



Lean On Me

BY APRIL WILKERSON
PHOTOS BY QUIT NGUYEN

Cancer is a difficult foe, compelling the people it invades to battle not only the disease but also the many other ways it can rob them of their quality of life.

A new and growing program at the Stephenson Cancer Center at the OU Health Sciences Center surrounds patients with a variety of services that address the symptoms of cancer treatment – from chemotherapy-induced neuropathy to emotional distress to loss of appetite. Called the Supportive Care Program, its team of interdisciplinary providers treats the symptoms that accompany cancer and cancer treatment and, in the process, gives people tremendous hope.

“We call it Supportive Care because, from the day of diagnosis on, we support them,” says Steve Orwig, M.D., medical director of the clinic. “And for a program like this to work, it must be interdisciplinary.”

Represented on the Supportive Care team are cancer rehabilitation therapists, dietitians, social workers, cancer genetic specialists, mental health professionals, nurse practitioners, tobacco cessation specialists, support groups and more. The care they provide is in addition to treatment for the cancer itself. Patients who receive supportive care are at various stages of their journey – some are still receiving active disease-directed treatment, and many are in remission or cured of their cancer but continue to have symptoms related to treatment.

As the program developed, it established its own clinic on the second floor of the Stephenson Cancer Center, a place patients can easily visit after seeing their oncology providers. A symptom screening tool was created to help providers determine how their patients need to be supported. Sometimes people need help coping with the anxiety of a diagnosis or a devastating recurrence of cancer. To address patients’ mental health needs, Kristen Sorocco, Ph.D., uses cognitive-behavioral therapy.

“Mental health needs can arise at any point during the cancer journey – diagnosis, treatment or following the completion of treatment during ongoing surveillance,” she says. “The psychological needs of each individual dealing with cancer vary based on their life experiences and types of symptoms. I work collaboratively with clients to identify meaningful goals related to their cancer care and help

Nurse practitioner Amanda Schultz is one of many specialists at the Supportive Care Center. The center’s interdisciplinary team treats the symptoms of cancer and cancer treatment; just as important, the team provides hope for patients reclaiming their quality of life.



Director of Rehabilitation Services Vicky Davidson (left) works with patient Frances Turner in the physical therapy center, which provides customized exercise programs. Such programs can increase patient mobility, improve mental well-being, and may even slow tumor growth.

them to develop additional coping tools that will enhance their emotional well-being.”

Another growing part of the Supportive Care program is the cancer rehabilitation program led by Elizabeth Hile, Ph.D., a

A dedicated team of professionals at the Stephenson Cancer Center works hard to return something precious to its patients—*hope*.

lymphedema-certified physical therapist who also is board-certified in neurologic physical therapy. The need for rehab is great – cancer patients may be affected by chemotherapy-induced peripheral neuropathy and lymphedema, conditions that can seriously impair daily life but are manageable if caught early. Cancer patients also suffer from general deconditioning and weakness.

Hile and her team are instituting a rehabilitative prospective surveillance model – an effort to anticipate patients’ needs before they begin cancer treatment or surgery. For example, women with breast cancer often move their shoulders differently af-

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Stephenson Cancer Center volunteer Carlos Echavarri demonstrates exercises and equipment that physical therapists like Vicky Davidson (left) and Elizabeth Hile use to help patients avoid pain and the risk of lymphedema after surgery.

ter surgery, which, over time, can lead to pain and rotator cuff problems. Patients undergoing certain chemotherapies also may struggle with balance issues as the treatment progresses, and many are at risk for lymphedema.

“We’re working to meet patients before they go into surgery and get baseline measures so we know where they started,” Hile says. “Then we can better address those problems early when they are more amenable to intervention.”

An on-site physical therapy clinic with innovative equipment is beneficial for many patients after surgery. People who have undergone surgery to remove brain or spinal cord tumors may have significant gait and balance problems. A treadmill equipped with a harness can “de-weight” up to 40 percent of a person’s body weight, which helps as they learn to move their legs and feet normally again. A recumbent bicycle equipped with an interactive screen allows for cardio and cognitive rehabilitation simultaneously. Hile and her team also customize exercise programs for their patients, which helps both the body and mind.

