

# Mayo Clinic Q & A - Dr. Andrea Cheville - Physical Medicine ...

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## SUMMARY KEYWORDS

cancer, rehabilitation, patients, physical, treatment, mayo clinic, rehab, palliative care, provider, cancer treatment, caregivers, occupational therapy, question, life, important, function, partner, commonalities, effects, surgery

## SPEAKERS

Narrator, Jason Howland, Dr. Andrea Cheville

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**N** Narrator 00:01  
Coming up on Mayo Clinic Q&A,

**D** Dr. Andrea Cheville 00:04  
Cancer rehabilitation is a large collection of clinical approaches that all share the common goal of maintaining function, restoring function, and more broadly, maintaining personhood, helping them resume meaningful, fulfilling lives after they complete their cancer treatment. We walk with them every step of the way.

**N** Narrator 00:28  
Cancer and its treatment often cause physical, psychological, and cognitive problems. Cancer rehabilitation can assist patient's return to activities of daily living, and at times help patients experience a fuller, quicker recovery.

**D** Dr. Andrea Cheville 00:43  
I think it's important for every patient to consider their own goals. I think it's too often assumed that because they have cancer becoming weak, giving up valued hobbies, not working, experiencing pain are the norm and are inevitable, and that is simply not true.

**J** Jason Howland 01:04  
Welcome everyone to Mayo Clinic Q&A. I'm Jason Howland sitting in for Dr. Halena Gazelka.

Available before, during, and after cancer treatment, cancer rehabilitation helps people with cancer maintain and restore physical and emotional well-being. It can help people with cancer cope with the side-effects of cancer, and even recover more quickly after treatment. So, what's involved in cancer rehabilitation? Joining us today to discuss is Dr. Andrea Cheville, a Mayo Clinic physical medicine and rehabilitation expert. Welcome to the program, Dr. Cheville.

**D** Dr. Andrea Cheville 01:39

Oh, it's my absolute pleasure to be here.

**J** Jason Howland 01:42

Well, let's start with the basics. What is cancer rehabilitation, and who is it for?

**D** Dr. Andrea Cheville 01:50

Cancer rehabilitation is a large collection of clinical approaches that all share the common goal of maintaining function, restoring function, and more broadly maintaining personhood. We obviously don't want the process of curing cancer to leave patients with lasting issues that are going to compromise the quality of their life. So, before we talk about prehabilitation, getting them ready for treatment, minimizing any potential harm during treatment, and then helping them resume meaningful, fulfilling lives after they complete their cancer treatment. We walk with them every step of the way.

**J** Jason Howland 02:39

So, some of our listeners may be familiar with palliative care. So, what is the difference between palliative care and cancer rehabilitation?

**D** Dr. Andrea Cheville 02:48

Well, that's an excellent question. I actually am also a palliative medicine provider. And so, I'm well positioned to respond. One of the commonalities, we both share targets that are not diseases that are not body systems. In palliative care, we focus on best quality of life. Often in cancer rehab, our focus is more aligned with best physical function, but also symptom control. So, there are a lot of commonalities. I think, two big distinctions, so often cancer rehab works a little upstream in the cancer journey. We work with patients before they've had any treatment, during active cure directed treatments, whereas palliative care traditionally comes a little bit later, but there's a substantive degree of overlap. And we use different tools. Often in rehab, we're focusing on restoration, getting somebody as good as they can possibly be, ideally the way they were before diagnosis. Where in palliative care, many times because we're focusing on the later stages of disease, we're less reliant on physical approaches and exercise, and we use medications and other approaches that may otherwise not be feasible because of the target population.

J Jason Howland 04:12

So, what type of specialists are involved in cancer rehabilitation for patients?

D Dr. Andrea Cheville 04:19

A whole spectrum, honestly. Like me, there are physicians that practice physical medicine and rehabilitation. We have outstanding support from our physical and occupational therapy colleagues, speech, and language pathologists. Many of our patients with head and neck cancer who go through treatment derive great benefit from working with them. Athletic trainers and coaches also play an important role and actually an increasing role. So, there really is quite a range. Psychologists also participate in cancer rehab. The paradigm, the model in rehabilitation medicine is an interdisciplinary team harmonizing and working in close partnerships to develop an individualized program for each unique individual that meets their needs, and goals, and preferences.

J Jason Howland 05:12

Fantastic. So, is cancer rehabilitation, is it available for both children and adults with cancer? You mentioned, athletic trainers, I'm assuming that it is available then for children as well?

D Dr. Andrea Cheville 05:23

Absolutely. In fact, there's some very exciting work being done at St. Jude's Cancer Center in Tennessee. Realizing that kids with cancer, they emerge with their whole lives in front of them. And yet, often in the course of treatment, they develop conditions like neuropathy that will, unless we rehabilitate them, could really undermine their potential in life. So, absolutely. Cancer rehabilitation has a major role to play for our pediatric patients.

J Jason Howland 05:57

So, do all cancer care providers offer cancer rehabilitation?

D Dr. Andrea Cheville 06:03

Not consistently. Most of the National Cancer Institute affiliated cancer, our comprehensive cancer centers do. We are trying very hard to rectify this so that every cancer survivor has the opportunity to easily access and fully benefit from cancer rehabilitation, but that currently is not the norm.

J Jason Howland 06:29

So, what can people with cancer expect as they enter into this program, into cancer

rehabilitation?

