



Cancer Lifestyle Intervention Research and How it Impacted My View of Physical Therapy

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Walking into my undergrad at University of Arizona, I had a vague interest in becoming a physical therapist. I was a competitive runner in high school and thought it seemed interesting to have a job in which I get to work with athletes. As far as I knew, that was the extent of the work that physical therapists did.

I decided to major in Public Health in my undergrad to get a broader perspective of health before delving into my graduate education. Through contacts within my major, I applied to a research position. At the time, I thought I was just applying for a cancer research job unrelated to physical therapy. But this experience actually expanded my understanding of the scope of the profession and shaped my professional goals in the field of PT.

The study I worked for is called the “Lifestyle Intervention for oVarian cancer Enhanced Survival”, or LIVES study. It is the largest lifestyle intervention study done on Ovarian cancer in the country. Basically, participants are randomized into either the control group or the intervention group. The intervention group receives telephone-based motivational interviewing aimed towards achieving nutrition and physical activity goals. The control group receives general symptom management and health coaching. Outcomes for the study included 6 month-interval sleep questionnaires, activity tracker data, symptom questionnaires, dietary interviews, and quality of life surveys. The participants work with the same coach for the duration of their two years on the study, and I had the privilege of being a control group coach.

Because there was no need (in fact, it was not allowed) to set goals surrounding nutrition and physical activity, the patients I worked with had the liberty of talking about whatever was on their hearts or minds. Sometimes the topic was grandchildren, or planned vacations, or current life stressors. But most often, these conversations centered around their symptoms. A frustration shared by many of the women was that they didn't have the cancer anymore, but they still had little reminders that it had been



there. It was embarrassing dealing with incontinence, it was painful caring for children with chemotherapy-induced peripheral neuropathy, and it was taxing not being able to get a full night's rest. Their symptoms, whether caused by the cancer itself or its treatment, were chains binding them to a part of their past that they wanted to move on from.

Incontinence, peripheral neuropathy, and poor quality of sleep are just a few of the many symptoms experienced by people who have survived cancer. And through the few patients who were informed enough to seek physical therapy, I learned that physical therapists play an integral role in cancer rehabilitation. I heard first-hand accounts of patients increasing their quality of life by seeing a physical therapist. I heard the sighs of relief when they talked about how much of their life they got back after getting treatment.

A common thread in my conversations with Ovarian cancer survivors was the feeling of being alone in their post-cancer journeys. When they had cancer, these women were surrounded by health professionals and felt supported left and right by friends and family members. After cancer, they often felt left in the dark and abandoned. One of the most helpful things I could say to a patient was "you are not alone". My patients breathed sighs of relief when I normalized their concerns and informed them that many of my patients share similar beliefs. It seems like many of these women were not properly prepared for what to expect post-cancer. This is a gap in healthcare that physical therapists can fill. We can be a support in transitioning from cancer to post-cancer life.

A related concept that I talked often about with my patients was the idea of finding a "new normal" after cancer, and I think this is a cornerstone of the profession of physical therapy. Unfortunately, physical therapists cannot fix all the symptoms, all the time. However, we can be an integral part of a cancer survivor's rehabilitation process and empower them to have control over their symptoms. For example, although there is still no cure for chemotherapy-induced peripheral neuropathy, we can inform patients of the research on exercise and its mitigation of neuropathy severity, and give them guidance to protect their feet and prevent injury. We can help lead patients gracefully into their "new normal", and remind them that they do not have to be controlled by their cancer and its effects.



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In 2019 I was given the opportunity to use the LIVES data to study how physical activity and sleep affects neuropathy symptoms in ovarian cancer survivors. I studied the very thing that was a subject of many conversations and much frustration for my patients. My experience with research shapes my desire to research other ways that physical activity and physical therapy can influence the symptoms associated with cancer.

I am so thankful to my patients for trusting me with their cancer survivorship journeys. I was given little glimpses of the pain and fear surrounding cancer rehabilitation, and I saw where physical therapists can help improve quality of life through the process. This experience opened my eyes to the realm of oncological physical therapy and made me excited for the potential we have to improve the future of cancer rehabilitation.