(MUSIC PLAYS)

SPEAKER:  
You're listening to everyday evidence presented by the American Occupational Therapy Association, helping the occupational therapy practitioner apply evidence to practice. Here's your host, Matt Brandenburg.

MATT BRANDENBURG:  
Alright. Today we are joined by Robin Newman and Katie Polo. Thank you both so much for sharing your knowledge and expertise with us on the show today.

ROBIN NEWMAN:  
Thanks for having us.

KATIE POLO:  
We appreciate being here, Matt. Thank you for having us.

MATT BRANDENBURG:  
Absolutely. I've been looking forward to this interview and catching up with you. As way of introduction, Robin, you are clinical associate professor and program director in the Behavior and Health Program in the Department of Occupational Therapy at Sargeant College of Health and Rehabilitation Sciences at Boston University. And Katie, you're calling in as an associate professor in the School of Occupational Therapy at the University of Indianapolis. How did you two meet?

KATIE POLO:  
Oh, Robin and I, we go back quite a bit. Just the cancer world is very small. And so Robin and I have collaborated on a couple of different activities through the years in the cancer world, and AOTA approached both of us and also our team in general, seeing if we might be able to update these clinical practice guidelines. So, I got to work with Robin once again and it was a great experience.

ROBIN NEWMAN:  
Yeah, I'd echo that. It's always nice when you get to work on projects with friends. So, this was a real pleasure.

MATT BRANDENBURG:  
That's so wonderful that you're working as a team and as friends. And as you mentioned, you contributed to the occupational therapy practice guidelines for adults living with and beyond cancer. That's our topic for today. And before we dive into those practice guidelines, what are some of your findings were and what those implications are? Can we shout out your research team, who else was helping on these guidelines and who do you wanna give a thank you or a shout out to?

KATIE POLO:  
This was a national effort, Matt, and it was a pleasure working with so many practitioners, researchers in the occupational therapy world, in reviewing all of this literature together we had a spectacular team. Ian Fleisher, Stacy Morikawa, Yassi Amanat and Claudine Campbell joined us in efforts to review the literature and put all of this together, make sense of it and to be able to disseminate it to practitioners in a way that translates this knowledge to practice.

MATT BRANDENBURG:  
And that's the big end goal of practice guidelines, right? To help translate evidence to practice. Not everyone gets a first hand view of all the work and all the research and all that goes into developing such a comprehensive document, could you kind of quickly define what a practice guideline is and how this publication was developed?

KATIE POLO:  
Absolutely. So, practice guidelines are systemically developed documents that help practitioners and their clients really choose interventions that are evidence based and also effective. So, these guidelines can be used to learn about occupational therapy's role in supporting clients as they move through and beyond treatment for cancer. They can help develop plans of care for practitioners and patients, and help us to select interventions that meet the needs of our clients. So, really clinical practice guidelines are also used by educators. I'm in the field of education, and I utilize these frequently with my students to learn interventions. They can be used by managers, regulators and also US researchers to understand the role of occupational therapy.

MATT BRANDENBURG:  
I love that it's such an amazing resource for the clinicians and educators, managers, literally everyone, as you mentioned, what motivated each of you to focus your efforts and your scholarship on people living with and beyond cancer? Specifically.

KATIE POLO:  
This is Katie, I was working at a hospital in their lymphedema clinic, and I saw so many clients that needed further occupational therapy services beyond swelling management. And I started to notice this gap in occupational therapy care and intervention. And so it sparked a fire in me to reach out to national provider of support groups called Cancer Support Community. And I started to partner with them and offer various occupational therapy, health and wellness services through the years to adults living with and beyond cancer in the community. Both organizations really support people in their loved ones through their cancer journey by offering support as well as wellness services free of charge. So, it was a very nice I think, natural environment to be able to be an occupational therapist in the community and offer these types of services. So, I really got into it because I noticed that gap and care and the need for occupational therapy services beyond lymphedema care.

ROBIN NEWMAN:  
I certainly can echo that, Katie. It was in some ways my my experience as well in the clinic that led me further. I really became very interested in cancer care when I was a graduate student in occupational therapy at New York University. And as we all know, a big part of occupational therapy care is focused on the psychosocial aspects of living with or beyond an injury and illness or disability. And as I was pursuing my coursework, I took the opportunity one summer to volunteer at Memorial Sloan Kettering Cancer Center in New York City to better understand the psychosocial implications of living with and beyond cancer. I have this very vivid memory that sticks with me 24 years later, from a meeting I had with a cancer patient who had a terminal diagnosis. And I just remember sitting with her and allowing her to share her story with me. And when she was finished, she said, you know, you're a good listener. You're really good at this. And it was through this opportunity of interacting with patients, listening, hearing their stories, and really understanding that life can change in an instant.

