



# The Powerful Trio of Wellness

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## OBJECTIVES

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1. What is the “magical TRIO?”
2. Clinical evidence
3. Updates on complementary medicine
4. Implementation into the care plan

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metastasis  
obesity  
tobacco  
skin cancers  
lymphatic system  
radiation therapy  
treatment  
palliative care  
cure  
genetic  
cancer  
death  
malignant  
disease  
diagnosis  
cell growth  
prognosis  
bloodstream  
pharmaceutical industry  
benign  
surgery  
tumor  
research  
chemotherapy  
environmental  
factors  
medicine

# Survivor Trends

- Less active & accelerated sarcopenia/osteoporosis.
- Greater impaired physical function, higher anxiety & depression.
- Long-term side effects from disease or treatment.
- Constant fear of recurrence.
- Increased emotional challenges & cognitive changes
- Poor self image, body changes & obesity.
- Poor sleep quality.
- Higher co-morbidities. Higher cardio-vascular related deaths.
- Long-term financial toxicity.

## WELLNESS FUNDAMENTALS

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**Education  
Coaches**



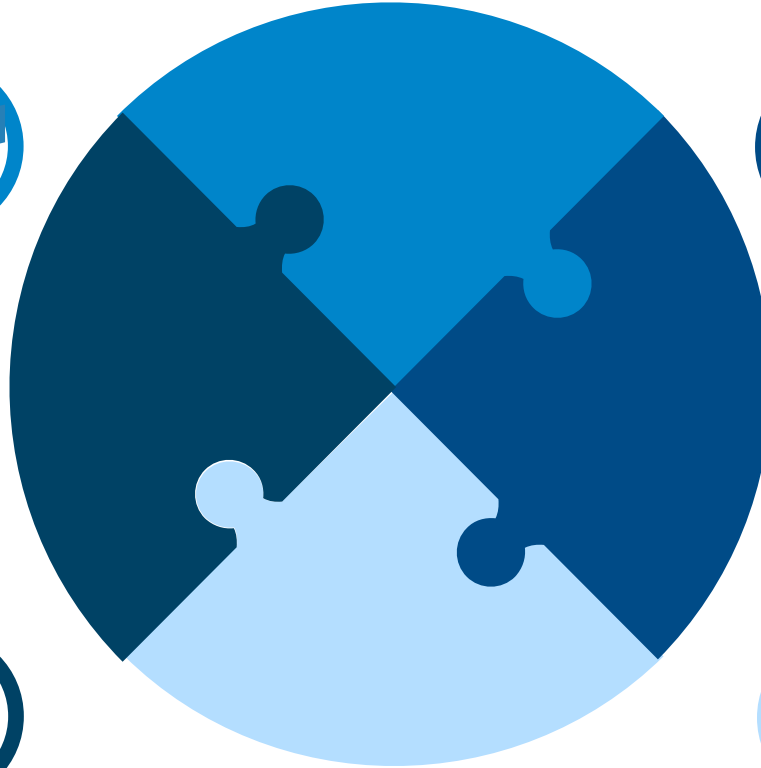
**Exercise &  
Rehabilitation**



**Nutrition**



**Emotional  
Well-Being**



## PROGRAM COMPONENTS

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*Information & education. Can include, education resources, classes, online information, collaboration with clinical care team and other service lines. Patient focused. Include caregiving team.*



### Education Coaches

- Anyone who provides information & encouragement
- Connect with resources or service lines



### Exercise & Rehabilitation

- \*\* Keep patients moving & strong.
- Oncology Rehab/Prehab – PT/OT, SLP
- Theraband exercises w/chemo education



### Nutrition

- Clinical RD or community education.
- Info: snacks, taste alterations or protein
- Weight Management - Survivorship



### Emotional Well-being

- Support groups/services.
- Resources such as education classes & on-demand. Sleep, fatigue, anxiety, meditation or breathing info.

A person wearing a white hoodie is shown from the chest up, with their arms raised in a celebratory gesture. The background is a bright, golden sunset over a body of water, with the sun low on the horizon and its reflection visible. The person's arms are raised high, and their hands are clenched into fists. The overall mood is one of triumph and achievement.

