

Session Proposed Title:

Oncology Care and Rehab – What Nutrition Can Offer

Speaker: Jean LaManta, RD

Speaker Bio:

Jean LaManta, RD, is a registered dietitian, cancer survivor, author and speaker. She has been a dietitian for 30+ years and has written three books on the topics of cancer, lymphedema and intermittent fasting. Jean has worked in in-patient, diabetes education, home care, health club and now her virtual private practice and on-line school. Jean has been an invited speaker for the National Lymphedema Network as well as the Canadian Lymphedema Framework national conferences. She has been published in *Pathways* – Canada's national lymphedema magazine and spoken for several provincial lymphedema associations including Ontario, Manitoba and British Columbia. She is currently writing the nutrition position paper for the NLN and has been invited to speak at the American Vein and Lymphatic Society conference. She has spoken to the Oncology Dietetic Practice Group as well as state conferences and Dietitians of Canada, oncology network and diabetes, obesity and cardiovascular network.

Speaker Disclosures:

Financial: Jean LaManta maintains a private practice and has an employment relationship with Wellspring Cancer Support Agency. She receives royalties as a published author. Jean LaManta receives a speaking honorarium and recording royalties from PESI, Inc. She has no relevant financial relationships with ineligible organizations.

Non-Financial: Jean LaManta has a professional relationship with the National Lymphedema Network. She is a member of Dietitians of Canada, the Academy of Nutrition and Dietetics, and the Oncology DPG.

Learning Objectives:

After attending this session, participants will be able to...

1. State at least three nutrition strategies to reduce cancer risk
2. Describe risk factors for the development of lymphedema post cancer
3. List nutrition strategies for the management of lymphedema

Course Description:

Allied health professionals in the field of oncology care and rehabilitation don't have time to read nutrition research, despite nutrition education being part of their scope of practice. They can be just as confused as their patients when it comes to interpreting conflicting nutrition messages. Understanding the nutrition research, having confidence to discuss it with their patients and assist in goal setting can positively impact patient outcomes. Instead, clinicians may be avoiding the subject of nutrition, passing along incorrect or outdated information and lacking current guidance and teaching tools to assist clients in achieving their full potential. After completing this program, clinicians will be confident in addressing patients nutrition questions, can ask appropriate questions and can assist patients in making positive changes that can lead to improved outcomes.

Outline:

Cancer Risk Reduction (about 1hour)

- Nutrition for cancer survivors to reduce risk of recurrence
- Top questions from cancer survivors
 - Sugar
 - Soy
 - Flax
 - Dairy
 - Meat

Lymphedema (about 30 minutes)

- Incidence rates of lymphedema in the cancer population
- Risk factors for lymphedema post cancer
- Timing and duration of lymphedema post cancer
- Lymphedema risk and risk reduction strategies

Lymphedema Treatment (about 15 minutes)

- Complete decongestive therapy
- Nutrition therapy

Case Studies

- 2-3 cases (about 5 minutes)

Q and A (10 minutes)

Limitations of the research and potential risks

- Cancer nutrition
- Lymphedema nutrition

Needs Assessment:

Please explain how this course meets the learning needs of your intended audience today, addressing each of the questions below.

- What is the problem in practice?
 - Practitioners are not aware of the risk factors for cancer and the nutrition strategies that can help to reduce that risk.
 - Practitioners are not aware of the risk factors for lymphedema post cancer and the nutrition strategies that can help to reduce that risk.
- What is the needed change in practice?
 - Practitioners need access to quality research on the risk factors for cancer and the role of nutrition therapy.
 - Practitioners need access to quality research on the risk factors for cancer related lymphedema and the role of nutrition therapy.

Commented [A1]: Since you only want 2 hours from me, I will shorten this significantly, if you want more than I can provide detail on each strategy.

Commented [A2]: changed the order of these questions, I hope that's OK.

- c. What is the opportunity for improvement?
- A current review of the literature on cancer and cancer related lymphedema and nutrition and exposure to practice-based experiences by a regulated health professional.
- d. What are professionals lacking, misunderstanding, or misusing?
- There are many fallacies about cancer and lymphedema nutrition widely available and promoted on-line. Practitioners who are not immersed in the literature on these topics may fall victims to this misinformation especially when it is often repeated and come from individuals in the health field. Examples of common misunderstandings related to these topics include that sugar feeds cancer and the opposite that sugar does not feed cancer – which one is true? A literature review will provide answers.
1. What educational needs are contributing to the problem? Is it an educational need regarding knowledge, competence, skill and/or practice? Please note: a knowledge need alone is not sufficient.
- There is an educational need in the domain of knowledge and practice. Body work practitioners may have nutrition education within their scope of practice and not be aware of the latest evidence on these domains. They will be able to improve patient outcomes when they can incorporate nutrition education to their current modalities for both breast cancer and breast cancer related lymphedema.
2. How do you know these are problems? What evidence supports your assessment of the educational needs and practice gaps? Please list references (recently published journal articles, ongoing scientific studies, results of professional surveys, and/or updates to diagnostic criteria, treatment methods, policies, procedures, or best practice) below.
- The American Physical Therapy Association states that nutrition can affect recovery and function while an individual is under a physical therapist's care. Thus PT's should be concerned with and address nutritional intake and eating patterns of their patients (APTA, 2023).
 - Physical therapist practice includes screening for and providing information on diet and nutrition to patients. Yes, the availability of an overwhelming amount of diet and nutrition information, which is often contradictory, poses a challenge for physical therapists to identify and maintain knowledge that they can rely on to screen for and discuss these topics with their patients (Berner, 2017).
 - A position paper by the Physical Therapists of Japan notes that nutritional management enhances the effectiveness of physical therapy (Inoue, 2022). In fact, regardless of the disease or stage of the disease it is necessary to focus on nutrition and physical therapy to address nutritional problems, maintain and improve function and quality of life. Unfortunately, an interactive approach to nutrition and physical therapy has not been adequately implemented (Inoue, 2022).

