

MiOTA Oncology SIS Meeting Minutes

3/10/22

7 pm - 7:05 pm: Introductions

- Welcome everyone. We are so happy to have you all take time to join us today.
- The oncology special interest section was developed in 2021; our goal is to provide OTs working with oncology patients a supportive group to network with, learn with, and learn from. We meet biannually and aim to have speakers with a specialized area of knowledge within oncology related to occupational therapy practice. We meet biannually
- Our speaker today is our Oncology SIS co-lead Claire Dolislager. She is an occupational therapist at Holland Hospital, where she specializes in lymphedema, and she is currently finishing her post-professional doctorate at St. Catherine's University. She will be presenting her research today on Implementing Pre-habilitative Approaches in head and neck cancer.
- Just as a housekeeping reminder, please mute your microphones when not speaking
- Please type any questions into the google meets chat box; you can direct them to me or to the group if you are comfortable with that.
- Without further ado

7:05 pm - 7:35 pm: Claire presents on Implementing Pre-habilitative Approaches in head and neck cancer

- Objectives
 - Examine needs of patient with head and neck cancer
 - Identify evidence based pre-habilitative/early intervention approaches
 - Discuss strategies for implementing pre-habilitation in head and neck cancer populations
- Pre-rehab definitions
 - Interventions that begin prior to cancer treatment
 - Interventions that begins prior to impairment due to cancer treatment
 - Both: early education
 - Prevent problems
 - Address problems
- Head and neck CA: pharynx, larynx, any part of oral cavity, thyroid, tonsil,
 - SCC most common
 - Two main causes: tobacco and alcohol abuse or HPV
 - HPV on the rise
 - 54,000 new cases (2.8% of all new cancer diagnosis)
 - 5 year survival rate: 66.7%
- Not a lot of reliable screening tools
- Head and neck cancer not as talked about, as known (not because they have fewer needs
- Needs and service gaps

- Ex: decreased driving (patients that don't return to driving, don't return to work)
- Treatment associated occupational limitations
 - Knowledge
 - Sequelae
 - IADL/ADLs
 - Driving, swallowing, many more
- Radiation treatment mask
- Face and neck surgery limitations functional perspective (e.g. keeping saliva in mouth)
- Psychosocial
 - Facial disfigurement, depression, anxiety, suicide rates
- Highest suicide rate
- Health management
- Work
 - Early retirement
- Interdisciplinary Themes
 - 1. Education
 - Patients want more information, earlier the better
 - E.g. Sleep disturbance, fatigue, speech, eating, length of fatigue, severity of surgery, HPV
 - Education can improve patient outcomes: lymphedema affects 75-95% population for 3 years post treatment
 - Education ahead of time can reduce distress and promote awareness and reduce loss of function
 - Education delivery is important
 - establish trust, partnership, and promote listening.
 - Patients like to have something to reference (e.g. something patients can carry or access on their phone)
 - 2. Evidence based interventions
 - Psychological
 - Coping (anxiety and depression, including radiotherapy mask anxiety)
 - Physical
 - Exercise (reducing dysphagia, reducing fatigue).
 - Special considerations for subpopulations
 - Younger population
 - Social isolated population
 - 3. Intervention timing
 - Early is better (education asap)
 - Exercise for minimizing dysphagia (start 4 week prior to radiation)
 - During radiation, exercise helps minimize fatigue (moderate resistive + aerobic exercise during radiation)

- Ongoing screening is a must
 - Prehab (starting things early) + rehab
 - 4. Return to work
 - Common issues in HNC
 - Few studies related to intervention
 - screening/intervention tool + proactive intervention
- Implementation for OT practice (emerging field)
 - Provide intervention early (education on daily living) lymphedema risk and early, radiotherapy pask, pre-treatment neck and shoulder exercises, anticipated changes to ADL
 - OT should work closely with interdisciplinary teams
 - Seek out advance training in HHC
 - Aspects of HHC care that may be best addressed by OT
 - Driving, work, ADLs
 - More research is needed to demonstrate the distinct value of OT in HNC care