And people are tasked with not only undergoing intense treatment, but also living their lives. That I knew this was the path that I personally wanted to take.

KATIE POLO:  
That's where a lot of OT practitioners start is in the field of lymphedema, because it is a little bit more prevalent, quite honestly, than occupational therapy and cancer care.

MATT BRANDENBURG:  
How do practitioners usually make that transition from lymphedema care to, you know, providing more of this holistic type of care for cancer?

ROBIN NEWMAN:  
You know what it is. I'll tell you a funny I'll tell you a funny story. I wouldn't want this, like blasted out. But when I was in OT school, I said to one of my faculty, I wanna work in cancer care. This is 1999, 2000, whatever it was. And the faculty looked me back in the face and said, well, what do you think you'll do? And I said, what do you mean? They said, well, you'll probably just work in a lymphedema center. And I was like, well, don't worry, I'm pretty creative. I'll figure it out, you know? And I just remembered this moment where I was standing and this sort of like, there's no role for us, but there's like, what do you mean there's no role for us, right? And so, probably much like Katie, I wound up just where this person said, right in a lymphedema center. But it was like through this listening, right? It was through listening and hearing the patients coming in, talking about everything else except their arm, I mean, their arm. And then, you know, it was like, Oh, my God, how are you?

How are you working? How are you cooking? How are you doing? Like, how are you doing all these things right? You know, the body image issues, the psychosocial implications for me, that's how I landed on this cognitive stuff is because patients were forgetting their bandages. They were coming late. They would not they would no show. And I was like, wait a minute. Like, this can't be for real, right? Like this is not noncompliance, as the front desk would say, you know, and it was like. When you start asking questions, you start learning, right? Then you release things you see like, Oh my goodness. There's like 25 other problems here. And so I think that's why we all start there. Because it's the tangible physical, easy to refer to place. And then there's like everything under the rug basically.

KATIE POLO:  
And that's exactly what I experienced too, Robin I kept intervening with these clients, and they would walk through my door and I would be asking them questions about their occupation. And they it almost in a way caught them off guard. And they're like, Oh, well, yeah. My, you know, I'm having issues with work because I'm so tired. And balancing that and being able to participate in work is getting to be unbearable for me. And so I kept seeing all these people. Like Robin said, it's just that listening aspect of things and asking more questions, continuing to ask more questions and listening. And then I realized that, you know, these folks, it's not swelling. Their larger issues revolved around occupational performance and their needs to get back to maintaining or participating in their daily life. And so that's when I was like, there's just so much more beyond these swelling services. That's when I started to build health and wellness programming at Gilda's Club in Chicago to try to service the community that had all of these extensive needs.

ROBIN NEWMAN:  
Matt, you're making me remember the story. And, Katie, I'm totally with you all the way. I used to work in a center, you know, in the lymphedema center. And there was a woman that used to come to the center, and she used to come in no matter what the weather was, with her jacket zipped up to her neck and her hood over her head. And a scarf covering most of her face, and she would sit in the waiting room, even if she was alone, looking just like that. And then I would bring her to the back. And she would take all of her, you know, belongings off and she would say, like, I'm free, right? And she would say things like, I don't talk to my family about my cancer. My mother doesn't even know I have cancer. She had grown children, you know, etc. but when she laid down on the table and took her jacket off and her, you know, scarf off and her hood off, the amount of things that she was willing and able to share was like the only time she was free, you know? And it was in those moments that you learn about people, right?

You learn about all these things that people need and want and what they're worried about and what they what they wish for. All of those things, you know, this this woman, she ultimately passed away. But it was so impactful for me. And I can, 20 years later, remember where she was sitting in the center because she just wanted to hide, you know? And there's too many survivors now to hide. You know, there's like, too much that we know and can do and. So, many different interventions that we have to support people, that people shouldn't have to feel like that.

MATT BRANDENBURG:  
Yeah. That's such an important experience. Thank you for sharing. And, you know, it really highlights the importance of practicing in a way that makes people feel comfortable enough to not hide and to express, you know, how they're feeling and really work on improving these areas of psychosocial occupational performance. So, thank you so much for sharing those stories as well, those aspects of your personal journey and kind of what motivated you to to break into this area of practice. I love how you both mentioned how you identified or observed a gap in care and services for people living with and beyond cancer to help their overall well-being and their health. I can't agree more that I think occupational therapy services can really help in narrowing or filling that gap, so people are able to return back to the things that they most wanna be able to do and and perform in their daily life, which is so important in recovery and in living with and beyond cancer as these practice guidelines say, even in their title.