- d. Similarly, the occupational therapists scope of practice includes providing healthy eating guidelines (University of California, 2015). The occupational therapist can have an active role as not only the provider of care for the lymphedema patient but the first point of contact in an interdisciplinary care team.
- e. According to Byron Shier in their article *The Occupational Therapist's Role in Lymphedema Self-Management*, the OT's role is to provide education and intervention and coordinate appropriate referrals (Shier, 2012).
- f. Understanding the important role of medical nutrition therapy in lymphedema self-management, wound healing, self-autonomy and mental well being can help to foster an interdisciplinary approach to lymphedema management and improved outcomes. Short term benefits in range of motion, pain, infection control and mobility can also be seen when lymphedema is effectively decongested using every treatment available, including an appropriate diet.
- g. The position of the Academy of Nutrition and Dietetics is that registered dietitian nutritionists (RDs) should play a significant role in educating health care workers. The more physicians and allied health care learn about the effectiveness of nutrition for the prevention and treatment of noncommunicable disease, the more likely they are to refer to medical nutrition therapy to the benefit of the patient (Academy of Nutrition and Dietetics, 2017).
- h. A broad understanding of the role of physical and nutritional needs, improved short term and long-term outcomes, a broader circle of care for the patient are all outcomes that the Occupational Therapist, Physical Therapist and other body work therapists can expect for themselves and their patients after successfully completing *Lymphedema Nutrition for Health Professionals*.

Learner Engagement Strategies/Tools: (From proposal guidelines)

1. Which learner engagement activities and learner assessments are going to be used in this program?

<input checked="" type="checkbox"/> Didactic lecture	<input checked="" type="checkbox"/> Learner goals	<input type="checkbox"/> Open discussions
<input checked="" type="checkbox"/> Case studies	<input type="checkbox"/> Simulations	<input type="checkbox"/> Panel discussions
<input type="checkbox"/> Large group activities	<input type="checkbox"/> Reading material w/ discussion	<input type="checkbox"/> Debate
<input type="checkbox"/> Small group activities	<input type="checkbox"/> Group quizzes	<input type="checkbox"/> Hands-on skills training
<input type="checkbox"/> Live demonstrations	<input checked="" type="checkbox"/> Q&A sessions	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Video demonstrations		

2. Which supplemental educational tools will be present in the PowerPoint/participant handouts?

<input type="checkbox"/> Learner handout material	<input type="checkbox"/> Assessment/diagnosis tools	<input type="checkbox"/> Pocket reference cards
<input type="checkbox"/> Patient handout material (see below)	<input checked="" type="checkbox"/> Review resource (see below)	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Worksheets	<input type="checkbox"/> Recommended additional reading	

I have patient handout material, but I think they would be extra cost as they are customizable templates from Canvas

Does this mean a resource list of different websites and blogs? If so, then yes, I can include that

Target Audience:

Therapists that work with cancer care and rehabilitation.

Additional Docs:

- **Post-Test:**

- **Coming Soon**

- **References:**

- o Academy of Nutrition and Dietetics. 2017. [Position of the Academy of Nutrition and Dietetics: Interprofessional Education is Nutrition as an Essential Component of Medical Education](https://www.eatright.org/professional-education). J Acad Nutr Diet. 2017;117:1104-1113.
- o APTA. Nutrition and Physical Therapy. Accessed August 18, 2023. <https://www.apta.org>
- o Azhar SH, Lim MY, Tan EG, Azgel Y. The Unresolved Pathophysiology of Lymphedema. Front Physiol. 2020;11:137. Published 2020 Mar 17.
- o Betner P, Becher JK, Morris D, Linn DK. Nutrition in Physical Therapist Practice: Tools and Strategies to Act Now. Phys Ther. 2021 May 4;101(5):pbab061. doi: 10.1093/ptj/pbab061. PMID: 33577673.
- o Shear, B. The Occupational Therapists Role in Lymphedema Self Management. Occupational Therapy Now. Volume 14.3; 19-21.
- o Shear, B. The Occupational Therapists Role in Lymphedema Self Management. Occupational Therapy Now. https://ojs.umbc.edu/otnow/content/journals/2016/06/OT_Now_Self-management_FINAL_1.pdf Volume 14.3; Jan, 2012, 19-21.
- o University of California, Nutrition Education and Medical Nutrition Therapy. <https://fdaee.ucanr.edu/files/118546.pdf>

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