Program Update
A strong year despite uncertainty

Clinical Innovation
New clinic space, virtual care, lymphedema, M-CORE

Education Highlights
New fellow, new accomplishments

Alumni Updates
Checking in with Dr. Fediw

Advocacy and Community Involvement
LE&RN, ASCO, AAPM&R, and more

Research, Publications, and Grants
Multi-site research, virtual care, safety in spine procedures, and more
The University of Michigan Cancer Rehabilitation program had a banner 2021, even as the world – especially the healthcare field – struggled at times to find its footing.

Clinical growth continued for the program across all disciplines, including PM&R, Rehabilitation Psychology/Neuropsychology, PT, and OT. On the inpatient side, the MCORE and inpatient rehabilitation teams saw high volume and provided excellent patient care to some of the most complicated diagnoses seen in the world.

This required extra work by the providers, who were fortunately up to the task so that patients could be seen in a timely manner. In a world of uncertainty and change, the acute and chronic effects of cancer do not stop.

The program's educational mission marched on, both with new trainees and in continuing education for established providers. Next year is equally as promising as the Cancer Rehabilitation Medicine fellowship has already matched a highly qualified applicant, and the lymphedema program should be able to take on a fellow again.

Finally, research accomplishments were remarkable, with some of the work leading to invited talks at the AAPM&R National Grand Rounds series and for the AAPM&R Community Day.

Take a look around and see the exceptional accomplishments of this passionate multidisciplinary team that seeks to restore function and quality to the lives of people with a history of cancer.

Note: this newsletter would not be possible without the work of Megan Stolkey, Administrative Partner to the program.
**CLINICAL INNOVATION**

The Cancer Rehabilitation Program began 2021 with renewed vigor and improved visibility within the Rogel Cancer Center. This has helped the program continue to expand and improve.

**Clinics in the Rogel Cancer Center:** For COVID-19 related reasons, the old Symptom Management & Supportive Care clinic in the hospital’s Med Inn had to be shuttered. Fortunately, the clinic, which includes the PM&R Cancer Rehabilitation physicians, was moved to a more visible and prominent space on the first floor of the Rogel Cancer Center. The Palliative Care team also moved there, continuing the multidisciplinary nature of this important clinic. This also allows the providers to speak to medical and surgical oncology colleagues in real-time and in group visits, which enhances care and the patient experience.

**Virtual Care:** Virtual appointments continue to be a mainstay for patients seeing Cancer Rehabilitation team members, including physical and occupational therapists, speech-language pathologists, psychologists, and physicians. This is crucial to the program’s mission of providing care to anyone with a history of cancer, as many live far from Ann Arbor. As a result of these efforts, Matt Ban OT, Geeta Peethambaran PT, and Sean Smith MD participated in an NIH-conducted interview about the practice. Future directions include teleconsults for virtual second opinions, and expanding outside of the state of Michigan.

**Lymphedema Center of Excellence:** The lymphedema program has long been a strength, and was recently designated as a Comprehensive Center of Excellence by the Lymphatic Education & Research Network (LE&RN). It is one of only 13 such programs in the entire world and the only one in Michigan. This is an important milestone and efforts were led by many, including Katie Rogers OT, Monica Hubbert OT, and more. The program also renewed its membership with the National Lymphedema Network.

**MCORE:** The Michigan Comprehensive Oncology Rehabilitation team continues to provide excellent inpatient acute care. As a result of the team’s efforts, patients have higher rates of inpatient rehabilitation utilization. Monthly journal clubs and other didactics continue to improve the program. The team is in the early stages of analyzing the full impact of the program, and hope to publish data in the next year. One of the team’s members, Charlene Cardillo OTRL, was added to the acute care Functional Cognition group, to expand that aspect of care to the MCORE program.
**Amber Richardson, OT, Matt Ban, OT, and Katelin Lott, OT** all became LANA (Lymphology Association of North America) certified

**Theresa Nagy, PT**, obtained her APTA specialist certification in Oncologic Rehabilitation and is now a board certified Oncology Clinical Specialist

**Sara Houlihan, PT**, obtained her APTA specialist certification in Geriatric Rehabilitation and is now a board certified Geriatric Clinical Specialist

**Kaylene Kasper, OT, and Clare Still, OT**, completed CDT certification through the Norton School of Lymphatic Therapy

**James Pastmak, MD** completed his Cancer Rehabilitation Medicine fellowship and joined the faculty at Indiana University

**Christelle David, OT**, finished her Cancer Exercise Specialist (CES) certification through the Cancer Exercise Training Institute (CETI)

**Kristina Smith, COTA**, participated in the Cancer Rehabilitation continuing education series

The annual **Michigan Medicine and Ohio State University** conference on cancer rehabilitation will be held virtually on April 22, 2022. The title is *Updates in Cancer Treatments and the Implications for the Oncology Rehabilitation Professional*.