Why do each of you feel it's important for occupational therapy professionals to really be aware of and study and apply evidence related to interventions for this specific population?

KATIE POLO:  
Matt, I find understanding and applying evidence towards practice. It's imperative to provide optimal care and also for improving our patients outcomes. I feel like more and more we have less time with our patients, so I wanna make sure that the time spent with them is time well spent. And using evidence in my practice allows for me to do this.

ROBIN NEWMAN:  
For me, you know, I think evidence based practice is, is central to the field of occupational therapy. No matter the practice area. And with that said, the evidence base for cancer care is continually changing and new and exciting treatments are evolving. And because of this, people are living longer and may be living with long term or late effects of their cancer or their cancer treatments. And these effects that we'll talk about certainly later can be in the areas of physical, cognitive, psychological, and importantly, can also be in the areas of participation such as work and societal participation. We need to know how to apply evidence to support people to not only manage their symptoms, but also to manage their everyday lives with the best available evidence. I always feel like patients are counting on us to keep informed and it's really our professional responsibility.

MATT BRANDENBURG:  
Absolutely. And it's everyone's professional responsibility to practice at the top of their license to be as effective and efficient as they can for the well-being of the people that they work with. So, I'm excited to hear how these practice guidelines can help practitioners and other professionals do just that. I wanna ask if you could go ahead and give us an introduction to this document. How are the practice guidelines really organized?

ROBIN NEWMAN:  
The practice guidelines, the current practice guidelines update the previous practice guidelines that we have from 2017. So, AOTA updates the practice guidelines every five years to keep recommendations on each topic current. And so the current practice guidelines have expanded the breadth of recommendations with things like a specific focus on sleep, the use of technology in telehealth, and addressing post-traumatic growth and spiritual well-being. So, the first section of the practice guidelines is the clinical recommendations. And that includes recommendations on things like cancer related fatigue, internet self management interventions, technology and health interventions, post-traumatic growth and spiritual well-being, physical or mind body exercise interventions. We also have clinical recommendations for CBT, interventions for insomnia. Cognitive training, rehabilitation interventions to improve cognitive performance. Intervention supporting physical activity, behavior change interventions, and mindfulness based interventions, including relaxation and guided imagery.

So, quite, quite a number of clinical recommendations are highlighted in this current guideline. Then we have expert opinions and these are presented for important or common clinical interventions that did not reach the level of an evidence based clinical recommendation due to a lack of research. And these included recommendations for compensatory strategies on cancer related cognitive impairment and energy conservation interventions for cancer related fatigue. Next, there is a section that includes translating clinical recommendations into practice through the use of case illustrations and epigraphs. Which simplify examples of the decision making process practitioners might use to address their specific goals. Finally, the guidelines include strengths and limitations in the current body of literature. This contains gaps in the literature that include the use of occupation and participation based measures, as well as underrepresented symptoms in the literature and advanced cancer. I think it's important to say that, you know, according to the updated practice guidelines, we know that cancer impacts or affects one in three people in the United States, and that number is expected to grow to 22.5 million by 2032.

As a result, there will be millions of people living with and beyond a cancer diagnosis. So, for many, cancer will become a chronic condition with late and lasting side effects that impact occupational performance. So, therefore, occupational therapy practitioners are needed throughout the cancer continuum. And we hope to highlight this throughout the practice guidelines.

MATT BRANDENBURG:  
Thank you so much for describing how the guidelines are organized and set up for the user. That list of of interventions that that are included is very robust. And the stats are eye opening as well. It I think almost everyone knows someone within their own family or someone close to them that is affected by cancer in some way. Can you describe some of these side effects that you mentioned? And why it's important for practitioners to support the health management of persons living with and beyond cancer, especially as it becomes a chronic condition for so many.

KATIE POLO:  
And this is a very important topic given the stats that Robin kind of talked about earlier. So, people, with cancer often experience many side effects or lasting effects of cancer and cancer treatment. And that can include anything from fatigue, pain, neuropathy, cognitive changes, as well as psychosocial implications like anxiety, depression, distress, and fear of reoccurrence. And all of these really can impact occupational performance and participation in everyday life. So, while some survivors may only experience a few side effects, many survivors will experience several at the same time. So, as a result, supporting survivors in managing their own health and side effects are an important part of occupational therapy's role in cancer care. And we really had hoped to highlight this in the new practice guidelines.

