

UVM Project ECHO

Cancer Survivorship for Primary Care

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Didactic presentation is recorded. Registered participants will receive the link.

Session Agenda

- Welcome
- Objectives
- Didactic Presentation (25-30 min)
 - Q&A
- Case presentation(s)
 - Clarifying questions
 - Discussion
- Closing Announcements
 - Topic and cases for next session
 - Feedback and evaluation



ECHO Model: All Teach, All Learn



Cohort-based learning on ZOOM

- Have your camera on as much as possible, especially when joining the meeting and during discussions
- Questions and comments are welcome – use the “raise hand” feature or put them in the chat
- This is not a webinar! Participation is key

Case-based learning

- 1-2 participant cases each session using provided template
- Contact Mark Pasanen to present a case

Series Objectives

Learning objectives for this ECHO series include the ability to:

1. Describe the medical and psychosocial issues cancer survivors may face and strategies to address common challenges
2. Identify the range of resources and support available to cancer survivors, with a focus on rural settings
3. Apply current evidence to improve care provided for cancer survivors
4. Develop care plans, including coordination strategies, to deliver patient-centered care for cancer survivors

CMIE Disclosures

The Robert Larner College of Medicine at The University of Vermont is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing medical education for the healthcare team.

The University of Vermont has approved your application and designates each session a maximum of **1.0 AMA PRA Category 1 credit(s)**TM.

This program has been reviewed and is acceptable for up to **1.0 Nursing Contact Hours**.

The Robert Larner College of Medicine University of Vermont has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for **1.0 AAPA Category 1 CME credits**.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1.0 continuing education credits.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to **1.0 MOC points** in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program; It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM or ABP MOC credit.

This activity was planned by and for the healthcare team, and learners will receive 1.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

Participants should claim only the credit commensurate with the extent of their participation in the activity.

CMIE Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

Living Well with Cancer & Beyond

Jessica Coleman, NBC-HWC

Alison Jones, Dietitian

Rebecca Reynolds, Cancer & Exercise Specialist

April 15, 2025

Session Objectives

Learning objectives for this ECHO session include the ability to:

1. Understand “*whole-person health*” and the importance of person-centered care (not disease-centric care), especially in survivorship
2. Recognize fear-based diet advice aimed at cancer survivors
3. Advocate for positive dietary changes for preventive health
4. Understand the ‘Role of Exercise’ in survivorship and how regular activity helps to alleviate cancer-related side effects
5. Understand the health care providers role in empowering survivors toward a healthy lifestyle.

Whole-Person Health

Jessica Coleman, NBC-HWC

Integrative Oncology Health & Wellness Coach

UVM Osher Center for Integrative Health, UVMMMC Cancer Center

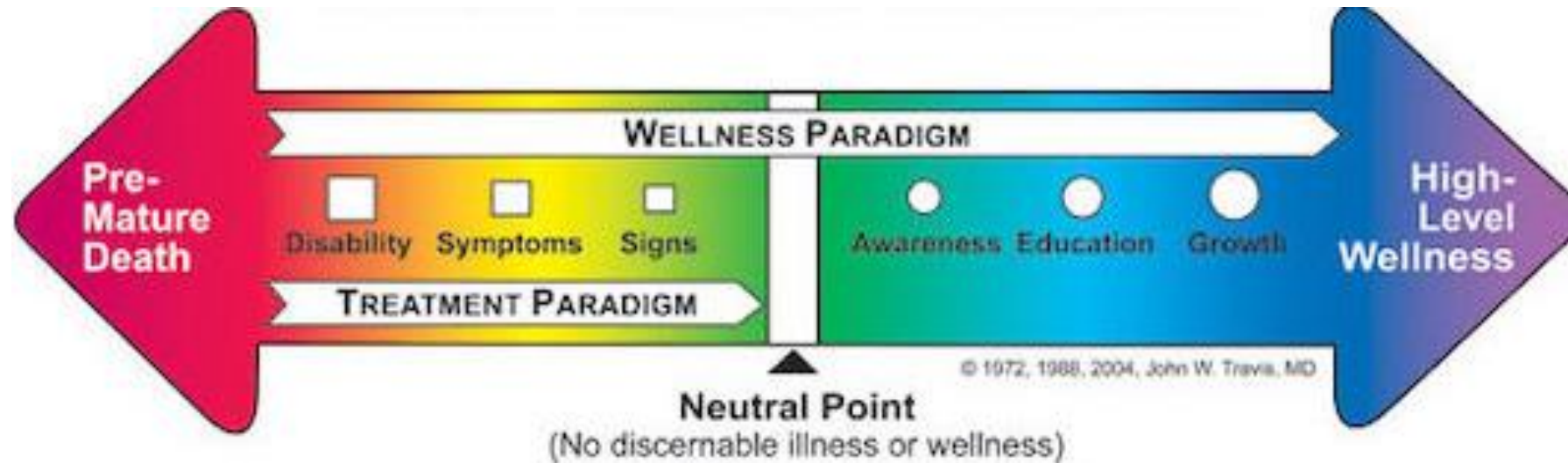
What is Whole-Person Health?