Also, Michigan beat Ohio State in football. That has nothing to do with cancer rehabilitation but it makes us happy.

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**Cancer Rehabilitation Medicine Fellow, Dr. Lauren Brothers**

**HIGHLIGHTS**

**Why Cancer Rehabilitation?**

As a medical student, I worked with a few PM&R docs who saw lymphedema patients which initially sparked my interest. I kept seeing more and more rehab patients with prior or active cancer and felt like that was a huge population where PM&R could really contribute to better function and quality of life. I like having a very diverse practice but still within a specialized population.

**Why UofM?**

I've spent most of my life in Michigan, but feel fortunate that the program here offered everything I was looking for as far as procedures, clinic, and consult services. The diversity of patients and buy-in from the cancer center are great assets as well.

**What do you envision for your career?**

Hopefully a robust outpatient clinical and procedural practice with some time doing both consults and inpatient rehab care. Special emphasis on patients with head and neck or breast cancers.

**Best concert?**

Foo Fighters at an outdoor festival in Atlanta

**Favorite Ann Arbor restaurant?**

Frita Batidos

**Pets?**

None yet, but hopefully a big dog in the future

**Favorite vacation?**

My husband and I took a minimoon after we eloped in Moab, UT during the pandemic last year. We camped along the Colorado River, hiked Arches and Bryce Canyon National Parks, and hit a bunch of Jeep trails.

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**New and Improved!** Click [here](#) to visit the updated fellowship webpage - special thanks to **Melanie Devine** for the hard work she put in to make it happen.

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The appropriateness of telemedicine

For which patient situations are phone visits typically appropriate?

- Follow up/presumably known patient prefers telephone visit
- New patient prefers telephone visit
- Known patient with new problems prefers telephone visit
- Technology barrier to doing a video visit (no internet, no smartphone, difficulty using technology)
- Transportation barriers to doing an in-person visit
- Communication barriers (language barriers, aphasia, deafness, blindness)
- Other/Comments

Graduate of the Cancer Rehabilitation Medicine fellowship program, Philip Chang, DO, spoke at this year’s AAPM&R Annual Assembly about research he conducted during his training on the quality of virtual visits in cancer rehabilitation.

Congrats, Dr. Chang!
CATCHING UP WITH DR. FEDIW

Fellowship Program Director Cody Andrews, MD recently caught up with our first fellow, Mike Fediw, MD, to see how his career as the Director of Cancer Rehabilitation at UT-Southwestern was going:

Where are you now and what are your title and roles?
I am an Assistant Professor at the University of Texas Southwestern in Dallas and serve as the Medical Director of Cancer Rehabilitation. I also sit on several committees including as the rehab liaison for the cancer committee overseeing NCI comprehensive cancer center accreditation, the UTSW representative for the NCCN cancer related fatigue guidelines panel and a survivorship committee member at the Simmons Comprehensive Cancer Center. I do cancer rehab consults at the Clements University Hospital and cancer rehab clinics in our outpatient building. I am also overseeing building rehabilitation space in our new outpatient building at the Simmons Cancer Center. This space will include PM&R cancer rehab clinic rooms as well as a therapy gym and treatment rooms for cancer physical and occupational therapy.

What program(s) are you working on developing?
I am currently developing a multi-disciplinary brain tumor clinic as well as a prehabilitation program targeting patients with gastrointestinal malignancies.

What do you miss most about Michigan?
I miss the camaraderie and being able to work with Drs. Andrews and Smith every day. Michigan has such a rich academic environment and welcoming feel that I really enjoyed. I also miss the beauty of Michigan as a state.

Least?
It will come as no surprise to anyone that I do not miss Michigan winters. I have traded grey skies and thick scarves for sunshine and margaritas!

Any life updates?
Over the past 6 months, I purchased my first home, got my first dog (a 4 month old australian shepherd/blue heeler mix named Benji!) and convinced Lauren to marry me.
Monica Hubbert, OT, Katie Rogers, OT, and others continue their efforts with LE&RN (Lymphedema Education and Research Network). They are planning a rally on the capital steps in Lansing on World Lymphedema Day (March 6), to draw attention to lymphatic diseases and the need to support patients and providers managing this chronic condition.

Members of the cancer rehabilitation team again participated in the Pink Challenge to raise awareness for breast cancer – see the Burlington 3rd Floor team’s picture to the right!

The Kathy Konosky Fund, which finances cancer rehabilitation education for therapy team members, welcomes donations. Funds contribute to the training and development of tomorrow’s leaders in the field. Kathy was one of the first cancer rehabilitation providers at the University of Michigan, and this December marks the fourth anniversary of her passing. The program greatly misses her.

- To donate, please visit: http://www.giving.umich.edu/give/331776

Sean Smith, MD became the first physiatrist to lead the “Symptoms and Survivorship” track for the ASCO annual meeting planning committee. He is also on the Scientific Planning Committee. As a result, next year’s ASCO annual conference (June 2022) will have additional emphasis on rehabilitation and functional consequences of cancer treatment.

