment. At every stage of the cancer trajectory there is also emotional pain for both patients and the family. The dimension of these problems is worse in developing countries, especially countries in Africa, where there is a lot of ignorance about cancer, negative cultural beliefs about illness causes, poverty and lack of government policy on cancer control. Late presentation in hospitals with pain, no option of cure and poor supportive care is therefore very common. Denial, anxiety about the future, fear of loss of income and fear of dying contribute to late hospital visits. Cancer pain was a target symptom and cancer the disease when the strategy was developed. With appropriate education and availability of essential drugs, adequate pain relief can be achieved in more than 85% of cancer patients using simple techniques such as opioids, nonopioid analgesics and adjuvant medications. However, for many countries in Africa, availability of opioid analgesics is a major challenge for effective cancer pain treatment. The mean consumption of morphine for the African region was the lowest of all the WHO regions of the world, at0.7 mg/capita. South Africa ranked the highest at 3.4 mg/capita. Where the drugs are available, cost is a major constraint, as is lack of knowledge.

Culturally appropriate and affordable palliative care is also being promoted within Africa by the African Palliative Care Association in collaboration with several international donors. Palliative care emphasizes pain and symptom control, and psychosocial and spiritual support, thus ensuring the best quality of life for patients and support for families. In line with the WHO Community Health Approach to Palliative Care, Uganda has evolved a suitable model for Africa that emphasizes home care, which is mostly delivered by relatives who are supported by specially trained palliative nurse prescribers, an outpatient clinic and a day care hospice. Such models can be adopted to provide cost effective cancer pain relief in other African countries. . In fact by our experience on the field in Cameroon, This is a plaidoyer for the involvement of the government of Cameroon in collaboration with international agencies, to introduce in the national cancer policy the Uganda palliative care models. This suitable model could be developed through public-private partnerships, and standards improved and services upgraded to include advanced pain treatment options. The development of multidisciplinary pain clinics should also be encouraged so that local institutions would be able to include cancer pain management and research in the curriculum of their trainees.

Biography

KOANGA MOGTOMO MARTIN LUTHER has completed his Ph.D at the age of 31 years from University “LA SAPIENZA” ROMA ITALY and postdoctoral studies from University “LA SAPIENZA” ROMA ITALY. He is senior Lecturer at Department of Biochemistry, Faculty of Science, University of Douala Cameroon and head of Molecular virology and viral oncology Virology unit. He has published more than 15 papers in reputed journals and serving as an editorial board member of repute.

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Level of physical, leisure, and daily living activities in cancer patients undergoing radiotherapy: which patients will need additional support to restore activity level after end of therapy?

Anna Enblom[1,2,3] and Kristin Campbell[3]

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[2]RehabVäst, County Council of Östergötland, Sweden,
[3]Department of Physical Therapy, University of British Columbia, Canada

The aim of this longitudinal study was to describe level of physical, leisure and daily activities during and after radiotherapy, and to identify characteristics associated with not restored activity level one month after end compared to start of therapy. Patients (n=196) undergoing abdominal/pelvic radiotherapy at start, weekly during radiotherapy (median 5 weeks) and at a follow-up four weeks after the end graded their activity level using category-scales. The proportions of patients who decreased activity level between start and end of therapy, and the corresponding proportions who increased activity level between end of therapy and follow-up, were: physical exercising (34%, 36%), walking (26%, 25%), leisure activities (44%, 47%), social interaction (15%, 11%), housework (34%, 29%), shopping (28%, 21%) and activities in general (28%, 38%). Characteristics associated with not restored activity level at follow-up compared to at start (decrease in ≥one activity) were: colon-rectal compared to gynecological/testicular tumors (Relative Risk, RR, 1.5, p=0.049), age >65 compared to <65 years (RR 2.8, p=0.039), lower education compared to academic education (RR 1.5, p=0.038), ability to perform all daily activities at start compared to lower ability (RR 1.4, p=0.048), and experiences of anxiety (RR 1.6, p=0.016), depressed mood (RR 1.7, p=0.003), or low quality of life (QoL) (RR 1.9, p=0.003) at follow-up. The conclusions are that activity level decreased during radiotherapy. Activity level re-increased after the end in most patients, but increased more seldom in older, anxious, depressed patients experiencing low QoL, implying that these sub-groups may need additional support to restore their activity level.

Biography

Dr. Anna Enblom completed her Ph.D at Linkoping University, Sweden, with a thesis regarding acupuncture for emesis as a side-effect of radiotherapy. After postdoctoral studies at the Karolinska Institute, Sweden, she is currently visiting the University of British Columbia, Canada, as a post-doctoral researcher. Her research area is supportive care in cancer patients and survivors using non-pharmacological therapies, especially acupuncture and physical exercising.