- **Holistic** approach that considers many aspects of our lives – psychological, social, emotional & environmental
- **Involves a coordinated, interdisciplinary care team** (doctors, dietitians, exercise specialists, health coaches, social workers, therapists) and employs conventional, complementary & lifestyle medicine (*it takes a village*)
- **Person-centric, not disease-centric** approach to care

Illness – Wellness Continuum

Cancer Diagnosis & Treatment

Disease-centric care



Post-Treatment Care

Opportunity to shift to the right side of the continuum
& develop healthy habits

What do you want your health for?



Change the Focus:

What's the matter with you?

What matters to you?

Part of the Care Conversation:

- *What are your priorities?*
- *What restores your sense of strength & happiness?*
- *What/Who are important connections in your life?*

What does your *Wheel of Health* look like?



Movement: Daily exercise, activity strength training & flexibility

Nutrition: Foods you eat, beverages you drink, eating habits & patterns

Environment: Where you live, work, & play (how it makes you feel)

Relationships: Connections to the people & animals

Personal Development: School work, profession, hobbies, finances

Spirituality: Seeing meaning & purpose in something greater than yourself (may include religion, nature, arts, humanitarian efforts, etc.)

Sleep & Rest: The amount of sleep, rest, & restoration you get

Work Life Balance: Your perception of the push & pull of daily life

Mind & Body: Awareness of the connection between the mind & body

Empower Patients & Reduce Anxiety

- **Developing Healthy Habits through Lifestyle & Behavior Change**

Activities I can do...
Food I can add to my plate...

- **Movement & Nutrition**



Nutrition

Alison Jones, Dietitian

Gastrointestinal Surgical Oncology Nutrition

UVM Medical Center

Cancer Survivors & Chronic Disease

Cancer treatment is associated with accelerated aging

- This leads to greater incidence and earlier onset of chronic diseases CAD, stroke, COPD, CKD, HTN, arthritis, etc.
- True even for young cancer survivors. Adolescent & young adult cancer survivors have an increased risk of any chronic condition compared to non-cancer population

To combat this, cancer survivors need preventive health care even more than the general population.

Happily, you do not need to learn any new nutrition guidelines. There is no significant difference in current preventive health care diet advice for cancer survivors compared to the general population

But, that's not what your patients are hearing...see next slide

What Patients Hear about Diet & Cancer

In one single recent thread discussing diet in an online cancer survivor forum, the survivors told each other:

- Avoid food with estrogen
- Avoid processed foods
- Avoid foods with lactic acid and citric acid
- Go vegan (multiple people suggested this)
- No added sugars, no simple carbs
- Do keto (some people were on 'dirty keto,' others on 'strict keto')
- Avoid saturated fats; especially avoid peanuts and palm oil
- No breads; minimal rice and potatoes
- Eat 'GBOMBS' (greens, beans, onions, mushrooms, berries, seeds)
- No alcohol or red meat
- Use fruit smoothies
- Do vegetable juicing
- Get meals from Green Chef
- Read diet books (4 different books mentioned, by Ornish, Fuhrman, one called 'Starve Cancer,' one on RAVE diet)



Notice that the advice is often non-evidence-based and sometimes contradictory

Notice that majority of advice is based on restricting foods

These diet restrictions are often based in fear and a need to re-gain a feeling of control

- Can result in unnecessary restrictions on food
 - Can decrease enjoyment of eating
 - Increases anxiety and guilt around food choices
 - Increases negative interactions with friends/family, decreases opportunities for social connection
- "why won't you have my pumpkin pie this Thanksgiving?" "You really won't grab lunch with me?"

A perfect diet is still no guarantee of remaining cancer-free

Common Food Fears

- **Soy:** safe in usual dietary amounts
- **Sugar:** avoid excess added sugars, **but it's also unhealthy to agonize about eating dessert or not**
May hear "sugar feeds cancer"
- **Artificial Sweeteners:** inconclusive
- **Processed meats:** limit hot dogs, sausages, cured meats; linked to colorectal/gastrointestinal cancer
- **Red meat:** limit intake to 500 grams/week; this is about three 5-oz servings of red meat per week. Colorectal cancer risk.
- **Alcohol:** no amount is considered safe
- **Seed oils:** they are fine
- **Gluten:** it's fine
- **Dairy:** it's fine

Safety Assessment of Common Restrictive Diets

- Ketogenic:** Concern for cardiac disease. Not recommended if underweight or having difficulty eating. Can limit social opportunities.
- **Intermittent Fasting:** No dry fasts, no 24-hour or greater fasts. Usually results in reduction in caloric intake. Use caution with pregnancy, diabetes, GERD, and not appropriate for frail patients or patients with EDO history. There is some evidence supporting IF for cancer prevention, but has been difficult to do long-term studies on humans. Does not necessarily result in good food choices during non-fasting periods.
- **Carnivore:** **Heavily discourage this diet.** Micronutrient deficiencies common. Cardiac disease risk elevated.
- **Paleo:** Basically eliminates dairy and starches. Cardiac disease risk.
- **Vegetarian/Vegan:** Does not necessarily result in good food choices. Watch for B12 deficiency in vegans.