MATT BRANDENBURG:  
I love that that's emphasized and highlighted within these practice guidelines. As these side effects will be unique to the individual. And that kind of having that included in this resource, I think can really help practitioners to offer client centered and evidence based care in the most effective way. These practice guidelines are based on systematic reviews with moderate to strong strength of evidence that were all published between, you know, in a three to four year span. To answer the question, what is the evidence for the effectiveness of interventions within the scope of OT practice to improve performance and participation for adults living with and beyond cancer? Let's talk about this question. What really is the summary of clinical recommendations that are included in the practice guideline?

ROBIN NEWMAN:  
I can start us out here. So, I'll first start by framing the question that half of the clinicians on this team worked on. And that question was, what clinical recommendations would you give to practitioners about interventions that address psychosocial interventions related to anxiety, depression, post-traumatic growth and overall psychological distress? So, we had a number of things to look at. And I'm gonna walk you through each of of these results. So, first we looked at technology and telehealth interventions. And here we found strong strength of evidence. And what does that mean. That means that practitioners should consider providing technology and telehealth based interventions to improve psychosocial outcomes. Interventions may include things like coping skills, symptom tracking, psychoeducation, social support, or mindfulness based interventions. These interventions may improve things like distress, fatigue and quality of life for adults with a range of types of cancer and stages of cancer.

So, the next recommendation that we have is for post-traumatic growth and spiritual well-being. And here we also found strong strength of evidence. Practitioners here should consider providing interventions that support post-traumatic growth and spiritual well-being, either individually or in a group setting. It could be in person or remote through technology for adults living with and beyond cancer. So, here interventions may include things like life review, CBT, mindfulness based interventions, creative arts and yoga, and meditation for anxiety and depression. We found moderate strength of evidence regarding the use of mindfulness based interventions and for psychosocial interventions such as disease education, CBT, skill training and social support, both individually or group, face to face or remotely in majority breast or prostate cancer survivors. We also found moderate strength of evidence to support the use of relaxation and guided imagery to improve stress, anxiety and quality of life for adults with breast cancer receiving chemotherapy.

And lastly, we found moderate evidence to support mindfulness based interventions, either individually using remote online supervision or in-person in a group to improve pain for adults with breast cancer. So, what you can see here is we clearly have a very important role in addressing the psychosocial implications of cancer and a cancer diagnosis.

MATT BRANDENBURG:  
Absolutely. And there's so many different grades of evidence that were found at for interventions related to this area of care. I'm excited to hear more about the clinical recommendations as practitioners begin to hopefully incorporate some of these interventions and approaches to their own care. What were some of these recommendations given to practitioners about interventions that address physical activity and the cognitive interventions to support symptom management?

KATIE POLO:  
Sure, Matt. My group was able to kind of work on these clinical recommendations for addressing physical activity and cognitive interventions and for physical activity. We found a strong strength of evidence to support practitioners to consider using tailored, personal tailored moderate physical activity interventions for adults with colorectal and breast cancer for improvement in cancer related fatigue. Our group also found moderate evidence to support these same physical activity interventions such as aerobic resistance, walking and also yoga. And these could improve cognitive performance for adults with cancer. We also found moderate evidence to support practitioners considering providing interventions to support behavior change using motivational strategies, behavior change theories, and mobile health interventions, either individually or in a group, to promote physical activity for adults with cancer. And with regards to the cognitive interventions that we had mentioned earlier, we did find moderate strength of evidence that practitioners could consider providing cognitive retraining rehabilitation.

So, for example, video games or web based applications that can also include support like coaching or psychoeducation or metacognition, either individually or in a group to improve cognitive performance for those with cancer related cognitive impairments.

MATT BRANDENBURG:  
Such wonderful interventions. And as I'm hearing you describe these, I'm imagining a practitioner who works with this population who may be thinking, Oh my goodness, like, I need to add all of these interventions to my toolbox. And I need to, you know, increase my ability to intervene in this way. What are some recommendations you have for our listeners and for practitioners as they go through the practice guideline and find these strong strength of evidences? What would you say if they're feeling kind of that way, like, Oh, I'm not sure. Like this has strong evidence, but how how can I best apply it to my practice? What would you say to them?

ROBIN NEWMAN:  
It's such a great question, Matt. And it's one of those questions in cancer, where it's so rare that a person that we have the opportunity to work with has only one symptom or one occupational performance challenge. Right. And I think what's really interesting about the interventions here and the recommendations is that they can often multitask in a lot of ways. Right? So, so as not to be afraid of them, but to embrace them. Right? We see things like, you know, CBT or mindfulness or relaxation or physical activity. We know that they support so many impairments that people might be living with, with the cancer diagnosis. So, I think it's like a nice way of looking at evidence and saying, WoW, I can have a really robust toolbox and I can pull out the right thing at the right time for the right patient.

