



# CANCER REHABILITATION UPDATE

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## MORE PEOPLE, MORE PATIENTS, MORE SUCCESS

The University of Michigan Cancer Rehabilitation Program's mission is to provide high-quality rehabilitation care to people with a history of cancer, while innovating and leading the field. 2023 was another successful year towards those goals.

In this newsletter, you'll read about the enormous team of clinicians who dedicate their lives to restoring function in people who were affected by cancer and cancer treatment. We hope that you enjoy this update, and would love to hear from you.

MICHIGAN MEDICINE  
CANCER REHABILITATION  
ANNUAL NEWSLETTER

## INSIDE THIS ISSUE

Clinical Improvement and new faces

Advocacy and Leadership

Education Update

Research Innovation

# WELCOMING NEW FACULTY

BRIAN  
MCMICHAEL, MD

It is a great honor to have Brian McMichael, MD, join the Cancer Rehabilitation program! Having previously worked at the University of Pittsburgh Medical Center, and most recently, Ohio State University, Dr. McMichael brings a strong background of diverse experience to our patients. He is board certified in Hospice and Palliative Care Medicine in addition to Physical Medicine and Rehabilitation.

Perhaps the best attribute he brings, however, is his compassion and holistic approach to patient care - we are fortunate to have him on the team! [Click here](#) (and scroll down) to learn more about him.



## EXPANDING OUTPATIENT CARE

This year saw the development of the Ambulatory Therapy and Speech-Language Pathology Oncology Service Line teams. Clinicians meet quarterly for continuing education, to share knowledge, and to improve the program.

**THIS COORDINATED EFFORT HELPS ENSURE HIGH-QUALITY CARE AT ALL REHABILITATION FACILITIES THROUGHOUT THE INSTITUTION.**

Focus groups include neuro-oncology, breast cancer, head and neck cancer, pelvic floor dysfunction, and general symptom management.

Thanks to Julia Okuly, PT, Christine Wallis, PT, DPT, NCS, and many others for their hard work towards this effort!



# Clinical Triumphs



## BACK TO BACK!

### THE SYMPTOM MANAGEMENT CLINIC SCORES IN THE 99TH PERCENTILE NATIONWIDE FOR PATIENT SATISFACTION

The Rogel Cancer Center's Symptom Management and Supportive Care Clinic features both PM&R Cancer Rehabilitation Medicine and Palliative Care. For the past two quarters, the clinic has scored in the **99th percentile nationwide** for patient satisfaction - that includes all clinics of any specialty. Special shout-out to **Katie Patterson, NP**, Hospice & Palliative Care Medicine provider extraordinaire. Oh, and we asked: there is no 100th percentile. Here's to a three-peat!

## NEW LYMPHEDEMA PATHWAYS

The lymphedema team, working with the director of the Breast Care Center and surgical oncologist, Melissa Pilewskie, MD, and plastic surgeon Theodore Kung, MD, developed a new pathway for earlier detection and intervention in patients at high-risk of developing post-operative lymphedema. Using bioimpedance spectroscopy, patients now receive earlier and additional screening, allowing for prospective surveillance and easier access to necessary interventions.

## MORE PATIENTS THAN EVER

Between all care providers, more patients were treated in 2023 than ever before, including an 18% increase in physician clinic volume. This is a testament to both the need for cancer rehabilitation and the hard work of the team. We anticipate further growth next year.

## New faces, new accomplishments

Arunmon Jacob, PT joined the Burlington PT specialty clinic - he is a certified lymphedema therapist and board certified geriatric clinical specialist

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Jennifer Pak, PT, is now CLT certified

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Sara Houlihan, PT, and founding member of the acute care MCORE team completed her MBA program

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Lela Rasegan, OT, and Christelle David, OT, both extraordinary lymphedema therapists, underwent training to treat facial nerve disorders

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Trish Mozdierz, OT, was named the Michigan Medicine Inpatient Rehabilitation Director for therapies. She helped establish the MCORE program and has been a strong advocate for us. Congrats, Trish!