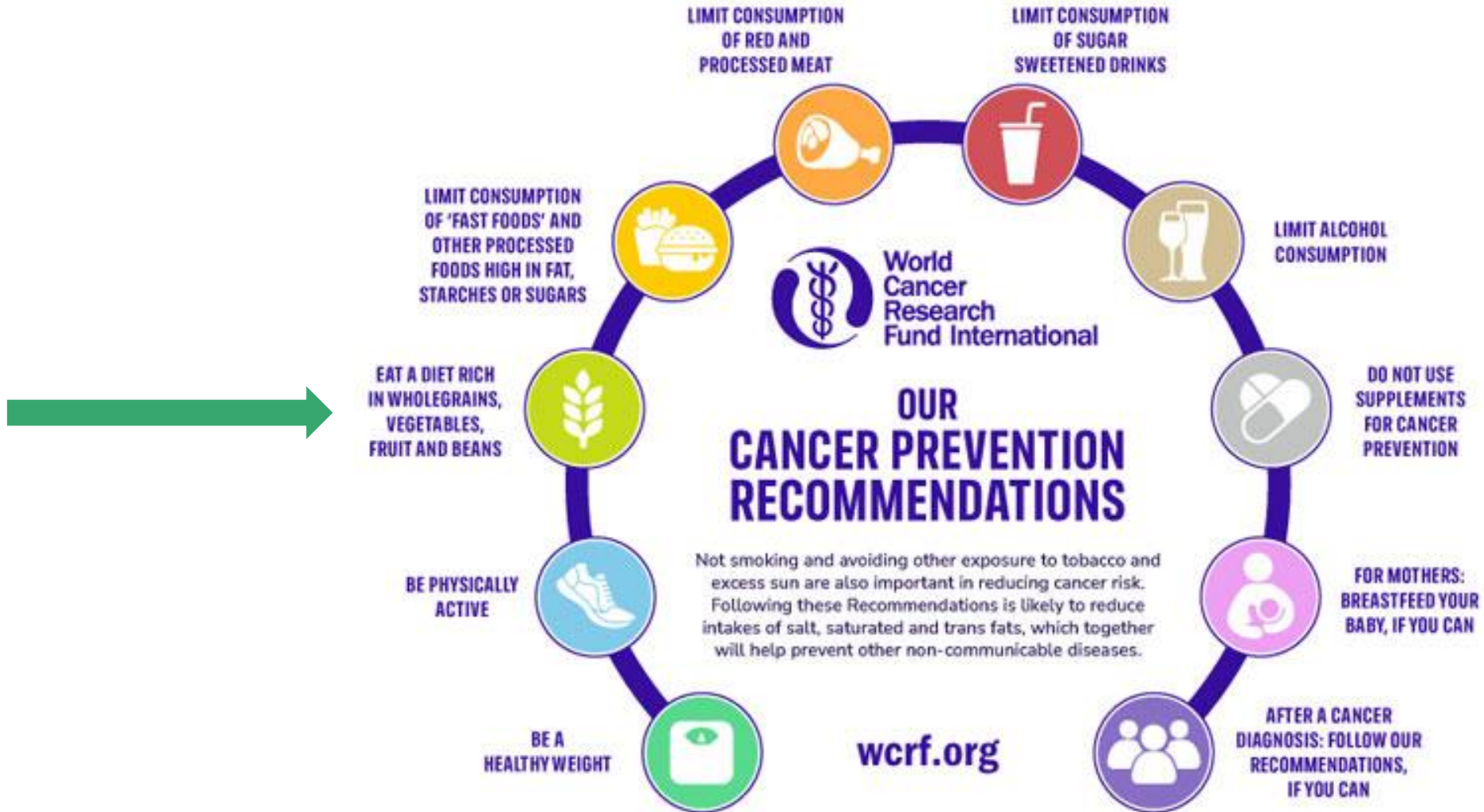
Extra Credit Reading

2012 article in the American Journal of Clinical Nutrition
*Is everything we eat associated with cancer?
A systematic cookbook review.*
Authors Schoenfeld JD, Ioannidis JP.



With all diets that focus on restrictions: watch out for signs of eating disorders, especially orthorexia nervosa

What can we tell patients that is not fear-based?



Focus on adding to diet, not restricting

Add: fruits and vegetables

- Goal: 5 servings a day (ideally more vegetables than fruit)
- CDC 2019: Only 9% of US adults eat enough vegetables. Only 12% eat enough fruit
- Adequate f/v intake is associated with a reduced risk of all-cause mortality

1. Assess current intake with mini 24-hour diet recall

- “Tell me about what fruits and vegetables you had with your meals and snacks yesterday”
- Helps patient think about changes in concrete rather than abstract terms
- Helps you learn about what your patient population eats
- Avoid sounding judgmental. Find a way to praise the patient for something.

2. Evaluate barriers

- Food insecurity, busy lifestyle, low cooking skills/low interest in cooking
- “I don’t like fruits or vegetables” (is this really true? Test their perception)

3. Brainstorm with patient; leave room for the patient to lead

- Make it easy to succeed by starting with small measurable goals: **increase by one serving/day**
- (if time) Help the patient come up with one or two ideas for how they can add a fruit or vegetable to their day
- **Give written resources** (verbal + written education has better success than verbal alone).

Generic advice “eat more fruits and vegetables” is not enough



Patients can’t translate this picture into their actual daily life; too abstract

Nutrition through Addition

Ideas for patients who want to do more

Additional goal: 30 different plant-based foods per week

- Improves microbiome health
- “Plant-based” is not just fruits and vegetables
- Includes potatoes, whole wheat bread, popcorn, 70% dark chocolate, peanut butter, etc
- Food should not be too processed; Rice Krispy Treats do not count as rice
- To learn more: link to 2024 UVM presentation on diet and the microbiome, from Dr. Shahid Ahmed: <https://www.youtube.com/watch?v=02qvxbpf8w>

Is there room to do more fresh instead of cooked vegetables?

