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**Supporting the Adolescent and Young Adult Population as an Oncology Rehabilitation Practitioner**

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New cancer diagnoses are increasingly more common across the lifespan. For those diagnosed between the ages of 15 and 39, a cancer diagnosis is more than a slight shock. In this adolescent and young adult (AYA) population, a cancer diagnosis is life-altering and comes with many special considerations and hurdles including delayed diagnoses, financial burden, and persistent comorbidities. As oncology rehab professionals, we have a unique opportunity to support the AYA population and facilitate recovery from treatment, lifelong prevention and wellness skills, and self-advocacy.

The Surveillance, Epidemiology and End Results Program (SEER) from the National Cancer Institute estimates that new AYA cancer diagnoses will account for about 4.5% (approximately 87,000 individual cases) of all new cancers in 2022.1 The most common types of cancer diagnoses in this population are thyroid, breast, and melanoma.

The 5-year survival rate is relatively good for this population at 85.5% overall.1 However, when broken down into gender and race, the statistics look similar to what we see across the healthcare continuum for other medical conditions. For example, for those assigned male at birth, the survival rate is 82.3% compared to 87.5% for those assigned female at birth. And survival statistics are 88.7% for non-Hispanic white people compared to 81.7% and 71.4% respectively for Hispanic and non-Hispanic black people.2

Generally, AYA cancer incidence increased by about 3-4% annually between 2007 and 2016 as the mortality rate declined by about 1% annually in the same decade.2 As rehab professionals in the oncology realm, we have our work cut out for us in supporting this population where diagnoses *and* survival rates are trending up. We are in a special position to aid and advocate for the AYA population as they face many challenges during cancer treatment and survivorship.

As a unique patient population, AYAs also see unique struggles from diagnosis to survivorship. One major disparity experienced by the AYA population is delayed diagnosis. People may not seek care as early due to their younger age, financial reasons, being under- or uninsured, or because they believe symptoms will eventually subside. Also, some providers will suggest a “watch and wait” approach when further testing is actually indicated. For these reasons, many AYAs are diagnosed at more advanced stages and may require more aggressive or prolonged treatments, especially in the case of metastatic disease.

AYAs also tend to have limited financial resources. Many are in school or don’t yet have established careers. Many do not have adequate healthcare coverage through their parents, university, or employer. Not only does being uninsured or underinsured delay access to appropriate medical care, but it also increases out-of-pocket medical costs and may lead people to decline necessary medical care which ultimately affects treatment outcomes.2 Long-term medical debt can be crippling for this population and providers should recommend local and national organizations that could be of assistance as people navigate the costs of their care.

Fertility considerations are also important to this population. With diagnosis at younger ages, many people have not had the opportunity to start a family. Providers should educate their patients on fertility preservation options prior to starting treatment if appropriate, however 18% of males and 38% of females did not complete fertility preservation, stating they were unaware of their options or of the necessity.3 Facing a life-threatening illness at such a young age is extremely stressful, and people appreciate having options for family building in survivorship, even if it’s not exactly how they envisioned it.

Cancer treatments, of course, also come with their own risks. Long-term treatment side effects can lead to various comorbidities including musculoskeletal, neuromuscular and integumentary impairments, cognitive dysfunction, mental health concerns, infertility, sexual dysfunction, cardiovascular disease, and increased risk of developing future cancers.4-7 AYA survivors unfortunately report that many of their needs go unfulfilled in the first year after their diagnosis including access to a mental health professional (56%), cancer rehabilitation (58%), and/or pain-management services (63%).2

Bearing in mind these considerations, know that rehab professionals are vital to this AYA oncology population. Firstly, we may be some of the first practitioners to recognize a patient’s symptoms. It is not unlikely that patients with pain will be referred to us for first-line treatment. Should a patient not respond to rehab interventions appropriately, we have a responsibility to refer back to their physician for further testing. Appropriate screening for red flags and referral for follow up imaging could lead to earlier detection for those in this younger population.

Also, both during and after treatment, we have the capacity to mitigate the side effects of treatment. As movement experts, we address impairments and compensatory body mechanics causing functional limitations. We facilitate return to work or other activities and we also have the time and knowledge to educate patients on prevention and wellness measures that may benefit them. With some statistics showing that exercise can reduce cancer mortality and recurrence risk by up to 50%,8 we should share current exercise guidelines with our clients and encourage them to adhere to healthy lifestyles in survivorship.

Lastly, we are in an excellent position to refer to other supportive services. Sharing resources and references for mental health concerns, sexual dysfunction, lymphedema or other specialized rehab services, nutrition services, or local survivorship organizations have a large impact on quality of life for AYA clients. We should never underestimate the value of our services for this population.

To conclude, the World Health Organization Rehabilitation 2030 Initiative launched in 2017 with the goal to expand access and coverage for rehab services in oncology care.9-10 As we continue to fine-tune exercise recommendations for the oncology population and our field expands, oncology rehab professionals will be in an optimal position to facilitate maintenance and recovery of physical function and quality of life for the AYA population.

Our services should be consistently recommended by all oncology providers and it is our duty to ensure that oncologists, surgeons, radiation oncologists and auxiliary oncology professionals are aware of the opportunities we provide for our patients. Oncology rehab professionals should advocate for AYA patients in their community and through local medical systems to allow for growth of oncology rehab programs and services in order to best serve our clients.

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