MATT BRANDENBURG:  
I love that. I think that also emphasizes the importance of collaborating with patients and clients and, you know, letting them kind of identify their priority areas and express in confidence to clinicians what performance areas they most wanna work on. We'll get back to our interview right after this quick message. You all know, we really try to make research more consumable and applicable on everyday evidence, but did you know that just one minute of your time could help us to improve the show, improve the resources? The American Occupational Therapy Association provides for practitioners and improve the application of evidence to practice within our whole field. Please take our one minute survey. It's only three questions, and you can find the link in this and every episode's description. And support the AOTA in continued efforts to improve our podcasts and to improve the translation of research to practice. Now back to the interview. What clinical recommendations would you give about interventions that address pain, sleep, and self-management specifically?

KATIE POLO:  
Sure. So, we really talked earlier. We wanted to hit home about that. I guess that self-management piece of things. So, for pain management, our group found moderate strength of evidence to support practitioners using providing mindfulness based interventions, either individually or in a group to improve pain for adults with cancer. And I think what I kind of wanna highlight as we kind of go through these is quite a few of these recommendations were for either individuals or practicing in groups, which I think is fantastic for sleep. We found a strong strength of evidence that supports participation in physical either walking or resistance. And or mind body interventions such as yoga, tai chi, qigong,either in a group or individually for clients with breast cancer and those interventions can improve sleep outcomes. We also found moderate strength of evidence supporting cognitive behavioral therapy, and that that intervention could reduce insomnia for cancer survivors. And with regards to self-management, we did find moderate strength of evidence that supports practitioners using an internet based self-management intervention.

And that can include personalized advice, action planning and promotion of problem solving abilities to help manage cancer related fatigue.

MATT BRANDENBURG:  
This last intervention specifically designed for self-management with that personalized advice, action planning, promotion of problem solving, it sounds almost like a functional cognition support. We're kind of a guided discovery approach. Which I think can really help to emphasize client centered care. I wanna ask about a related intervention. What kind of are the expert recommendations for using compensatory strategies for cancer related cognitive impairment?

ROBIN NEWMAN:  
I think this is really an interesting and growing area of work in occupational therapy and amongst other disciplines right now, because we don't really have that gold standard intervention yet. But we do have some really important ideas and important evidence that at least is emerging. So, occupational therapy practitioners certainly can consider and should consider the use of compensatory strategies for cancer related cognitive impairment, with the aim of maximizing function in optimal performance in daily roles and routines. This is throughout the continuum of care. This is that functional cognition lens that you're talking about, Matt. And it's important to have a range of tools in our collective toolbox, because as many as 75% of adults living within beyond cancer have reported some form of cancer related cognitive impairment, this can be things like difficulty with memory, focus, attention, problem solving, etc.. Occupational therapy practitioners, including myself, have utilized self-management and compensatory strategies to address cancer related cognitive impairment, either in a one on one setting or in a group based setting.

I have found great success working in a group based setting. I think that the group can hold powerful opportunities for survivors to collectively problem solve and learn from one another, and in some ways, it really helps to normalize that experience. People often say you too, or I'm not alone. Thank you so much for sharing your experiences with me. It sort of takes down some of the sort of that companion worry that that can go along with changes in your cognitive function that you might not have expected. I think it's also important to to acknowledge the work of Mary Radomski, who is also utilized a range of strategies to address cancer related cognitive impairment, And optimize occupational performance, including things like strategies like pause and reflect to allow for processing thoughts, or use of daily checklists for intentions and goals, activity prioritization, activity pacing, amongst others. And like I said, this is really a robust area of exploration right now for occupational therapy practitioners.

So, that's really great, great to see. Occupational therapy practitioners should employ a client centered, collaborative approach to identify how cancer related cognitive impairment does impact everyday life. All these meaningful and valued occupations for each client. And then consider how to incorporate these compensatory strategies that can include both external supports like daily checklists, calendar alarms, things like that or internal cognitive processes like these pause and reflect or internal cues.

MATT BRANDENBURG:  
I wasn't aware that it's as high as 75% of adults living with and beyond cancer who report some form of cancer related cognitive impairment. You know, I've heard survivors talk about this and how it can be a really difficult adjustment, especially after their cancer is in a remission stage and they're feeling better almost back to where they they were physically before receiving their cancer diagnosis. But cognitively that can be a really tough change and really tough to kind of accept that there is a cognitive change and then know how to work on it and how to get back to where they wanna be.