## IMPACT OF WELLNESS

Reduced side effects

Improved quality of life

Less financial toxicity

Empowering

Supportive community

Decreased co-morbidities

Supports caregiving team

ZERO cost for most resources



A large group of people, mostly women, are posing for a group photo in a gym. They are arranged in several rows, some standing and some kneeling. Many are wearing black t-shirts with "BUILD + TheHill" printed on them. Some are flexing their muscles. The background shows gym equipment like pull-up bars and a sign that says "FUNCTIONAL TRAINING ZONE".

# GENERAL EXERCISE RECOMMENDATIONS

## Weekly:

150 min of moderate

OR

75 min of vigorous

+ 2 x resistance (full-body)  
+ stretching




## TOO TIRED TO EXERCISE?

>90% patients report feeling tired

Exercise & Cognitive Behavioral Therapy  
- BEST first-line treatments for CRF

- Minimal improvement w/prescriptions
- Strength muscle improves your engine
- Walking can be more tiring – similar to ADL's



Type	Example	Benefit	Limitation
<b>Aerobic</b>	Aerobic Walking ADL's Tai Chi	Cardiorespiratory fitness Burns calories during Minimal equipment Generally higher compliance	<u>No fatigue improvement</u> Pts w/CIPN or balance <u>No muscle gain</u> No metabolic increase
<b>Resistance Strength</b> 	Muscle Training “Muscle Overload”	<b>Increased muscular strength</b> <b>Increased muscle mass</b> <b>Reduced fatigue</b> <b>Improved Joint Pain</b> <b>Improvements in Insulin levels</b>	<b>Lack of knowledge</b> <b>Equipment often needed</b> <b>Correct form &amp; execution</b> <b>Less interest or experience</b>
<b>Core</b>	Breathing Posture	Simple Diverse Benefits Appropriate for ALL patients Sleep & Relaxation	Sedentary habits Lack of knowledge Easy to forget

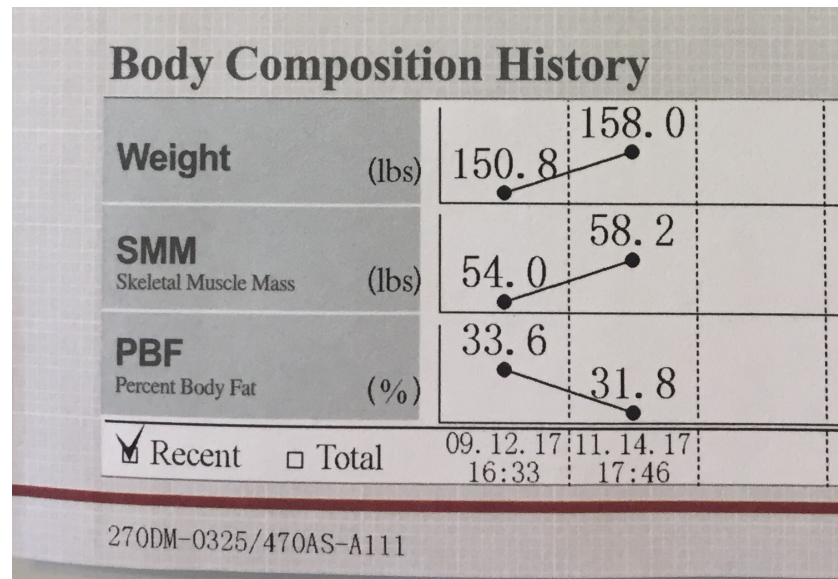


## ANNUAL MEDICAL EXPENSES REDUCED BY EXERCISE

- 36% lower out of pocket costs
- Meet min recommendations of exercise
- Colorectal, breast & prostate

## WELLNESS AS PART OF THE TREATMENT PLAN- PATIENT STORY

- Janelle 49 yr breast cancer AC Taxol chemo + rad
- 2x week functional fitness + 3x week 2 mile walk
- Increased protein +100g/day



## THE POWER OF NUTRITION

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- 1 Nutrition is key to supporting the body to heal.
- 2 Basis of life – need daily no matter what.
- 3 Cancer is NOT free card to eat anything.
- 4 Food is fuel.