- Less degradation of vitamins and phytonutrients

Are they including Omega 3?

- Tuna, salmon, mahi-mahi, haddock, cod; some from walnuts but would have to eat a lot
- Or can use fish oil supplement; vegan algae-based omega 3 available for vegans/vegetarians

Are they using moderation?

- Be judicious with red meat, processed meat, added sugars, saturated fat, and especially alcohol

Are they working on health beyond diet? (Health Coach!)

- Sleep
- Positive social interactions
- Exercise (Physical Therapist!)

Goal: 30 per week

- 1 Oatmeal
- 2 Walnuts
- 3 Frozen blueberries
- 4 Cinnamon
- 5 Spinach
- 6 Radish
- 7 Carrots
- 8 Whole grain rye bread
- 9 Sauerkraut

Remember, don't feed into health anxiety

Tips to increase fruit/vegetable intake

- Ideas for getting kids to eat more vegetables can be used on adults too
- If resistant to new f/v: increase portions/frequency of accepted f/v instead
- Add frozen veggies to canned soups or pasta sauces
- Frozen berry mixes: thaw the night before, add to yogurt or hot/cold cereal.
- Buff up sandwiches: put multiple types of veggies on, not just a single sad leaf of iceberg
- In the rare situation where finances are not a barrier: pre-cut/washed veggies, pre-made salads from deli, meal delivery services

Barrier-Busting F/V

Shelf-stable

Applesauce
Sauerkraut or kimchi
Raisins, raisins
Banana chips
Canned veggies (frozen preferable)
Canned fruit (no syrup preferable)
Salsa
Pickles

Fresh, but doesn't spoil fast

Cabbage
Apples
Carrots
Parsnips
Kohlrabi
Onion
Garlic
Beets
Butternut squash
Acorn squash
Rutabaga
Turnip
Jicama

Frozen

Spinach
Bell peppers
Peas
Strawberries
Blueberries
Cauliflower
Broccoli
Many more!

Resources to increase fruit/vegetable intake

Handouts to download for patients (accessed April 2025*)

- Patient handout: visual representations of fruit/vegetable serving sizes (2 pages)
<https://www.dartmouth.edu/wellness/docs/fruitvegsservingsizes.pdf>
- Patient handout: serving size of many different f/v listed by volume in cups & weight in grams (15 pages)
https://healthy.arkansas.gov/wp-content/uploads/fruit-vegetable_chart.pdf
- Patient handout: tips on how to increase vegetable intake (3 pages)
<https://osher.ucsf.edu/sites/osher.ucsf.edu/files/inline-files/Meal%20Planning%20Basics%20PDF.pdf>
- Patient handout: checklist to help reach 30 plant-based foods per week (1 page)
<https://www.evergreen-life.co.uk/wp-content/uploads/2022/08/checklist-of-plant-based-foods-to-help-people-get-30-a-week-to-improve-their-gut-health-723x1024.png>

**If you are accessing this slideshow at a later date and any handouts have been taken down, doing a web search for their titles should bring up similar handouts; there are many handouts available.*

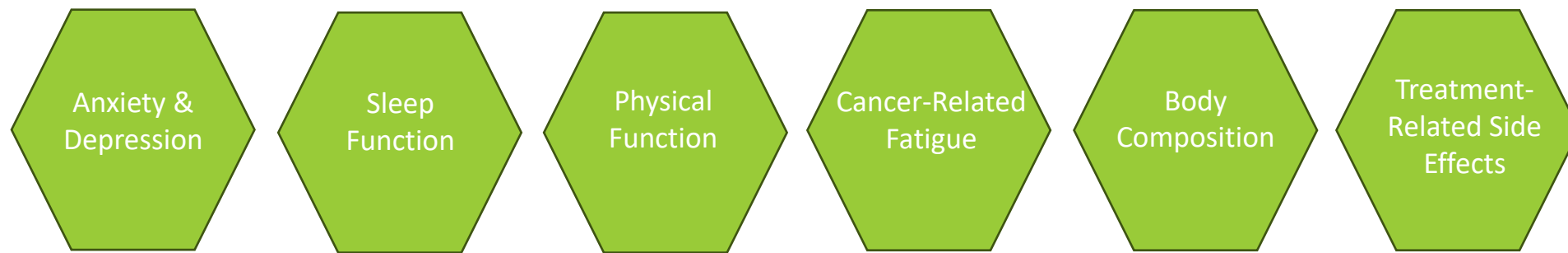
Cancer & Exercise

Rebecca Reynolds, Cancer & Exercise Specialist

UVM Medical Center Rehabilitation Therapies:
Oncology Rehab: Steps to Wellness Program

Cancer-Related Health Outcomes and Side-Effects

- A growing need to address the unique health issues that result from cancer, its treatments, and related comorbid conditions
- Cancer treatments result in many acute, chronic or late-appearing toxicities and side-effects that impact the quality of life of those living with and beyond a cancer diagnosis
- Risk of developing heart disease may be elevated by some cancer treatments
- Cardiovascular mortality is emerging as a major competing cause of death in cancer survivors along with cancer recurrence



