

*Comment on Janjua TK, et al. (J Pak Med Assoc. 74(10), 1836–1842, October 2024)*

## **Enhancing cancer care through addressing a neglected pillar: A narrative review on quality of life in Pakistani patients**

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*Dear Editor,* We read with great interest the recently published review, "Enhancing Cancer Care through Addressing a Neglected Pillar: A Narrative Review on Quality of Life in Pakistani Patients."<sup>1</sup> While the review highlights critical challenges faced by cancer patients in Pakistan, it omits an essential component of improving their quality of life (QoL): cancer rehabilitation. A subspecialty of Physical Medicine and Rehabilitation (PM&R), cancer rehabilitation is a proven evidence-based approach in optimizing cancer survivors' physical, cognitive, and psychosocial well-being. Its omission reflects a broader issue in developing countries like Pakistan, where awareness, accessibility, and implementation of cancer rehabilitation remain limited. Factors that contribute to the current gap in cancer rehabilitation in Pakistan include the focus on curative rather than preventive treatment and the overlooking of quality of life measures. The review primarily discusses surgical and chemotherapy outcomes. Still, holistic cancer care extends beyond these interventions to include both prehabilitation—preemptively enhancing a patient's resilience before treatment—and rehabilitation—restoring function after cancer therapy.<sup>2-4</sup>

Comprehensive cancer rehabilitation services address physical, cognitive, and psychosocial challenges through multidisciplinary interventions, including physical and occupational therapy, pain management, cognitive therapy, and psychosocial counselling. The cancer rehabilitation physician plays a central role in leading this collaborative effort, coordinating with oncologists, various therapists (occupational, speech, physical), psychologists, and caregivers to ensure holistic patient care. These services are tailored to help patients regain independence and reintegrate into daily life, education, and work. It is well-established that a multidisciplinary approach is essential for managing cancer patients, particularly in low-resource settings where healthcare gaps are significant.

Cancer rehabilitation directly addresses treatment-induced functional and symptom burdens such as pain, fatigue,

neuropathy, lymphoedema, dysphagia, and cardiopulmonary dysfunction.<sup>5</sup> For example, manual lymphatic drainage therapy, a specialized intervention by physical therapists, significantly reduces post-mastectomy lymphedema, a significant source of discomfort for breast cancer survivors.<sup>6</sup> Similarly, targeted rehabilitation can mitigate chemotherapy-induced cognitive impairment ("chemo brain") and neuropathies, restoring daily functionality. Beyond physical recovery, vocational and psychosocial rehabilitation are integral. Cancer survivors frequently struggle with returning to work, maintaining social roles, and managing depression or anxiety. The limitations in the overall functionality of the cancer patient often interfere with the patient's ability to be functional at work, and a large part of cancer rehabilitation is vocational rehabilitation and planning accommodations and adjustments for workplace goals.<sup>7</sup> Moreover, rehabilitation services can provide prosthetics and assistive devices for patients who have undergone surgeries or limb amputations, restoring their physical function and self-esteem.

Despite international recommendations advocating for its integration and the literature supporting functional outcomes from its integration, cancer rehabilitation in Pakistan is often unavailable, reduced to physical therapy, or overlooked due to a lack of awareness among healthcare providers. This gap significantly limits the potential improvements in QoL for cancer patients.

In Pakistan, incorporating cancer rehabilitation into existing oncology services may seem challenging, but the long-term benefits outweigh the costs. Rehabilitation reduces hospital readmissions, enhances patient outcomes, and improves overall QoL. However, awareness remains limited among oncologists and healthcare policymakers. A concerted effort is needed to educate medical professionals and integrate rehabilitation into routine cancer care. Actionable recommendations to bridge the gap in cancer rehabilitation include incorporating cancer rehabilitation into medical school curricula, providing hospital-based PM&R units, national health policy initiatives that recognize and support inclusion of cancer rehabilitation in public hospitals, developing awareness

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programs that target both healthcare providers and patients, and conducting more research using local data from Pakistan.

In conclusion, efforts to improve QoL for cancer patients remain incomplete without the integration of cancer rehabilitation. Rehabilitation encompasses pain management, physical and occupational therapy, cognitive rehabilitation, and psychosocial support, as well as the management of bladder and bowel function and nutritional status. We urge the authors to acknowledge the critical role of cancer rehabilitation in improving patient outcomes. Raising awareness and incorporating these services into cancer care will ultimately enhance long-term support for cancer survivors in Pakistan and beyond.

## References

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