### PATIENT-FOCUSED

- Tips on making foods taste better
- Simple & budget friendly

### EVIDENCE-SUPPORTED

- Plant based
- Mediterranean diet
- Higher protein
- Lower sugar

# Mediterranean Diet

- Plant Based foods
- Olive Oil
- Fish & Poultry 2x week
- Daily Exercise
- Red wine in moderation (optional)
- Avoid processed foods
- Heart healthy
- Eat with family or friends



## MIND/BODY – EMOTIONAL WELL-BEING

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- Stimulates the body & mind together
- Something that is enjoyable
- Effective for all ages & genders
- Modalities:
  - \* Yoga or Qigong
  - \* Meditation
  - \* Active social activities

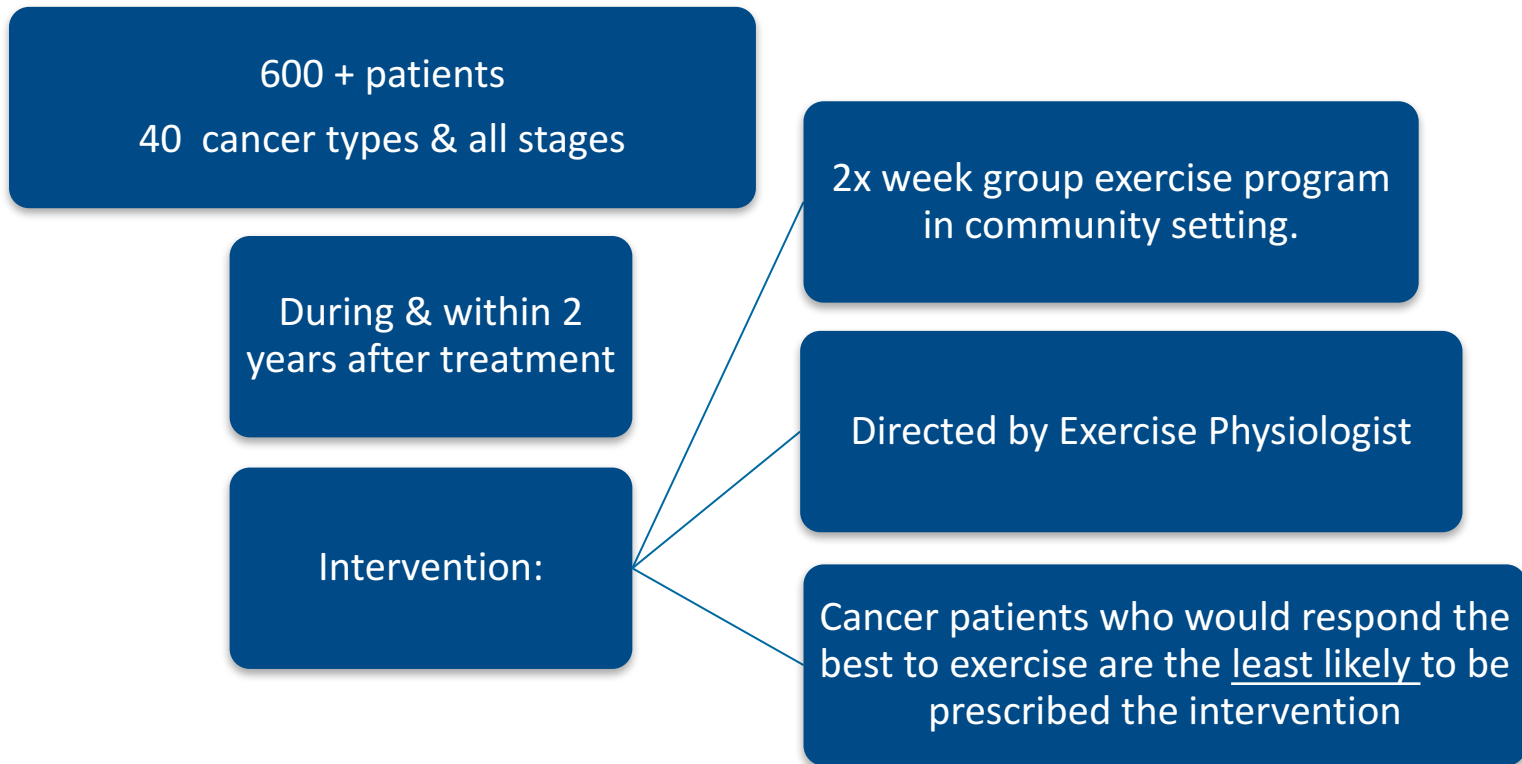
### **Psychosocial support**

- Individual or small group therapy
- Cognitive behavior therapy



## WHO BENEFITS THE MOST?

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### INSIGHTS:

- High Fatigue & Significant Loss of Function
- Intense treatment & surgery
- Younger patients (active & working)

### NEEDS:

- Functional improvements
- Lean muscle mass, focus on nutrition

## EXAMPLE: 4 WEEK PREHAB TRIMODAL PLAN

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- Exercise, Nutrition & Relaxation techniques
- Seniors with resectable disease
- Significantly increased the amount of moderate & vigorous-intensity exercise.
- Greater improvement in 6MWT compared to control.
- At the time of surgery, a greater proportion of patients in PREHAB met current physical activity guidelines.