		Surgery	Chemotherapy	Radiation	Anti-Hormonal Therapy (Surgical or Pharmaceutical)	Targeted Therapy or Immunotherapy ^a
Cardiovascular changes	Cardiac damage or increased CVD risk		√	√	√	√
Endocrine changes	Worsening bone health		√	√	√	
	Changes in body composition (weight gain)		√		√	
	Changes in body composition (weight loss/muscle mass loss)	√	√	√	√	√
Gastrointestinal changes	Nausea		√			√
	Diarrhea		√	√		√
	Altered GI function	√	√	√		√
Immune changes	Impaired immune function and/or anemia		√	√	√	√
Metabolic changes	Development/worsening of metabolic syndrome		√		√	√ ^b
Neurological changes	Peripheral Neuropathy		√			
	Cognitive changes	√ (brain surgery)	√	√	√	
Pulmonary changes	Altered lung function or pneumonitis	√ (lung surgery)	√	√		
Skin changes	Redness, irritation			√		
	Rashes			√		√
	Reduced ROM	√ (by healing at surgical site)		√		
Fatigue		√	√	√	√	√
Lymphedema ^c		√		√		
Pain	General	√	√	√	√	√
	Myalgia/arthralgia		√		√	√

Adapted from Schmitz KH, Courneya KS, Matthews C, et al. American College of Sports Medicine roundtable on exercise guidelines for cancer survivors. *Med Sci Sports Exerc.* 2010;42(7):1409–26.

^aDepends on type or target of agent.

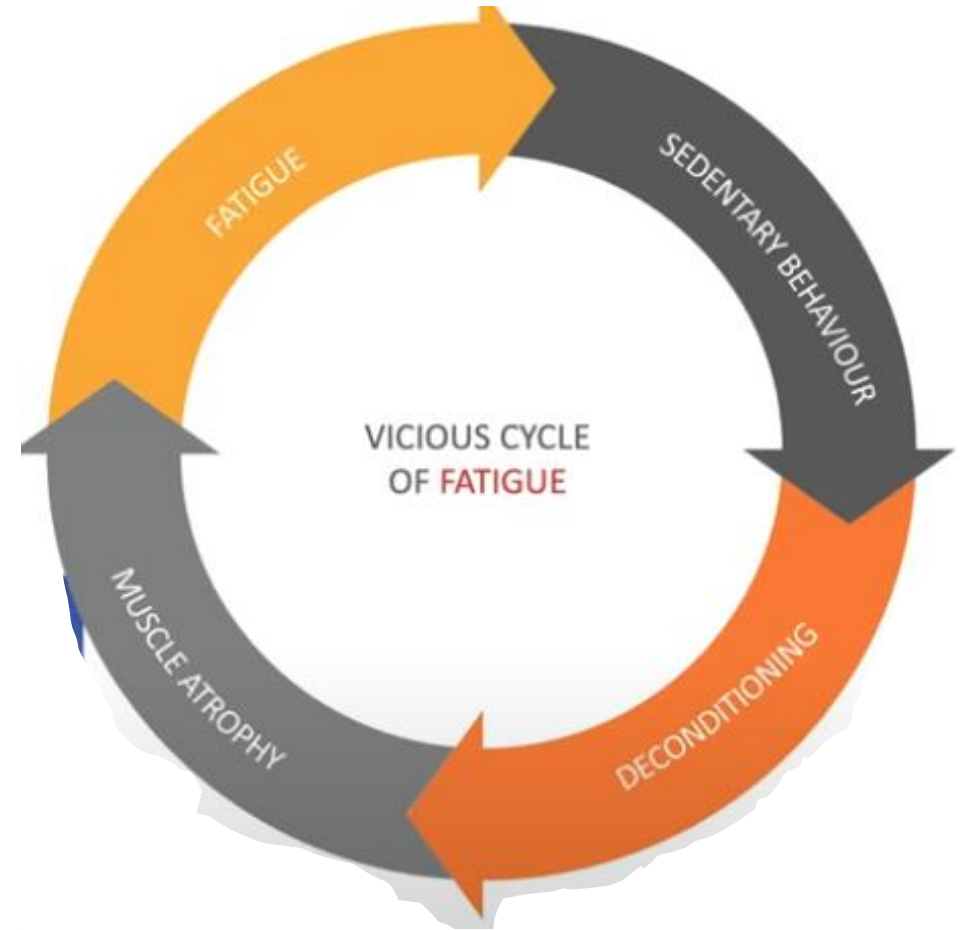
^bEspecially common with PI3kinase inhibitors.

^cCan occur in any type of cancer when and where lymph nodes are surgically resected and/or radiation over lymph nodes.

CVD, cardiovascular disease; GI, Gastrointestinal.