ROBIN NEWMAN:  
And for many people, Matt, it's a surprise, right? So, and a surprise for not just the the client or the patient, but their family, their workplace, their communities. Right? Some people will say to me, well, you had breast cancer. So, your how could you have a memory problem, right? And so in this way, another role for occupational therapy to help support people living with the cognitive late effects, normalize them and help to build in these compensatory means of performing things that are just really important.

MATT BRANDENBURG:  
Absolutely. That's so well said. You know, really that's part of the overall purpose of this practice guideline to to help translate this evidence, to practice, whether it be, you know, in the ways you just described or applying it directly to day to day and individual care that a practitioner may be providing. In either case, it's pretty rare that practitioners find an evidence based intervention that perfectly fits their clinical setting or their client specific needs. Based on kind of your findings. With these guidelines and your experience, how would you recommend practitioners use the guideline and use the evidence, even when it might not be a direct match with a client that they're working with?

KATIE POLO:  
Sure, thanks for this question, because I think it's a great discussion that we need to talk about more as practitioners. What happens when it's not a direct match with our clients? Can we use it? What how do we translate that? So, I do have to say our group had lots of robust discussion about this question, Matt, when we were going through the evidence, because much of the evidence that we did find that supports these guidelines do come from outside the profession. They might come from the nursing profession, from psychology, from physical therapy. So, it's important for us to understand that. And much of the research that we found was also geared towards a specific cancer, like breast cancer. So, we need to understand as consumers of evidence how that affects me treating a client that doesn't have breast cancer might have a different type of cancer, right? All of these interventions, however, are within the scope of occupational therapy practice. And so I think it's really important as OT practitioners to understand that, yes, these interventions, they might have been researched outside our profession, but they very much are a part of our scope of OT practice.

So, really as OTs, it's important for us and it's vital that we use this evidence by using an occupation centered perspective. And we've been talking about tailoring interventions. And that is our bread and butter of OT. So, how can we take these interventions from outside that are still inside our scope of practice. Use it or look through them with an occupation centered perspective and tailor those interventions to each each unique client and their needs. And we really need to still be focused on the quality of our client's occupational performance. So, I think to answer that question again, Matt, we really need to make sure that we are using an occupation centered perspective and that we are focused on the quality of our client's occupational performance while using these interventions and practice.

MATT BRANDENBURG:  
I love that that it's such a wonderful recommendation. And I think it really highlights the importance of interprofessional collaboration as well, and working with people from those other areas of practice, whether it be physical therapy, nursing, psychology, and bringing the OT lens to that team approach to treatment. So, thank you so much for that. As mentioned earlier, the practice guidelines provide some case studies. Could you share with us, Mark's case as an example of of implementing best practice.

ROBIN NEWMAN:  
Sure, I'd be happy to do that. So, as we were considering the cases that we were developing for the guidelines, we wanted to make sure that that they included a range of occupational performance challenges along with, you know, highlighting that patients often have more than one symptom that they're managing. So, Mark is an example that we felt like really highlights what many cancer survivors experience. They may be working, they may have family or parental responsibilities while also managing their own health and treatment. And so we chose the case of Mark, who is a 45 year old survivor with colorectal cancer, as there's both a rise in cases of colorectal cancer in the United States, as well as a rise in the number of younger cancer survivors. So, Mark highlights this case of Mark highlights the complexity that survivors face while potentially navigating family and work life, while also caring or managing one's own health. So, let me walk you through a little bit about what we talked about with Mark.

So, Mark's working through his treatment, as many survivors do, and reports fatigue with his daily routine, weakness in his arms and his legs. And changes in his cognitive function since starting his chemotherapy, and he is struggling to perform his essential job functions. And so once he was referred to occupational therapy, he collaborated to develop goals to increase participation in physical activity, health management work and social activities with his friends and his family. Goals that increase walking forms of physical activity to improve, like endurance for work, cognitive training, and cognitive compensatory compensatory activities to support work, as well as strategies to improve social participation. So, these were client centered goals. As we know, Mark has a range of activities that he performs in his everyday life, and all the better to be able to support each one of them individually and collectively. So, his treatment plan highlights the effective use of both in-person and telehealth sessions in the outpatient setting.