## EXAMPLE: METASTATIC COLORECTAL SURVIVAL WITH EXERCISE

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- Exercise improves overall survival (OS) & progression-free survival (PFS)
- < 3 METS/week decreased OS
- > than 18 METS/week = improved OS & PFS
- Greater non-vigorous physical activity (PA)& walking duration associated with improved OS
- Patients who engaged in moderate PA for 30 min/day
  - 16 percent lower risk of PFS
  - 19 percent lower risk of all cause mortality

### INSIGHTS:

- Sarcopenia & increased body fat
  - Cardiotoxicity & metabolic changes
  - Higher depression & anxiety
  - Complicated treatment & surgical plan
    - ROM limitations
    - Fears about lymphedema
  - Body image
- Non-compliance to AI's
  - Metastatic patients living with chronic disease

### NEEDS:

- Increased muscle mass
- Emotional support
- Appropriate nutrition (weight management, less myths)

### START Trial

First randomized data to suggest that adding exercise to standard chemotherapy may improve breast cancer outcomes by increasing disease free survival (DFS)

- DFS in 7-10% higher in exercise group
- Highest in stage II-II
- Greater impact in obese patients & ER+

## EXAMPLE: AROMATASE INHIBITOR & WEIGHT GAIN

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Aerobic & resistance exercise vs usual care on body composition

### **Intervention**

- Supervised 2x weekly resistance exercise training
- 150 minutes per week of aerobic exercise

### **Outcome- 12 months**

Exercise group

- Significant increase lean body mass (muscle)
- Decrease in % body fat



## EXERCISE & LYMPHEDEMA: EDUCATION UPDATE

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Patients who have lymph node surgery, radiation and taxane chemo have increased risk.

- NO need to wear garment to fly or exercise.
- It IS ok to take blood pressure in the arm after bilateral mastectomy.
- Body composition maintenance.

### **How to Improve Body Composition:**

- Resistance training - start low and increase slowly
- Consistency!
  - Weight at time of surgery increases risk.
  - Encourage exercise not scare.

### INSIGHTS:

- Higher loss of lean muscle
- Nutrition deficits
- Post treatment speech & swallowing changes
- Younger patients – more noticeable decline
- Long term (lean) weight is lower

### NEEDS:

- Strength focused exercise
- Early peg tube placement
- Increased nutrition and hydration
- Swallowing exercises

## EXAMPLE: PROGRESSIVE RESISTANCE TRAINING + SUPPLEMENTATION DURING TX HNSCC

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12 wk PRT (progressive resistance training) + protein & creatine

- 97% adherence
- LBM, muscle strength and functional performance increased significantly in both groups
  - -LBM only borderline significant in PLA group

### **Intervention**

Resistance exercise (bands) in clinic (weeks 1–6) and home (weeks 7–12)

### **Outcome**

- Less Fatigue in resistance group
- Improved Quality of life at 6 weeks
- Improved Chair rise time at 6 & 12 weeks

Complementary Modalities for Breast Cancer  
Society of Integrative Oncology  
Reviewed by ASCO

A close-up photograph of a hand performing acupuncture. The hand is positioned over a patient's back, with several thin, copper-colored needles already inserted into the skin. The lighting is warm and focused on the hand and needles, creating a sense of precision and care. The background is dark, making the hand and needles stand out.

80% patients use complementary modalities

STRONGEST EVIDENCE

- Mindfulness based
- Meditation
- Acupuncture



# Barriers to Success

1. Never told what they should do
2. Unclear goals
3. Lack of good information
4. Lack of support
5. Derailment/distractions
6. Lack of time or money
7. Failure to feel enjoyment from previous activities

### 3 E'S TO IMPLEMENTATION

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#### **Educate**

*Provide information*



#### **Empower**

*Give the “green light”*



#### **Encourage**

*Make a note to ask  
in follow ups*



# thankyou

CANCER  
WELLNESS

FOR LIFE



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