Cancer-Related Health Outcomes and Side-Effects

- Cancer-related fatigue (CRF) is most common side effect of cancer treatments with chemotherapy and radiation therapy
- Symptoms can persist in 25% of cancer survivors many years after treatment
- Side-effects can
 - Negatively impact mood, physical function, work performance, social interaction, family care, cognitive performance, community activities.
 - Contribute to difficulty returning to work, independent living, and poor quality of life



Managing Treatment Related Side-effects

- Exercise can help manage cancer related symptoms
 - Strong evidence that exercise is most beneficial tool to combat cancer-related fatigue (CRF)
- Exercise can improve fitness including functional movements used in daily activities
- Exercise can provide several mental health benefits such as improved mood, decreased stress and diminished depression
- Exercise can reduce the risk of cancer recurrence and mortality rate



Cancer & Exercise: History

- Historically, clinicians typically advised their cancer patients to rest and avoid physical activity
- 1990s and 2000s: Early exercise research challenged this advice
- 2010: ACSM developed the first set of exercise guidelines for cancer survivors. Integration of exercise into clinical cancer care
- 2018: ACSM developed more granular exercise prescriptions for distinct cancer-related health outcomes
- Oncology Rehab across the entire cancer care continuum
 - From preparation of treatment to maintenance of symptoms and side effects during treatment to improving outcomes after treatment

Outcome	Type ^a	Intensity	Duration (Min) or Sets (Reps)	Frequency (Sessions per Week)	Length (Weeks)	Setting (Supervised, Home-Based or Combination)	Dose Response	Special Considerations	Evidence Primarily from These Cancer Types.
Anxiety	Aerobic	60%–80% HRmax 60%–80% VO _{2max} RPE 13–15	30–60	3	12	Supervised more effective	Moderate to vigorous may be more effective than light to moderate	Not known	Breast (majority), prostate, colorectal, gynecological (ovarian, endometrial, cervical), head and neck, lung, hematological cancer
	Resistance Aerobic + Resistance	Efficacy not demonstrated 60%–80% HRmax 60%–80% VO _{2max} RPE 13–15 65%–85% 1-RM	NA 20–40	NA 2–3	NA 6–12	NA Supervised or combination of supervised & home-based	NA None observed	NA Not known	
Depressive Symptoms	Aerobic	60%–80% HRmax 60%–80% VO _{2max} RPE 13–15	30–60	3	12	Supervised more effective	Benefit up to 180 min/wk	Not known	Breast (majority), prostate, colorectal, hematological
	Resistance Aerobic + Resistance	Efficacy not demonstrated 60%–80% HRmax 60%–80% VO _{2max} RPE 13–15 65%–85% 1-RM	NA 20–40	NA 3	NA 12	NA Supervised or combination of supervised & home-based	NA None observed	NA Not known	
Fatigue	Aerobic	65% HRmax 45% VO _{2max} RPE 12	30	3	12	Supervised and unsupervised appear similarly effective	No dose response by intensity; possible > benefits with ↑ duration & length of program	No evidence of benefits from light intensity	Breast (majority), prostate, mixed
	Resistance	60% 1-RM RPE 12	2 sets 12–15 reps	2	12	Supervised and unsupervised appear similarly effective	None observed	Not known	
	Aerobic + Resistance	65% HRmax 45% VO _{2max} RPE 12	30	3	12	Supervised and unsupervised appear similarly effective	None observed	Not known	
Health-related Quality of Life	Aerobic	60%–80% HRmax RPE 11–13	2 sets 12–15 reps 30	2	12	Supervised more effective	None observed	NA	Breast (majority), prostate, colorectal, lung, head and neck, bladder, gynecological, mixed, hematological cancer, hematopoietic stem cell transplant
	Resistance	60%–75% 1-RM RPE 13–15	2 sets 8–15 reps	2–3	12	Supervised or combination of supervised & home-based	None observed	NA	
	Aerobic + Resistance	60%–80% HRmax RPE 11–13 60%–80% 1-RM RPE 12–14	2 sets 8–15 reps	2–3	12	Supervised more effective	None observed	AT and RT combined most effective	
Lymphedema ^b	Aerobic	NA	NA	NA	NA	NA	NA	Generally safe, as no significant increase in number of lymphedema-related adverse events reported in RCT of aerobic exercise	Breast cancer-related lymphedema only
	Resistance	60%–70% 1-RM RPE 15	1–3 sets 8–15 reps	2–3	52	All of the interventions reviewed started with supervision to teach the exercises.	NA	Start resistance a low weight and progress slowly	
Physical Function	Aerobic + Resistance	NA	NA	NA	NA	NA	NA	NA	Breast (majority), prostate, colorectal, lung, bladder, head and neck, hematological cancer, hematopoietic stem cell transplant
	Aerobic	60%–85% HRmax 60%–85% VO _{2max} RPE 12–13	30–60	3	8–12	Supervised more effective	If unsupervised requires higher weekly exercise expenditure (unclear what the threshold is)	NA	
	Resistance	60%–75% 1-RM RPE 13–15	2 sets 8–12 reps	2–3	8–12	Limited evidence to determine benefit of unsupervised	NA	NA	
	Aerobic + Resistance	60%–85% HRmax 60%–85% VO _{2max} RPE 12–13	20–40	3	8–12	Both supervised & home-base suitable in older adults	NA	Community-based interventions that met in groups & used behavior change strategies may produce larger effects in older adults	
		60%–75% 1-RM RPE 13–15	2 sets 8–12 reps	2–3	8–12				

^aMode: For aerobic activity, this includes walking, cycling ergometer and other forms of traditional aerobic exercise; for resistance, this includes machine-based and free weights.

^bRecommendation for breast cancer-related lymphedema only.

Abbreviations: NA, not applicable.