He also served on the AAPM&R’s Cancer Rehabilitation BOLD initiative to develop common standards in cancer rehabilitation education.

And now, for fun and without context (because nobody knows), here is a picture of Geeta Peethambaran, PT, and other team members visiting some ducks.

Hey, it’s been a hard couple of years so this picture is pretty important to us!
Multi-Site Research Highlights a Big Year

After a lengthy development process, the Cancer Rehabilitation Metrics Consortium published its first two manuscripts on the new patient-reported outcome measure, the PROMIS Cancer Function Brief 3D Profile. This initiative is the first of many steps to long-term multi-site collaboration to foster better research, potentially providing a platform for clinical trials.

Many other important publications came out – telemedicine in the pandemic, safety of spinal procedures in cancer patients, fatigue and exercise in glioma patients, and more!

We are proud of the team and look forward to a productive 2022.

Interested in helping? **Click here to donate** to support our cancer rehabilitation research.

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**Featured articles**

**Psychometric Characteristics and Validity of the PROMIS Cancer Function Brief 3D Profile**

Led by PI Sean Smith, MD, the University of Michigan and five other performance sites tested a new outcome measure that truly measures function in cancer patients across three primary domains: physical function, fatigue, and social participation.

**Patient and Provider-Reported Satisfaction of Cancer Rehabilitation Telemedicine Visits During the COVID-19 Pandemic**

Philip Chang, DO and team were quick to act when the pandemic began and evaluated the effectiveness of telerehabilitation for outpatient cancer rehabilitation medicine visits.
RESEARCH AND SCHOLARLY ACTIVITY

The Cancer Rehabilitation program continued its excellent scholarly track record, with original research published, grants received, and numerous presentations given in the past year. With many projects ongoing, we anticipate next year will be as productive as ever.

PEER-REVIEWED JOURNAL MANUSCRIPTS


PRESENTATIONS

“Low Level Laser Therapy,” APTA – Michigan Oncology Section (Geeta Peethambaran PT, Christelle David OT)

“Occupational Therapy Breast Cancer Rehabilitation: Therapeutic Exercise,” University of Michigan Breast Cancer Program Noon Conference (Theresa Courter OT)

“Lymphedema Treatment and Modalities,” University of Michigan Breast Cancer Program Noon Conference (Christelle David OT, Monique Alofs OT)

“Pelvic Floor Physical Therapy After Pelvis Irradiation,” University of Michigan Radiation Oncology Residency Program Didactics (Allegra Adams PT, Madhu Shankar PT)

“A Primer to the Management of Lymphedema,” University of Michigan Breast Cancer Program Noon Conference (Monica Hubbert OT, Katie Rogers OT, Sean Smith MD)

“Multidisciplinary Care Coordination for Breast Cancer Patients with CNS Metastases,” University of Michigan Department of Internal Medicine (Aki Morikawa MD PhD, Nicolette Gabel PhD, Jason Heth MD, Michelle Kim MD, Denise Leung MD, Sean Smith MD)

“Understanding and Managing Chronic Effects of the Cancer Experience,” ASCO Annual Meeting (Jamie Myers PhD, Judith Palce RN PhD, Candace Henley, Sean Smith MD)

Exploring Function Like a PRO: A Multicenter Collaborative for Cancer Rehabilitation, American Academy of Physical Medicine & Rehabilitation National Grand Rounds (Sean Smith MD)

ONGOING RESEARCH AND GRANTS

Personalized Multi-Care: A tailored approach to multidisciplinary care coordination delivery for metastatic breast cancer patients with central nervous system metastases. Pfizer, Inc. through a consortium with National Comprehensive Cancer- 20-PAF00353 (PI: Aki Morikawa; Co-Is include Drs. Gabel and Smith)

• This grant funds the coordination of clinical care for patients with breast cancer metastatic to the brain.

Risk Prediction, Perceptions, Circumstances, and Consequences of Falls in Older Cancer Survivors. HUM00150246 (PI: Geeta Peethambaran)

• This qualitative study seeks to understand beliefs and attitudes of older adult cancer survivors with regards to their risk of falling.

Analysis of Lymphedema in Head & Neck Patients HUM00176639 (PI: Jennifer Shah; Christelle David is a co-I)

• This study aims to quantify risks of developing lymphedema after head and neck cancer treatment and outcomes of rehabilitation.

TEXTBOOK CHAPTERS

Multiple chapters written for:


Allegra Adams, DPT:
Chapter 12: Adverse Effects of Cancer Treatment by System: Genitourinary and Gynecological Systems
Chapter 16: Oncology Rehabilitation Treatment Interventions by Cancer Type: Genitourinary and Gynecological Cancers

Taire M. Thie, DPT:
Chapter 20: Sarcomas