

## Cancer survivors get help for treatment's side effects

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For two years, Mina Wade Fuller suffered vertigo, headaches and other increasingly debilitating symptoms, unaware that she had brain cancer.

But in the end, it was the side effects of her treatment that she found harder to tolerate. Surgery to remove the benign, golf-ball size tumor caused a brain injury that triggered seizures and impaired Fuller's ability to walk, talk and think.

Like many cancer survivors, Fuller is grateful to be alive but struggling to cope with the life-altering disabilities caused by her medical treatments.

With more people than ever surviving cancer—more than 11 million are alive in the U.S. today—health-care professionals increasingly are focusing on the problems patients face while undergoing and recovering from treatment. Those problems can range from depression and memory lapses to difficulty speaking and being bedridden.

The Rehabilitation Institute of Chicago, which helped Fuller literally get back on her feet, on Tuesday will announce a major expansion of its cancer rehab program to better address the medical, psychological and social needs of cancer survivors.

The hospital aims to better integrate rehabilitation services with patients' ongoing oncology care. That is unusual among medical facilities, which often delay rehab until cancer treatment is completed, experts said.

"The fact that science has allowed us to extend the lives of people with cancer offers us an incredible opportunity to help improve the quality of patients' lives," said Dr. Joanne Smith, Rehab Institute president and CEO. "It's not just about survival anymore. It's about 'thrival.' "

The field of cancer rehab is just starting to take off, said Paul Barnes, president and CEO of Navitas Cancer Rehabilitation Centers, billed as the first company in the nation to focus exclusively on personalized, integrated cancer rehab services.

The company has opened three centers since 2003—in Denver, Albuquerque and Salt Lake City—and plans to expand across the U.S. Besides operating its centers, the company has a consulting service to advise hospitals and doctors on how to design and implement their own cancer rehab services.

"Fifteen years ago, cardiac patients were told to go home and rest," Barnes said. "Now they are barely out of the operating room when they are referred to rehab. We believe the same thing is going to happen in terms of cancer rehabilitation."

While a number of hospitals offer rehab services to cancer patients, few provide comprehensive care coordinated with chemotherapy, radiation and other cancer treatments. Even fewer employ nurses, therapists and other staff who are specialists in working with cancer patients.

Because of the range and specific types of treatments and the need to adapt services to the specific needs of patients, it's important for cancer patients to be treated by rehab professionals who are specialists, Barnes said. Physical therapy can minimize the loss of lean muscle mass from long periods of bed confinement, a process known as de-conditioning. Rehab also can ease treatment side effects, such as fatigue, nausea and pain.

Patients yearn to be as independent as possible, even if it means doing only little things like being able to get to the bathroom by themselves, said Jacki Smith, a social worker at the Rehab Institute.

"Just because someone has a diagnosis of cancer, it doesn't mean that they can't have some quality of life and some improvement in their functioning," she said. "Whatever their prognosis, they can still get on with the rest of their lives."

At the Rehab Institute, vestibular therapists treated Fuller's balance problems; aqua therapy helped her regain her strength; and a neuropsychologist worked with her to improve her memory and concentration.

For months, she worked out at the institute's adapted fitness center with a fitness specialist certified to work with people with disabilities.

Fuller recently achieved her goal of completing a 5K race. Even though she continues to struggle with balance problems, she managed to run most of the recent race, a fundraiser for the American Brain Tumor Association.

"My whole quality of life changed," said Fuller, 53, a police officer whose brain cancer—meningioma—was diagnosed in March 2006. "I was exposed to tools to allow me to heal in a more productive and constructive manner so I could have a more manageable life."

The James C. Hemphill Foundation gave the hospital \$1 million in seed money to help fund the expanded program, to be run by nationally known cancer rehab expert Dr. Gail Gamble. The program will incorporate a research component, and staff will work closely with the Robert H. Lurie Comprehensive Cancer Center at Northwestern University.

"There are significantly more people who require these services because the cure rates continue to improve," said Dr. William Hartsell, board member of the Illinois division of the American Cancer Society and co-director of the department of radiation oncology at Advocate Good Samaritan Hospital in Downers Grove. "We are seeing more and more people who are long-term survivors."

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