2019 Exercise Guidelines for Cancer Survivors: Consensus Statement from International Multidisciplinary Roundtable.

Expected benefits for different types of exercise

Aerobic only	Resistance only	Aerobic plus Resistance
Reduced anxiety	Less fatigue	Reduced anxiety
Fewer depressive symptoms	Better QoL	Fewer depressive symptoms
Less fatigue	No risk of exacerbating lymphedema	Less fatigue
Better QoL		Better QoL
Improved perceived physical function	Improved perceived physical function	Improved perceived physical function



Aerobic exercise
3x/week
30 mins per session
Moderate intensity



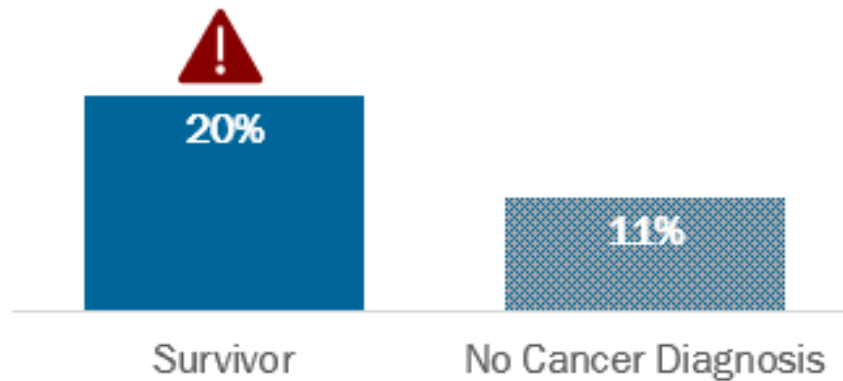
Resistance exercise
2-3x/week
30 mins per session
2-3 sets, large muscle groups

Campbell KL, Winters-Stone KM et al, Med Sci Sport Ex 2019; DOI: 10.1249/MSS.0000000000002116

Poor Physical and Mental Health



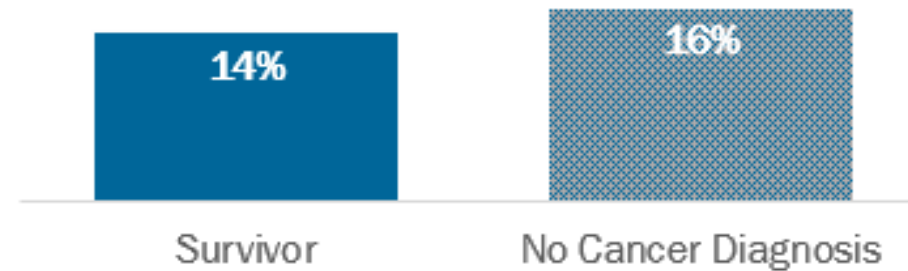
Cancer survivors are more likely to report poor physical health more than 13 days a month than those never diagnosed with cancer.



Vermont Department of Health Source: BRFSS 2022

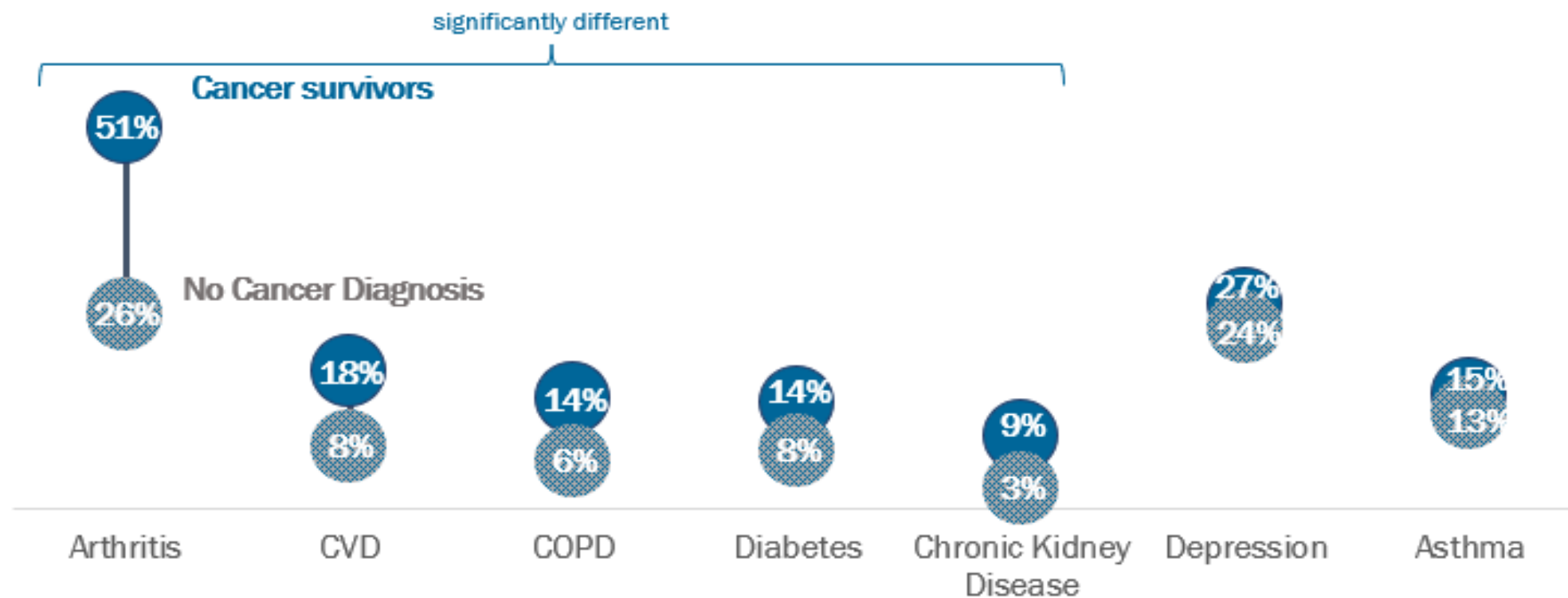


Cancer survivors and those never diagnosed with cancer report poor mental health more than 13 days a month at a similar rate.



