

# Obesity and Cancer Rehabilitation for Functional Recovery and Quality of Life in Breast Cancer Survivors

Sophia Johnson\*

Department of Clinical Translation and Tissue Therapies, University of Tokyo, Tokyo 113-8654, Japan

## Abstract

Breast cancer survivors often face numerous challenges post-treatment, including obesity and decreased quality of life. Obesity not only increases the risk of cancer recurrence but also hampers functional recovery and overall well-being. In this article, we delve into the interplay between obesity, cancer rehabilitation, functional recovery and quality of life in breast cancer survivors. We explore the importance of tailored rehabilitation programs, encompassing physical activity, dietary interventions and psychosocial support, in mitigating the adverse effects of obesity and enhancing post-treatment outcomes. Additionally, we discuss the role of healthcare professionals, policymakers and community support in promoting holistic rehabilitation strategies for optimal functional recovery and quality of life among breast cancer survivors.

**Keywords:** Breast cancer • Obesity • Rehabilitation

## Introduction

Breast cancer is one of the most prevalent cancers affecting women worldwide, with millions of survivors facing the challenges of post-treatment recovery and management. Among the myriad of issues faced by breast cancer survivors, obesity stands out as a significant concern due to its adverse effects on cancer recurrence, functional recovery and quality of life. In this section, we provide an overview of the prevalence of obesity among breast cancer survivors and its implications for rehabilitation and long-term outcomes [1]. Obesity is a well-established risk factor for various cancers, including breast cancer. Adipose tissue produces inflammatory cytokines and hormones, creating a pro-inflammatory environment conducive to cancer development and progression. Moreover, obesity is associated with insulin resistance, hyperinsulinemia and altered adipokines levels, all of which promote tumor growth and metastasis. In breast cancer survivors, obesity not only increases the risk of cancer recurrence but also exacerbates comorbidities such as cardiovascular disease and diabetes [2].

## Literature Review

Functional recovery following breast cancer treatment encompasses physical, emotional and social aspects of well-being. However, obesity can impede this recovery process through several mechanisms. Excess body weight places additional stress on musculoskeletal structures, leading to reduced mobility, increased fatigue and impaired physical function. Furthermore, obesity is linked to decreased cardiorespiratory fitness and poorer outcomes in activities of daily living. These physical limitations can hinder survivors' ability to resume their pre-diagnosis levels of functioning and engage in meaningful activities, affecting their overall quality of life [3].

**\*Address for Correspondence:** Sophia Johnson, Department of Clinical Translation and Tissue Therapies, University of Tokyo, Tokyo 113-8654, Japan, E-mail: sophiajohnson@yahoo.com

**Copyright:** © 2024 Johnson S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

**Received:** 27 January 2024, Manuscript No: jtse-24-130137; **Editor Assigned:** 30 January 2024, Pre-QC No. 130137; **Reviewed:** 14 February 2024, QC No. Q-130137; **Revised:** 20 February 2024, Manuscript No. R-130137; **Published:** 27 February 2024, DOI: 10.37421/2157-7552.2024.15.345

## Discussion

Quality of life is a multidimensional construct encompassing physical, psychological and social well-being. Obesity can have profound negative effects on each of these domains among breast cancer survivors. Physically, obese survivors may experience limitations in mobility, chronic pain and increased risk of lymphedema, all of which contribute to diminished quality of life. Psychologically, body image concerns, depression and anxiety are prevalent among obese survivors, further impacting their emotional well-being. Socially, stigma and discrimination related to weight can lead to social isolation and decreased participation in social activities, exacerbating feelings of loneliness and alienation [4].

Rehabilitation plays a crucial role in addressing the complex needs of breast cancer survivors, particularly those who are obese. Tailored rehabilitation programs focusing on physical activity, dietary interventions and psychosocial support are essential for promoting functional recovery and improving quality of life. Physical activity, including aerobic exercise, resistance training and flexibility exercises, helps mitigate the adverse effects of obesity by promoting weight loss, improving cardiovascular fitness and enhancing musculoskeletal strength and flexibility. Dietary interventions, such as calorie restriction, healthy eating habits and nutritional counselling, are essential for managing weight and reducing obesity-related comorbidities. Psychosocial support, including counselling, support groups and stress management techniques, helps address the emotional and social challenges faced by survivors, promoting resilience and well-being [5].

Effective rehabilitation requires a collaborative approach involving healthcare professionals, policymakers and community stakeholders. Healthcare providers play a central role in screening for obesity, assessing functional status and developing personalized rehabilitation plans tailored to survivors' needs and preferences. Policymakers can support rehabilitation efforts by advocating for policies that promote access to affordable healthcare services, rehabilitation programs and supportive environments conducive to physical activity and healthy living. Community organizations and support groups provide valuable resources and social support networks for survivors, facilitating adherence to rehabilitation programs and promoting long-term behavior change [6].

## Conclusion

Obesity poses significant challenges to functional recovery and quality of life among breast cancer survivors. However, targeted rehabilitation interventions focusing on physical activity, dietary modifications and psychosocial support

can mitigate these challenges and improve post-treatment outcomes. A collaborative approach involving healthcare professionals, policymakers and community stakeholders is essential for implementing holistic rehabilitation strategies that address the complex needs of breast cancer survivors and promote long-term well-being.

---

## Acknowledgement

None.

---

## Conflict of Interest

None.

---

## References

1. Chooi, Yu Chung, Cherlyn Ding and Faidon Magkos. "The epidemiology of obesity." *Metabolism* 92 (2019): 6-10.
2. Ferrillo, Martina, Dario Calafiore, Lorenzo Lippi and Antonella Petri, et al. "Systemic and oral health parameters in eutrophic and overweight/obese adolescents: A cross-sectional study." *J Personal Med* 13 (2023): 1073.
3. Chong, Bryan, Jayanth Jayabaskaran, Gwyneth Kong and Yiong Huak Chan, et al. "Trends and predictions of malnutrition and obesity in 204 countries and territories: An analysis of the global burden of disease study 2019." *EClinical Medicine* 57 (2023).
4. Losco, Luigi, Ana Claudia Roxo, Carlos W. Roxo and Federico Lo Torto, et al. "Lower body lift after bariatric surgery: 323 Consecutive cases over 10-year experience." *Aesthetic Plast Surg* 44 (2020): 421-432.
5. Park, Jiyoung, Thomas S. Morley, Min Kim and Deborah J. Clegg, et al. "Obesity and cancer—mechanisms underlying tumour progression and recurrence." *Nat Rev Endocrinol* 10 (2014): 455-465.
6. Mauceri, Rodolfo, Martina Coppini, Davide Vacca and Giorgio Bertolazzi, et al. "Salivary microbiota composition in patients with oral squamous cell carcinoma: A systematic review." *Cancers* 14 (2022): 5441.

**How to cite this article:** Johnson, Sophia. "Obesity and Cancer Rehabilitation for Functional Recovery and Quality of Life in Breast Cancer Survivors." *J Tissue Sci Eng* 15 (2024): 345.