

ISPRM COMMITTEE OPERATIONAL GUIDELINES - Special Interest Group (SIG) in Cancer Rehabilitation

December 2019

1. Name

Cancer Rehabilitation (SIG)

- **Background**

An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life. Family members, friends, and caregivers are also impacted by the survivorship experience, and thus are included in this definition.ⁱ The incidence of cancer is growing rapidly worldwide, with an estimated 18.1 million new cases anticipated in 2018. Nearly half of these cases will be diagnosed in Asia, with a significant proportion in Europe (23.4%) and the Americas (21%).ⁱⁱ In the United States, the number of cancer survivors continues to increase due to advances in early detection and treatment, as well as growth of the population. The projected number of cancer survivors is anticipated to grow from 15.5 million in 2016 to more than 20 million by 2026.ⁱⁱⁱ Concurrently survival trends are generally increasing worldwide, even though the incidence continues to rise for both low-income and middle-income countries.^{iv} However the economic costs, due in part to lost productivity for survivors, is estimated to cost US \$1.16 trillion, or 2% of the global gross domestic product (GDP).⁴

As a function of survivorship, individuals with cancer must work through a diverse and complex set of impairments that can directly impact health-related quality of life. Often these impairments remain undetected and can lead to disability. With improved screening tools and techniques, opportunities exist to identify these physical, psychological, and cognitive impairment and apply rehabilitation principles and protocols to address functional needs.^v With over 30 million cancer survivors in developing countries, there is an increasing global demand to integrate rehabilitation into cancer in low and middle-income countries. However, incorporation of rehabilitation as part of multidisciplinary cancer care is lacking or absent in developing countries.^{vi} The purpose of this Special Interest Group (SIG) in Cancer Rehabilitation is to provide a forum for the international physiatrist community to begin to address cancer rehabilitation needs at a global level, through advocacy, clinical practice, education, and research.

2. Mission

To advance the development and implementation of rehabilitation services globally for cancer survivors, through advocacy, clinical practice, education, and research

3. Goals

- Provide opportunities for members to collaborate and discuss issues with others in the international community and promote the development of cancer rehabilitation services within their regions
- Develop outreach materials to help physiatrists in underserved regions create strategies that align rehabilitation with oncological care delivery, as it relates to patients, rehabilitation and oncological providers, and domestic and international organizations serving cancer patients
- Understand geographic differences in clinical practices and systems of care that can be adapted and integrated into regional environments and improve access to cancer rehabilitation care

- Create standardized guidelines that will be available for adoption in regions with varying levels of cancer rehabilitation clinical integration as they relate to the screening, diagnosis, treatment, and measurement of outcomes for cancer-related impairments
- Establish an international database related to the incidence, prevalence, treatment, and outcomes for physical and cognitive deficits as a result of cancer and its treatment

- **Deliverables with Timeline Horizons:**

<p style="text-align: center;">Year 1</p>	<ul style="list-style-type: none"> • Establish group executive leadership structure • Create subgroups with foci of advocacy, clinical practice, education, and research • Recruitment of physiatrists with broad global scope, who are members of the ISPRM, to participate in the special interest group and leadership positions • Identify deliverable items for each subgroup, as it relates to academic opportunities (posters, presentations, and manuscripts) that further the cause of cancer rehabilitation within the ISPRM
<p style="text-align: center;">Years 2-3</p>	<ul style="list-style-type: none"> • Increased submission of academic activities relevant to future ISPRM congresses (posters, presentations) and manuscript development for the JISPRM on international topics relevant to cancer rehabilitation • Creation of international outlines for guidelines relevant to clinical practice and education in cancer rehabilitation • Publication of position manuscripts related to the growth of cancer rehabilitation globally
<p style="text-align: center;">Years 3+</p>	<ul style="list-style-type: none"> • Establishment of international workshops and activities to engage physiatrists from nations for which cancer rehabilitation is underserved • Expansion of international cancer rehabilitation activities through collaboration with international rehabilitation and oncology societies for global awareness and standardization of rehabilitation protocols • Creation of core competencies for

	delivery of cancer rehabilitation care in both developed and developing nations
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4. Membership

- a. Joining.** Candidates must be active ISPRM and email the ISPRM office with CV and short presentation (isprmooffice@aimgroup.eu).

Organizational Structure:

- SIG chair
- SIG vice-chair
- Communications officer
- Secretary
- Subgroup leaders (2 per subgroup)
- Subgroups membership

Needs to accomplish goals:

- Electronic and technological support to facilitate interactions between physiatrists from different regions with different primary languages
- Dedicated time slots and meeting space during the ISPRM World Conference annually
- Forum for communication between other SIG groups within the ISPRM for joint activities and alignment of resources
- Support from ISPRM leadership for academic representation with dedicated cancer rehabilitation tracks and poster sessions at the World Congress
- Resources to engage specialist from developed and developing nations for regional and global advocacy, programmatic growth, educational opportunities, and research collaboration

ⁱ Office of Cancer Survivorship. National Cancer Institute. Definitions.

<https://cancercontrol.cancer.gov/ocs/statistics/definitions.html>. Accessed September 27, 2018.

ⁱⁱ Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin*. 2018 Sep 12. [Epub ahead of print]

ⁱⁱⁱ Miller KD, Siegel RL, Lin CC, Mariotto AB, Kramer JL, Rowland JH, Stein KD, Alteri R, Jemal A. Cancer treatment and survivorship statistics, 2016. *CA Cancer J Clin*. 2016 Jul;66(4):271-89.

^{iv} Allemani C, Matsuda T, Di Carlo V, Harewood R, Matz M, Nikšić M, Bonaventure A, Valkov M, Johnson CJ, Estève J, Ogunbiyi OJ, Azevedo E Silva G, Chen WQ, Eser S, Engholm G, Stiller CA, Monnereau A, Woods RR,

Visser O, Lim GH, Aitken J, Weir HK, Coleman MP; CONCORD Working Group. Global surveillance of trends in cancer survival 2000-14 (CONCORD-3): analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries. *Lancet*. 2018 Mar 17;391(10125):1023-1075.

^v Silver JK, Baima J, Mayer RS. Impairment-driven cancer rehabilitation: an essential component of quality care and survivorship. *CA Cancer J Clin*. 2013 Sep;63(5):295-317.

^{vi} Anwar SL, Adistyawan G, Wulaningsih W, Gutenbrunner C, Nugraha B. Rehabilitation for Cancer Survivors: How We Can Reduce the Healthcare Service Inequality in Low- and Middle-Income Countries. *Am J Phys Med Rehabil*. 2018 Oct;97(10):764-771.