*Indicates significant difference between groups.

Cancer survivors are more likely to report arthritis, cardiovascular disease, COPD, diabetes and chronic kidney disease than those with no cancer diagnosis.



Vermont Department of Health Source: BRFSS 2022

CVD: Cardiovascular Disease; COPD: Chronic Obstructive Pulmonary Disease

Exercise is an important, evidence-based tool

- Improve the physical and mental health of those living with cancer and beyond
- Improve quality of life, manage treatment side effects
- Reduce the risk of recurrence and mortality

Healthcare providers are the key

- Ask your cancer survivors about their physical activity
- Connect patients with resources and programs when able
- Encourage movement 😊

Rx FOR: _____

PRESCRIPTION:

- RESISTANCE TRAINING
Weights, Pilates, Bodyweight Exercise
- MOBILITY AND BALANCE
Yoga, Stretches, Calisthenics
- AEROBIC
Walk, Run, Bike, Hike, Swim, Dance

FREQUENCY: _____

NOTES: _____

SIGNATURE: _____

DATE: _____

THE
University of Vermont
HEALTH NETWORK
Central Vermont Medical Center

Exercise is Medicine

Research shows that oncology rehabilitation can improve fatigue, quality of life, and pain levels in cancer survivors. Exercise can thoroughly enhance your strength, flexibility, and balance as well as:

- Decrease Fatigue
- Improve Sleep
- Improve function
- Decrease risk of cancer coming back
- Decrease likelihood and severity of other chronic diseases

A new report highlights a growing body of evidence showing that regular exercise may help you survive if you have cancer, while also preventing certain types of cancer.

The report, from the American College of Sports Medicine's Roundtable on Exercise and Cancer, summarizes a "substantial accumulation" of new data over the past decade and concludes that "there is consistent, compelling evidence that physical activity plays a role in preventing many types of cancer and for improving longevity among cancer survivors."

Printed exercise Rx tool that allows providers to recommend individually tailored physical activity

Pearls: Living Well Beyond Cancer

1. Remember the “what & why”: **What** is included in your patient’s vision of “living well,”? **Why** do they want their good health?
2. Encourage physical and psychological well-being through empowerment and enjoyment (here is what you **can** do, instead of what you **can’t** do, eat, etc.)
3. Remember the village (interdisciplinary care team)
4. Education works better when it’s verbal AND written – patients trust their providers. You have a lot of influence.

Questions?

Case Presentation

Bringing Knowledge to Action through interactive, case-based discussions

Speaker presents the case and poses the question(s) for the group



Clarifying questions about the case from group to case presenter



Ideas, suggestions, recommendations from participants



Ideas, suggestions, recommendations from ECHO faculty team



Full group discussion



Summary and wrap-up by facilitator



Case Presentation



DO NOT INCLUDE:

Names, Address, DOB, Phone/Fax #, Email address, Social Security #, Medical Record #

Consider the level of detail necessary. Go with less when possible.

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

Case Presentation

UVM Office of Primary Care and AHEC Program

University of Vermont Project ECHO Cancer Survivorship for Primary Care

2025 SPRING SERIES – Tuesdays from 12:00 to 1:00PM

WHO SHOULD ATTEND?	SCHEDULE
Primary care providers and teams, including nurses, social workers/ case managers and other roles that interface with primary care to care for the physical and psychosocial needs of cancer survivors.	Mar 18 Cancer Survivorship: An Introduction , <i>Kathy McBeth Psych-MA, Penny Gibson PA-C, Jess Okrant NP, Jane Bensimhon MSW</i>
	Apr 1 Support for Cancer Survivors: Psychosocial Needs and Community Resources , <i>Kathy McBeth Psych-MA, Michele Mosley MSW, Jen Franzoni MSW</i>
	Apr 15 Living Well with Cancer and Beyond , <i>Alison Jones RD, Rebecca Reynolds CPT, Jessica Coleman NBC-HWC</i>
	Apr 29 Prevention for Cancer Survivors: Managing Co-morbidities , <i>Jennifer Kelly DO, Mark Pasanen MD</i>
	May 13 Late Effects of Cancer and Cancer Treatment , <i>Mark Pasanen MD, Jess Okrant NP</i>
	May 27 Care Coordination for Cancer Survivors: Models of Care and Best Practices , <i>Rebecca Hewson-Steller RN, Jess Okrant NP</i>

Closing Announcements

- Slides are posted at www.vtahec.org
- Recording of didactic portion will be sent by email to the full cohort
 - **All recordings are for the use of registered participants only**
- Please complete the evaluation survey
- CMIE information and session QR code auto-send after evaluation
- Please contact us with any questions, concerns, or suggestions:
 - Mark.Pasanen@uvm.edu
 - Patti.Smith-Urie@uvm.edu