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Meredith Salyers, OT, will join the Brighton lymphedema team next month



# Leaders and Best



## Outpatient Team Continues Partnership with Ohio State

The outpatient team will host our colleagues from OSU/Nationwide Children's Hospital at "Cancer Through the Continuum: Pediatric Cancer" in April. Last year, our friends in Columbus hosted, and we look forward to strengthening this partnership! No footballs will be thrown.

Michigan Medicine presenters include:

- **Jen Colwell, MEdT, MS, OTRL, CHT:** *An Oncology Rehabilitation Therapist Guide to Treating a patient with Palliative Needs*
- **Allegra Adams PT :** *A Functional Foundation: The Role of Pelvic Health in Cancer Survivorship*
- **Nicolette Gabel, PhD:** *Care of Self: Practical Strategies*

## Symptom Management Clinic Nurses Provide Invaluable Care

A special shout-out to **Allison Carroll, RN**, and **Mitzi Rabe, RN**, for keeping the physician clinics running. There are very few nurses with cancer rehabilitation (and palliative care) experience - and they are a huge reason that the team can manage the complex issues that arise.



## MCORE Team Highlights the Service

The **Michigan Comprehensive Oncology REhabilitation (MCORE)** team gave an invited talk at the annual Betty Bloomer Ford Cancer Rehabilitation Symposium with our friends at Mary Free Bed. In *Utilizing a Comprehensive Oncology Rehabilitation Approach: Michigan Mobile Comprehensive Oncology Rehabilitation*, they presented data to support this model, which was adapted hospital-wide during the height of the COVID-19 pandemic, and allows at-risk oncology patients to receive extra rehabilitation "dosing" to reduce functional decline.

Congrats to **Melissa Williams**, **Sara Houlihan**, **Teresa Warne** (Nagy), **Gomati Kanphade**, and **Kristina Smith** for leading the way.



# National Leadership

## Nicolette Gabel, PhD Helps Develop NCCN Guidelines

Dr. Nicolette Gabel, PhD, the Division Director for Rehabilitation Psychology and Neuropsychology in the Department of Physical Medicine & Rehabilitation is the only neuropsychologist on the National Comprehensive Cancer Network's Survivorship Guidelines, which emphasizes the diagnosis and management of acute and chronic effects of cancer and cancer treatment, amongst other topics.

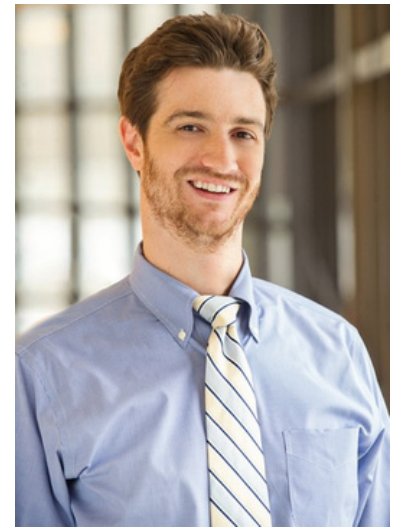
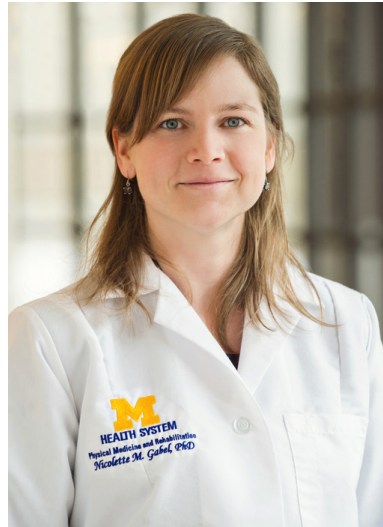
Her involvement will highlight the need for rehabilitation interventions, and improve clarity surrounding the referral process. The scope of the NCCN is far-reaching and impacts cancer care across the world.