D

Dr. Andrea Cheville 06:36

You know, it isn't a very satisfying answer, but it's so depends on the patient. I'll give you an example of a cancer journey. We have patients say they have a gastro, a GI cancer. Many times, they present in what we call a later stage. Before we can operate, we need to deliver chemotherapy and radiation to shrink the tumor so that surgery becomes feasible. At that point, many times we partner with them going through this aggressive therapy. It's a bit counterintuitive, but we want to condition them that they are undergoing the physiologic equivalent of an Olympic event. It's incredibly demanding. So, we are trying to support them nutritionally, from an exercise perspective, manage their stress, so that we can make sure that patients don't develop needless morbidity, or consequences of their treatment. And they make it to surgery and fully thrive after surgery. And then usually we walk with them, particularly once the demands of cancer treatment start to diminish, to ensure they can reenter their job market, remain employed, so that they can re-engage in defining life roles. And these are so different for every patient. So, that's an example, and of a patient with a late-stage GI cancer, we deliver prehab before or during chemo radiation, we partner with them in the hospital during their surgery, and then we walk with them afterwards.

J

Jason Howland 08:22

So, what questions do you think people with cancer should ask their care teams about cancer rehab?

D

Dr. Andrea Cheville 08:29

Oh, that's an excellent question. I think it's important for every patient to consider their own goals. And these are highly unique and individual obviously. I think it's too often assumed that because they have cancer, becoming weak, giving up valued hobbies, not working, experiencing pain are the norm and are inevitable, and that is simply not true. Some of that, obviously the cancer journey is not a pleasant one. However, often there are treatments, there are solutions to many of these problems. And so, I think it's important for patients to think about what do I want, what's impairing my ability to function the way I would like to function to not be able to fully engage in the things that give meaning to my life, and let their care teams know. Usually a good starting place, physical and occupational therapy are broadly available. In fact, that's a criterion for credentialing for some of the cancer organizations. The providers must have some degree of rehabilitation and usually that is just the ability to refer to a PT and OT, it's not on site. So, that actually is an important correction or caveat to what I mentioned previously, but I think they certainly can solicit a physical or occupational therapy referral from their provider, but also communicate to the provider what their goals are. Obviously, it's to get through treatment to survive cancer. But that doesn't mean we have to defer comfort and function until the cancer is fully addressed. And for some patients, it will never be fully addressed. We need to ensure that the life they have is as comfortable and as meaningful as it can be.

J Jason Howland 10:38

Excellent. You know, we've been talking about the patients here, but what about the caregivers of people with cancer? What do you think they should know about cancer rehabilitation?

D Dr. Andrea Cheville 10:49

I think they should know that it's available. It's interesting, we actually did a study where we were asking patients, these are patients with stage four cancer or metastatic cancer, if they were interested in receiving help, and many of them were really struggling with basic functions like dressing and getting around inside of a building. And we were surprised at how many said, well, it's okay, my caregiver does all that, I'm fine, but they'll help me. And when we query caregivers, many of these individuals are tired, their own health is in jeopardy. And so, the ideal in a cancer rehab team is full engagement of the caregiver or partner. And so, I think it's vital that caregivers understand, and many times a clinical provider can tell a patient what their spouse or child or partner may not be able to, that you do need to get out of that lazy boy, you do need to walk because if you don't, you won't be eligible for cancer treatments in the future. We need to keep you moving. So, it truly is a partnership and a team effort.

J Jason Howland 12:04

Important question here, and I'm sure one that you hear from patients quite a bit. Is cancer rehabilitation covered by insurance?

D Dr. Andrea Cheville 12:12

It is. No question about insurance is simple. However, visits with a physical medicine and rehabilitation provider are covered by federal and commercial payers. Physical and occupational therapy as well as speech therapy are almost 100% covered by federal and commercial payers. However, the number of visits that a patient is eligible for can vary tremendously. And so, it becomes important that a patient when they're referred for one of these services, usually the provider, whoever is providing those services can tell them very specifically what their coverage will be because of the variance across plans. So, the simple answer is, yes, it's covered. But unfortunately, the devil is in the detail. And there are potentially important differences across plans that we would sure like our patients to be aware of.

J Jason Howland 13:14

And then we're just about out of time, but I've got one final question for you. Can cancer rehabilitation, can it help people with late effects, like side-effects that happen months or years after cancer treatment?

D Dr. Andrea Cheville 13:26

Absolutely. And that's been a big focus of our attention here at Mayo. We have a very robust

research program in the detection, the early detection of late effects because that almost without exception in cancer rehab, we sure want to get things early, because they tend to be more treatable with less effort on everybody's part, the patient the provider. So, we, early detection is a big part of care. But things like what we call radiation fibrosis that can lead to joint contractures, neuropathy, lymphedema which is a swelling of a body part, loss of muscle can be a late effect. And so, many of these are, they may not be wholly reversible, but I would say 80 to 85% of the time we can address them to the point that they do not impede a patient's comfort and performance.

**J** Jason Howland 14:23

Fantastic. Well, we are all out of time, but we'd like to thank our guest today, Mayo Clinic physical medicine and rehabilitation expert, Dr. Andrea Cheville, for being here. Thank you much.

**D** Dr. Andrea Cheville 14:34

My pleasure.

**J** Jason Howland 14:35

Talking about cancer rehabilitation. Thanks, everyone for listening, and we'll see you on the next episode.

**N** Narrator 14:41

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