And we saw this in the evidence. So, evidence based recommendations for supporting fatigue and sleep disturbances, individually tailored cognitive rehab interventions, and multi-component interventions for social participation were incorporated into his weekly sessions, all leading to improvements in participation in all of these meaningful occupations. Now, Mark is not alone in many ways here. He had limited sick time due to his treatments, and because of that, he really benefited from a hybrid model of OT, including in-person and telehealth sessions. So, this can really be a big a big area for occupational therapy practitioners to continue in this space of providing both telehealth and in-person sessions, particularly interventions for fatigue and sleep, here included tailored and supervised moderate intensity walking interventions, as well as self-management interventions to improve his adherence to moderate intensity walking. We also included the use of motivational interviewing and the use of an activity tracker for steps.

Specific interventions for cognitive function included tailored cognitive rehab interventions to address Mark's cognitive changes to maintain his work function, and daily life skills like cognitive training, compensatory strategies, coaching, and metacognition strategies. And lastly, Mark learned to identify three achievable daily goals like goal setting and developed a plan to achieve these goals, including the use of scheduling strategies to help himself feel more accountable. So, specific interventions to support participation in his social activities focused on the use of weekly goal setting, cognitive, behavioral, and mindfulness techniques. So, as you can see here, there's a real focus on the client centered nature of Mark, the complexities of his everyday life. How to think about managing occupational performance and participation, and how to infuse these evidence based interventions throughout his weekly goal setting activities.

MATT BRANDENBURG:  
What a wonderful case. And I think that really illustrates how big the scope of of OT for working with people who are living with cancer and beyond cancer in so many different ways, like there's so many aspects of life that people are feeling are impacted and wanna get back to. So, being aware of the evidence of the interventions of that robust toolbox for a practitioner can help people in so many different ways. And this case is such a wonderful example of it. Katie, what are what are some implications of the research included in these practice guidelines that you'd like to further emphasize, for our listeners?

KATIE POLO:  
We really additionally found gaps in the evidence that are written in a section for practitioners to also understand. And so I'm gonna kind of talk a little bit further about those gaps, because I think it is important for us to note those, for practice. So, these gaps included the use of occupational therapy assessments and also interventions that support occupational performance and participation. And so that's why I wanna to go back to that, that chat that I had a little bit earlier about making sure that we're using that occupation centered lens within our practice. The importance, however, of measuring occupational performance and participation is recognized in practice and in our guidelines. Specific gaps in occupational participation outcomes included in areas of occupations that are impacted by cancer. Included sexuality and intimacy, work, driving, and social and leisure participation, which many of those things were highlighted in Mark's case that that Robin just reviewed. So, practitioners really need to consider using a top down approach, which includes using occupation based assessments and interventions to address all aspects of a client's health and other critical occupations that are affected by multiple side effects from cancer.

And practitioners really should not rely solely on impairment based assessments and interventions, as these methods do not generalize to changes in occupational performance and participation. I think really a blended approach, using that top down and bottom up to understand our clients in a holistic manner is going to be best for our clients with cancer. Another gap that our group found within the literature was underrepresented symptoms. And some of these included body image, sexuality and intimacy. And chemo induced peripheral neuropathy. And OT interventions can support individuals managing these important physical and psychological symptoms to maximize psychosocial and functional well-being. Intervention methods may include remediation and adaptation, lifestyle management, and therapeutic exercise. Also, there is strong evidence to support telehealth service delivery to improve psychosocial outcomes and spiritual well-being of those living with and beyond cancer that are really promising to improve disability for this population.

So, it's something that OT practitioners need to really consider when intervening with these clients. So, OT practitioners really need to also consider using this service delivery option to improve access to care and also reduce barriers to care for those living with and beyond cancer. And finally, Matt, we did find a gap in literature in advanced cancer. So, specifically there is limited evidence demonstrating the use of OT interventions focusing on occupational performance and participation in daily life to support adults living with advanced cancer. And practitioners can address the the care needs of these clients with advanced cancer by adopting a tailored approach for these clients and their support networks. That includes shared decision making and collaborative problem solving regarding illness, impact on occupational performance, and also symptom management and equipment needs that these folks require while living with advanced cancer.

MATT BRANDENBURG:  
Thank you so much, Katie. You and Robin both are such wonderful examples of bringing a a wonderful approach to care for practitioners working with this population. As you mentioned, though, there are still gaps and there are still areas where we as a field of occupational therapy can do better and maybe do more. What would you say are some of those further studies or what additional research is needed to continue advancing care for this population?