National Comprehensive Cancer Network®



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Physical Medicine and Rehabilitation



## Leading Cancer Rehabilitation in the AAPM&R

SEAN SMITH CO-LEADS NATIONAL INITIATIVE

Dr. Sean Smith continues to co-chair the AAPM&R's Cancer Rehabilitation BOLD initiative to advance the field. This initiative has created standards for cancer rehabilitation training, a project which also included the efforts of Dr. Brian McMichael.

Currently, this effort is exploring ACGME-accreditation for the field while expanding its public relations reach.

## In the Popular Press

Dr. Gabel was interviewed for this Washington Post article about “chemo-brain,” and what patients should know.

Dr. Smith was interviewed about what primary care providers should know for breast cancer rehabilitation, and how cancer rehabilitation specialists can help.





Northville (2023 champions)



MedSport (Ice Cube)



Burlington, second floor



Burlington, lower level



Canton



MedSport (Domino's Farms)

*Note: Brighton's team photo is on page two!*

# Pink Pictures Return!

Every year, the outpatient sites participate in the Pink Challenge to raise money and awareness for breast cancer research. Congratulations to the Northville Cancer Rehabilitation team, 2023 winners!

# EDUCATION UPDATE

## Get to know our current fellow, Dr. Kelsey Lau!

Why Cancer Rehab: I was drawn to working with cancer patients prior to medical school, got into the rehab world in residency and realized I still had a pull in working with the oncology patient population. Their emotional and physical resiliency is incredibly inspiring to me. I'm also excited about the potential growth of the cancer rehab field and believe we can make a significant impact on this population as it continues to expand.

Why UofM: I believe mentorship is of utmost importance in your professional life. Being able to work with and learn from two (now three with the recent addition of Dr McMichael!) of the best cancer rehab physicians in the world is priceless. I also am interested in procedures and knew I would get hands on time in clinic.

What do you envision for your career: Being able to make both a small and large impact on the cancer rehab world, working in an outpatient setting and taking on leadership roles.

Best concert: Kenny Chesney & Tim McGraw !

Favorite Ann Arbor restaurant: Dixboro Project

Pets: Grew up with Newfoundland dogs! Now we have one sassy and vocal Bernese Mountain Dog who is just waiting to get her hands on the first snowfall of the year!

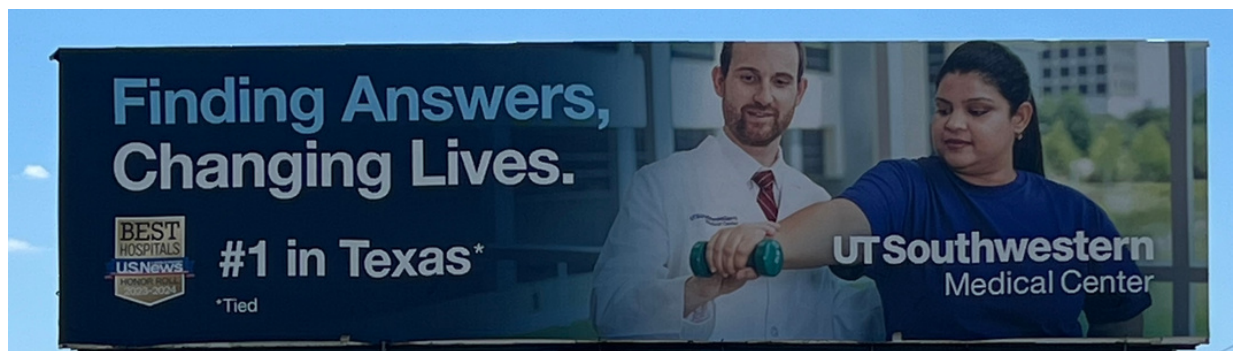
Favorite vacation: Bahamas! Nothing better than island life.



## Training Future Leaders

A guiding principle of the cancer rehabilitation program is to advance the field by training the next generation of leaders. **Here are some highlights:**

- Christelle David, OT, and Katie Rogers, OT participated in the educational series for PM&R residents: Introduction to Lymphedema for the Oncology Rehabilitation Professional
- Rachelle Partee, OT, CLT and Anna Stewart, OT, CLT attended the NLN (National Lymphedema Network) conference
- Lakshmi Shankar presented on pelvic floor dysfunction in breast cancer patients at the most recent Oncology Service line meeting
- Special thanks to all who give Cancer Rehabilitation Medicine Fellowship Program didactics, including our external speakers like UofM PM&R alumn, Brendan McNeish!



