Evaluation of a Comprehensive Rehabilitation Program for Post-Treatment Patients With Cancer

Sophie Hanssens, MSc, Rik Luyten, MSc, Christiaan Watthy, MSc, Christel Fontaine, MD, Lore Decoster, MD, Catherine Baillon, MPsy, Fabienne Trullemans, MD, Aisha Cortoos, PhD, and Jacques De Grève, MD, PhD

Recent improvements in diagnostics and treatments have led to increased survival expectancy in patients with cancer. As a result, a growing proportion of patients now is considered to be potentially cured or at least in long-term remission. However, many cancer survivors who have completed medical treatment still are facing distressing physical (e.g., fatigue, impaired physical capacity), psychological (e.g., anxiety, depression, stress, insecurity, decreased self-esteem), and social difficulties (e.g., hindered job reintegration, social isolation), which, in turn, lead to diminished quality of life (QOL) (Curt et al., 2000; De Grève et al., 2005; Ganz et al., 2004; Gotay, Holup, & Pagano, 2002; Korstjens, Mesters, van der Peet, Gijsen, & van den Borne, 2006).

To meet these often under-recognized and insufficiently addressed needs, many physical, psychosocial, or combined interventions have been developed for cancer survivors (Courneya, 2003; Segal et al., 2003, Young-McCaughan et al., 2003). Rehabilitation of patients with cancer and, more specifically, cancer survivors aims to improve QOL by minimizing physical impairments and disability caused by cancer and associated treatments (McNeely et al., 2006; Yadav, 2007). In addition, a more psychological focus using a cognitive-behavioral training program also has beneficial effects on the mental health of cancer survivors (Osborn, Demoncada, & Feuerstein, 2006). As such, combining physical and psychosocial interventions may lead to greater improvements in physical and mental health (May et al., 2009).

Studies evaluating these interventions focused mainly on the effects on general QOL, fatigue, and physical condition and less on psychosocial concepts, such as anxiety, depression, kinesiophobia, and distress. In addition, patient characteristics, intervention methods, and outcome measures were very different between studies. For example, only postmenopausal patients with breast cancer that had undergone surgery, chemotherapy, and radiotherapy (Courneya, 2003) and only