Contribution of Occupational Therapy to Cancer and Its Characteristics—A Study Based on The Presentations in JOTC & Expo—

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Introduction: Rehabilitation fees for cancer patients are now covered by medical service fee since 2010. Workshops on the requirements for their coverage by medical service fee have been held nationwide, which has rapidly prevailed the notion of the rehabilitation for cancer patients. However, the symptoms of cancers vary depending on the treatments, progression, and cancer types. In order to provide high-quality OT, respective outcomes should be considered on an “all-Japan” basis now. The number of cancer-related presentations has been rapidly increasing in JOTC & Expo. The number of cancer-related presentations was only 8 in the JOTC & Expo in 2006(Kyoto), whereas it has increased to as many as 57 in 2016(Sapporo). Objective: The objective of this study is to analyze the abstracts of cancer-related presentations in JOTC & Expo during past 12 years to clarify their characteristics.

Subjects and methods: Using an academic database of Japanese Association of Occupational Therapists, We searched for cancer-related presentations delivered from 2006 to 2017. Only case studies were included, with literature researches and questionnaire surveys excluded. A total of 333 cancer-related presentations were delivered, of which we included 288 and excluded 45. The subjects searched were the affiliation of the first author, research design, cancer type, impairments, and evaluation methods used etc. Results: The breakdown of 288 presentations were: 144 case reports, 143 cross-sectional survey/retrospective study, and 1 RCT. Authors’ affiliations were: hospitals, 164 (57%); university hospitals, 99 (34%); cancer center, 23 (8%); and visiting rehabilitation/healthcare facility for the elderly, 2 (1%). Cancer types were: breast cancer, 65 (28%); brain tumor, 35 (12%); blood tumor, 25 (9%); head and neck cancer, 20 (7%); lung cancer, 19 (7%); bone and soft tissue tumor, 6 (18%); mixed cancer, 43 (15%) etc. The major impairments covered were: lymphoedema, paralysis, limited ROM, pain, cognitive decline, muscle weakness, mental deterioration, upper limb dysfunction, low physical strength, higher brain dysfunction, fatigue, and CIPN, in descending order. The evaluation methods used were: FIM, 56 (13%); BI, 40 (9%); ROM, 40 (9%); MMT, 28 (6%); PS, 27 (6%); circumference, 24 (5%); DASH, 16 (4%), grip strength, 11 (3%); BrStage, 10 (2%); COPM, 10 (2%); STEF, 9 (2%); MMSE, 9 (2%); VAS, 7 (2%); KPS, 6 (0.1%); SF36, 6 (0.1%); WeHSA, 4 (1%) etc. Many of the outcomes were related to ADL and motor system, while the evaluation of health-related quality of life tended to be extremely few. Discussion: The cancer types and disorders as subjects were so diverse that the outcome measures were also very diverse. Many of the case reports were those for the intervention of progressive recurrent cancers, which is likely to have led to the difficulty in determining the effects of occupational therapy on the cases with declined ADL.