**We knew him when:** Dr. Michael Fediw, our first Cancer Rehabilitation Medicine fellow, is featured on a billboard in Dallas



# Alumni Update: Catching up with James Pastrnak, MD (Class of 2021)

FORMER FELLOW DR. JAMES PASTRNAK IS AN ASSISTANT PROFESSOR OF PHYSICAL MEDICINE AND REHABILITATION AT INDIANA UNIVERSITY, WHERE HE MANAGES INPATIENT AND OUTPATIENT CANCER REHABILITATION PATIENTS. FELLOWSHIP DIRECTOR CODY ANDREWS CAUGHT UP WITH HIM:

## Looking back, how did fellowship training prepare you?

Michigan's cancer rehab fellowship prepared me by allowing me to immerse myself further into the field than I got in residency and gave me more hands on experience and learn from the great minds of Dr. Andrews and Dr. Smith. Being able to run the consult service basically on my own really prepared me to do the same as an attending (both a consult service and an inpatient service). The fellowship also gave me time to work with oncologists to help learn their areas better to be able to collaborate with oncologists at my new location.

## What program(s) are you working on developing?

We are trying to emulate what Michigan has/had (you will have to inform me on how things are changing with the full move to Chelsea) with having an inpatient service line and consult line. Unfortunately haven't been able to really implement something akin to MCORE yet but hopeful for future as IU is building a large acute hospital where all inpatient cancer patients will likely be as opposed to being split between two hospitals. Currently I am helping run an inpatient service at stand alone acute rehab facility with cancer lean (not enough patients for a sole line yet) and then doing inpatient consults at hospital that didn't have PM&R coverage previously (still not enough just for cancer but see above for hopes to change once the large hospital is built in 2026/27). Also have outpatient clinics a few half days a week for inpatient follow ups and outpatient consults. We also have been working closely with Dr. Ballinger at IU as she has developed the IU MOVE (Multidisciplinary Oncology Vitality and Exercise) Program to provide more therapy options (including exercise physiologist) for cancer survivors as IU continues to grow its supportive care network for cancer survivors.



## What do you miss most about Michigan?

My family and I miss the connections we made during residency and fellowship. Truly miss all the smiling faces I got to know over my four years there. I would joke about the "Michigan Difference" frequently as a resident/fellow, but as a parent to three young kids who see physicians in a new system now, **there is definitely something different about Michigan than other locations.**

## Any life updates?

Biggest life update is when we left Michigan we had just welcomed our second daughter and now we have three kids. Our oldest (Lily, 5) started Kindergarten this year and loves school which is a relief. I also volunteered to be Lily's soccer coach this past soccer season so that was a new challenge that was quite enjoyable. Our youngest two (Isabella, almost 3, and Daniel, 1.5) keep us on our toes.



## DR. AHMED JOINS THE ALUMNI CLUB!

Dr. Maaheen Ahmed graduated last year, and is now an Assistant Professor in Physical Medicine and Rehabilitation at the Baylor College of Medicine in Houston, TX. We miss her and her cat stories, but are so proud of her accomplishments!



# RESEARCH UPDATE

## PUBLICATIONS AND PROPOSALS

Language in performance status measures	
Karnofsky Performance Status Scale	
100	Normal, no complaints, no evidence of disease
90	Able to carry on normal activity, minor signs or symptoms of disease
80	Normal activity with efforts, some signs or symptoms of disease
70	Cares for self, unable to carry on normal activity or do active work
60	Requires occasional assistance, but is able to care for most personal needs
50	Requires considerable assistance and frequent medical care
40*	Disabled, requires special care and assistance
30	Severely disabled, hospital admission is indicated although death not imminent
20	Very sick, hospital admission necessary, active support treatment necessary
10	Moribund, fatal process progressing rapidly
0	Dead
WHO ECOG Performance Status Scale	
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (eg, light house work or office work)
2	Ambulatory and capable of all self-care but unable to carry out any work activities, up and about more than 50% of waking hours
3*	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled, cannot carry on any self-care, totally confined to bed or chair
5	Dead
<small>Ablest language is italicized. ECOG=Eastern Cooperative Oncology Group. *Indicates the highest level where a wheelchair-using patient would be classified if scored literally.</small>	

