

# International panel recommends new model for breast cancer care

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As the number of breast cancer survivors increases, now estimated at 2.8 million, more will be living with the chronic effects of cancer treatments or with advanced disease. An international panel of experts, including a UNC School of Nursing faculty and UNC Lineberger Comprehensive Cancer Center member, was convened by the American Cancer Society to review current practices and to make recommendations to improve surveillance and rehabilitation of breast cancer patients and survivors and published their results in the April 15, 2012 issue of the journal *Cancer*.

Deborah K. Mayer, PhD, RN, AOCN, FAAN, explains, “Our current model is to treat [breast cancer](#) and then monitor for possible disease recurrence and resolution of any side effects of treatment. As more women are surviving breast cancer, they are living with a range of physical issues that may affect them long after therapy. Our panel developed models for rehabilitation and surveillance to identify and address these physical issues as part of the continuum of care.”

(Medical Xpress) -- Dr. Mayer co-authored two articles addressing cancer-related fatigue and chemotherapy-induced peripheral neuropathy ([nerve damage](#)).

Cancer-related fatigue has been documented as one of the most distressing symptoms reported by [breast cancer survivors](#) because it affects functioning and impacts quality of life. It is characterized as tiredness to exhaustion not precipitated by activity or if following

activity, out of proportion to the level of exertion. Evidence points to many factors that may cause the fatigue, including changes in how well the body uses food for energy, and the effects of medications.

Dr. Mayer says, “While causes of fatigue should be evaluated and treated, regular physical activity, balanced with adequate rest, is one of the most effective treatments for fatigue. And regular walking may be one of the easiest ways to do that.”

Nerve damage or peripheral neuropathy results from damage to or dysfunction of the nerves connecting the brain and spinal cord with the rest of the body. Symptoms can include numbness, tingling, cold sensitivity or pain. The incidence of nerve damage in women receiving chemotherapy for breast cancer is not well-established, nor are risk factors. Some patients may be pre-disposed to nerve damage due to pre-existing conditions such as diabetes. Several types of drugs commonly used to treat breast cancer can cause these have neurotoxic properties.

Mayer explains, “While many women may develop some symptoms such as numbness or tingling in their hands and feet, most of the time it gets better when treatment ends. However, when it interferes with function or doesn’t get better, a rehabilitation specialist may be of help in managing this problem.”

Patients should be screened and assessed prior to the initiation of chemotherapy. Early identification of nerve damage facilitates referral to appropriate specialists and development of physical rehabilitation to manage the symptoms.

Other authors for the cancer-related fatigue article are from the University of Nebraska, and George Mason University. Other authors for the chemotherapy-induced peripheral neuropathy article are from Memorial Sloan-Kettering Cancer Center, Weill Medical College of

Cornell University, University of Alberta and Cross Cancer Institute and the National Cancer Institute, a member Institute of the National Institutes of Health.

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