ROBIN NEWMAN:  
Well, there are a number of there's a number of areas and I'm sure we can't even exhaust them probably here today. But, there really is a great need in occupational therapy. There's a great need for further studies to focus on occupation. So, occupational performance and participation for survivors of cancer for many years. And it makes perfect sense that we study the symptoms that people experience. Things like fatigue, cancer related cognitive impairment, pain, psychosocial concerns, the things we've been talking about today. And there's also this great need to focus on this top down approach to participation in everyday life. We can we can do that work. And there are many people now focusing on that kind of work. There's also a great need to focus and to continue the work on underserved, underrepresented or minoritized populations. And there's a great need to focus on populations that are beyond and what is most commonly studied in the literature that we know of, such as breast and prostate cancer.

There are many types of cancer. And, you know, as occupational therapy practitioners, as rehab professions there's much work to do to ensure that, you know, a range of cancers are represented in the literature. And for me personally, in the last few years, I've been really focused on family centered care and cancer. And this has really been an area that I think we we can do a lot of wonderful work, particularly just reflect back on the case of Mark Wright. With the number of cancer patients or survivors who are younger, who might hold dual roles, we need to figure out how to simultaneously address them all to support people's optimal participation.

MATT BRANDENBURG:  
I love that. Thank you so much for those recommendations, Robin. And especially that that focus on on family centered care just imagining the impact that practitioners can have in working with an entire family unit to help establish that, that support system and optimize occupational performance. That's what it's all about. We've discussed so much, these practice guidelines are such a quality and robust resource for practitioners, educators, students alike. What additional resources related to cancer care, and occupational therapy would you recommend to our listeners?

ROBIN NEWMAN:  
Well, AOTA has a book on cancer rehabilitation for occupational therapy practitioners entitled Cancer and Occupational Therapy Enabling Performance and Participation Across the lifespan that I had the opportunity to co-edit alongside Brent Braveman at MD Anderson Cancer Center. And Katie also was a contributor to that book in the area of lymphedema management. In October, the systematic review briefs related to the practice guidelines were published in AJOT in the areas of cancer related fatigue, cancer related cognitive impairments supporting physical activity, sleep, psychosocial technology, and telehealth based interventions. Mindfulness based interventions to address pain. There was a brief for interventions for post-traumatic growth and spiritual well-being, relaxation and guided imagery, as well as interventions for anxiety and depression. These are quick and easy and helpful documents for practitioners wanting to use the literature quickly, especially if they're on the go. The American Cancer Society also has some wonderful resources at Cancer.org.

And for those interested in additional data, the National Cancer Institute has great consumer resources and also cancer statistics and information on cancer disparities at Cancer.gov.

MATT BRANDENBURG:  
We've made it now to the Golden Nugget segment. I wanna end by asking you each for one piece of advice or one recommendation if you could share anything with our listeners and with OT practitioners, what would it be?

KATIE POLO:  
Matt, I always say that it doesn't matter where your career is at, if you're a novice to occupational therapy or you're an expert and you've been around the block for years. I think that finding that mentor or someone inside and also outside the profession to support you where you're at within your career is extremely imperative. I have a lot of collaborators that are inside the profession and outside the profession, and they are near and dear to my heart because really working with them on bouncing ideas of one another with regards to assessment and intervention is really it's a wonderful support to have. So, I find in this specific area of practice in cancer, it's really important to have these mentors to make sure that they're supporting me. And my growth within the field.

MATT BRANDENBURG:  
It's such a good nugget. Katie and Robin, how about for you? What's that one piece of advice or recommendation that you'd like to share?

ROBIN NEWMAN:  
You know, for me, I think it's be curious. Ask questions. Don't accept the status quo, right? Don't be afraid to forge a new path in OT, and don't be afraid to work in an area that you don't know a lot about, right? For many people, cancer care might be an area that evokes a lot of emotions and might sort of make people not maybe want to work in this space. And there is so much benefit and so much reward in working with individuals who are living with and beyond a cancer diagnosis that it's really worth it's really worth the (UNKNOWN).

MATT BRANDENBURG:  
Robin, Katie, thank you both so much for your work, for your efforts on this practice guideline and in everything else that you do, this resource is so valuable for practitioners, educators, everyone who gets the chance to read it? So, I wanna encourage our listeners to check it out. And thank you both so much for your time and sharing all of your knowledge with us today.

ROBIN NEWMAN:  
Thanks, Matt.

KATIE POLO:  
Thank you, Matt, for having us.

MATT BRANDENBURG:  
Absolutely. We'll have to do it again sometime.

SPEAKER:  
Thanks for listening to Everyday Evidence. Tune in next time for more evidence based practice, insights and applications. (MUSIC PLAYS)