## SPOTLIGHT: COMMENTARY ON ABLEISM PUBLISHED IN THE LANCET ONCOLOGY

Dr. Sean Smith and co-authors Drs. Cheri Blauwet and Thomas Wells published a commentary highlighting ableist language used in performance status, a measure often used to rate a person's suitability for cancer treatment. Check it out [here](#).

***"IT IS CONCERNING THAT THE DECISION TO ADMINISTER TREATMENT TO PEOPLE WITH PHYSICAL DISABILITIES IS SUBJECT TO CLINICIAN BIAS, WHICH MIGHT INCLUDE ABLEIST ASSUMPTIONS ABOUT WHAT IT MEANS TO FUNCTION INDEPENDENTLY, AND THE RESILIENCE OF PEOPLE WITH DISABILITIES."***

## PUBLICATIONS IN 2023

Lynn JV, Hespe GE, Akhter MF, **David CM**, Kung TA, Myers PL. [Cross-Sectional Analysis of Insurance Coverage for Lymphedema Treatments in the United States](#). JAMA surgery. 2023 Jun 7.

Fleege NM, Pierce-Gjeldum D, Swartz LK, Verbal K, Merajver S, Friese CR, Kiyota A, Heth J, Leung D, **Smith SR, Gabel N**. [IMPACT the brain: a team-based approach to management of metastatic breast cancer with CNS metastases](#). JCO Oncology Practice. 2023 Jan;19(1):e67-77.

**Dykowski S**, Simoneau J, **Smith SR**, Walling E, **Lewno A**. [Clinical Considerations in Returning Pediatric and Young Adults With Cancer to Physical Activity](#). Current Sports Medicine Reports. 2023 Nov 1;22(11):380-6.

## GRANT PROPOSALS SUBMITTED

Two R01 proposals were submitted this year - one with co-PI David Lipps, PhD, in the School of Kinesiology. The team looks forward to pursuing more funding and success next year.

**Stoyles N**, Cheville A, Zucker D, Richards B, Vargo M, Gerber L, Shahpar S, Henderson M, **Jay C, Smith SR**. [Risk factors for reduced function in women with a history of breast cancer](#). Breast cancer research and treatment. 2023 Feb;197(3):613-21.

**Brothers L**, Malhotra J, **Andrews C, Smith SR**. [Graft-Versus-Host Disease: an Update on Functional Implications and Rehabilitation Interventions](#). Current oncology reports. 2023 Mar;25(3):145-50.

Qin ES, Richards B, **Smith SR**. [Function in cancer patients: disease and clinical determinants](#). Cancers. 2023 Jul 6;15(13):3515.

Takayesu JS, Jiang SJ, Marsh R, Moncion A, **Smith SR**, Pierce LJ, Jaggi R, **Lipps DB**. [Pectoralis Muscle Dosimetry and Posttreatment Rehabilitation Utilization for Patients With Early-Stage Breast Cancer](#). Practical Radiation Oncology. 2023 Sep 27.

Habib MH, Zheng J, Radwan A, Tolchin DW, **Smith S**, Inzana RS, Keeney T, Arora A, Beckley A, Choudhary S, Jones CA. [Top Ten Tips Palliative Care Clinicians Should Know About Physical Therapy, Occupational Therapy, and Speech Language Pathology](#). Journal of Palliative Medicine. 2023 Oct 13.

**Smith SR**, Blauwet C, Wells TP. [Anti-ableist oncology care: ensuring equity for people with physical disabilities](#). The Lancet Oncology. 2023 Nov 1;24(11):1168-70.

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