“It’s very important, whether it’s lymphedema, neuropathy or other conditions, that everyone with cancer continue to exercise to their ability,” she says. “We know now that in certain cancers, exercise appears to slow tumor growth. And for breast cancer, for example, exercise can actually decrease your chance of recurrence. It’s also good for people’s mood and it’s something they can do for themselves to have a little

bit of control over the future.”

That future is sometimes an unknown for cancer patients, but the Supportive Care team is driven to make it as bright as possible. For a young woman from Healdton, Oklahoma, it was difficult to learn that she had a genetic condition that greatly predisposed her to several types of cancer. Cheyenne Hathorn and her family had struggled for years as the teenager faced numerous challenges: lumps in her breast, hemangiomas, fibroadenomas and other problems. She is followed at the Stephenson Cancer Center by Chimene Kesserwan, M.D., who diagnosed her with Cowden Syndrome, which is caused by a mutation in a gene called PTEN. It is a rare condition that requires lifelong surveillance because Cheyenne faces a higher risk of developing thyroid, breast and endometrial cancers, as well as a rare brain benign tumor called Lhermitte-Duclos disease.

For her family, it was a relief to have a name for Cheyenne’s condition. After extensive education and counseling, Cheyenne opted to have a double mastectomy and reconstruction because she faces such a high risk for breast cancer. But her interaction with the Supportive Care team will continue as Kesserwan monitors her and serves as a link to other providers Cheyenne may need to see.

“Nothing is more rewarding than being able to help patients who are at risk and to guide them through surveillance to reduce that risk,” says Kesserwan, who brings expertise as a pathologist,



Elizabeth Hile, Ph.D., a physical therapist board-certified in lymphedema and neurological physical therapy, demonstrates an innovative treadmill that “de-weights” a patient by as much as 40 percent. This lightening process allows patients to improve gait and balance while relearning how to move their limbs normally.

pediatric oncologist and a geneticist. “It’s a long-term relationship.”

Care provided by other disciplines on the Supportive Care team is wide-ranging. Social workers help patients with financial needs, prescription services and home care services. Dietitians care for patients who are struggling with nausea or cannot swallow; often those patients are being treated for head and neck cancers. Tobacco cessation counselors work with patients who want to stop smoking in order to decrease their chances of recurrence.

For the providers, practicing in an interdisciplinary setting is gratifying because they can talk to one another about a patient’s progress and readjust the plan as necessary. Being located in the same physical space is practical, and they are collectively gratified when their efforts return a smile and better quality of life to their patients.

“Patients often come to us in distress from their symptoms, and they can’t control the symptoms enough to get back to work or spend time with their children or grandchildren,” says nurse practitioner Amanda Schultz, APRN. “It’s so gratifying to see their overall improvement. They really feel like there’s a net of support for them and a place to turn when they need help.”

Supportive care – sometimes called palliative care – has often faced an incorrect assumption in the public eye, Orwig says. People confuse palliative care with hospice care and believe it to be offered only when everything else has failed. In reality, pallia-

tive or supportive care is much broader and is designed to address symptoms at any stage of disease.

The value of supportive care is being proven in research studies to benefit the patient in a number of outcomes. A large study conducted a few years ago in Boston followed patients with advanced lung cancer who received supportive care services, then compared them to similar patients who received regular medical care but no supportive care. Orwig says the study revealed that people who received supportive care had less pain, better-controlled symptoms, were less likely to receive aggressive radiation and chemotherapy and less likely to be hospitalized. But another finding was a bit more surprising: The supportive care patients also lived several months longer than the other group.

This year, the Stephenson Cancer Center is part of a new study of 20 cancer centers nationwide that is investigating much the same thing. The Supportive Care team is excited to share information about the improved lives they see each day.

“The interdisciplinary approach to supportive care is wonderful for us as providers because we all grow on each other’s knowledge,” Schultz says. “But the biggest gratification we receive is watching our patients improve because of the care they receive.”



April Wilkerson is the editor of OU Medicine, the publication of the University of Oklahoma College of Medicine.