End of presentation

- 7:35 pm - 7: 45 pm: Discussion/addressing questions.
 - What are your initial thoughts about OT's role in prehabilitation with HNC
 - What barriers do you foresee or have you experienced
 - What solutions have been successful?
 - Who needs to hear this
 - What would a communication model look like
- Touching base with participants on filling out feedback surgery (to be sent out with CEU certificate). Notes will be available on the MiOTA oncology SIS website (post link). Email Claire
- You will all be getting an email from Keeli Baker with your CEU certificate for attending as well as a survey to provide feedback.
- Most research is need to demonstrate the distinct value of OT in HHC care

7: 45 pm: Danning to introduce occupational therapist Marz Roehrig (Michigan Cancer Consortium Lead)

7:46 pm - 7:57 pm: Marz to discuss MCC updates, facebook, journal club.

MCC Description and Updates

- Michigancancer.org
- Cancer is the second leading cause of death in Michigan. The Cancer Prevention and Control Section aims to reduce cancer incidence and mortality by promoting prevention, early detection, treatment options, and caring for those diagnosed using public health approaches. Addressing cancer disparities and promoting health equity is vital in this work.
- Information is available online regarding programs, services, and resources provided to serve Michigan residents

Journal Club candidates:

1. Assessment of Cancer-Related Cognitive Decline in an Inpatient Oncology Population (Erika Dobson, MOT, OTR/L, CBIS; Malarie Chant, MOT, OTR/L)
 - “Cancer-related cognitive decline (CRCD) is not well understood in the oncology population, and evaluation for cognitive dysfunction while inpatient is not routine. The aims of this project are to (1) identify the prevalence of CRCD in an inpatient hospital, utilizing the Trail Making Test Part B, and (2) identify differences between individuals experiencing CRCD and those scoring within normal limits.”
2. Health Through Activity: Initial Evaluation of an In-Home Intervention for Older Adults With Cancer (Kathleen Doyle Lyons; Martha L. Bruce; Jay G. Hull; Peter A. Kaufman; Zhongze Li; Diane M. Stearns; Frederick Lansigan; Mary Chamberlin; Alexander Fuld; Stephen J. Bartels; Jessica Whipple; Marie A. Bakitas; Mark T. Hegel)
 - “ The objective of this study was to assess the feasibility of conducting a future full-scale trial to test the efficacy of an in-home occupational therapy intervention designed to reduce disability in older adult cancer survivors.”
3. Feasibility of Remote Occupational Therapy Services via Telemedicine in a Breast Cancer Recovery Program (Lily L. Lai; Heather Player; Sherry Hite; Vikas Satyananda; Jennelle Stacey; Virginia Sun; Veronica Jones; Jennifer Hayter)
 - “Importance: Access to perioperative breast surgery occupational therapy services remains limited in remote areas.
Objective: To assess the feasibility and acceptance of occupational therapy services using a “hub-and-spoke” telemedicine model.
Design: Prospective study using videoconferencing to connect the occupational therapist, located at the hub site, with the patient, located at the spoke site.”

For Meeting Chat:

MiOTA Oncology SIS is on Facebook! [facebook.com/groups/miotaoncologysis](https://www.facebook.com/groups/miotaoncologysis)

Please respond to the poll regarding Journal Club Options.

Michigan Cancer Consortium: [michigancancer.org](https://www.michigancancer.org)

Visit the MCC website to view programs, services, and resources provided to serve Michigan residents.

7:57 pm - 8:00 pm (Denise): Wrap up. Remind listeners of:

- MiOTA virtual conference April 23rd
- Face to Face Conference October 6-8, 2022
- Call for papers due by April 15th
- Vote for communications and finance directors by March 11th
- Thank everyone for coming. Provide contact information on MiOTA oncology SIS for questions.