

Prostate Cancer, Treatment, and Massage Therapy

A Webinar with Tracy Walton, MS, LMT

Part 5
of the More about Cancer Care and Massage
Webinar Series
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Tracy Walton

Background

- Author
- Educator
- Researcher
- Massage Therapist
- Specialist in massage therapy and cancer care

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Things to Think about...

- Side effects of common prostate cancer treatments, and how to adjust massage techniques
- Planning massage for advanced prostate cancer
- What questions to ask clients with prostate cancer, and how should the client's answers be used to plan the massage session?

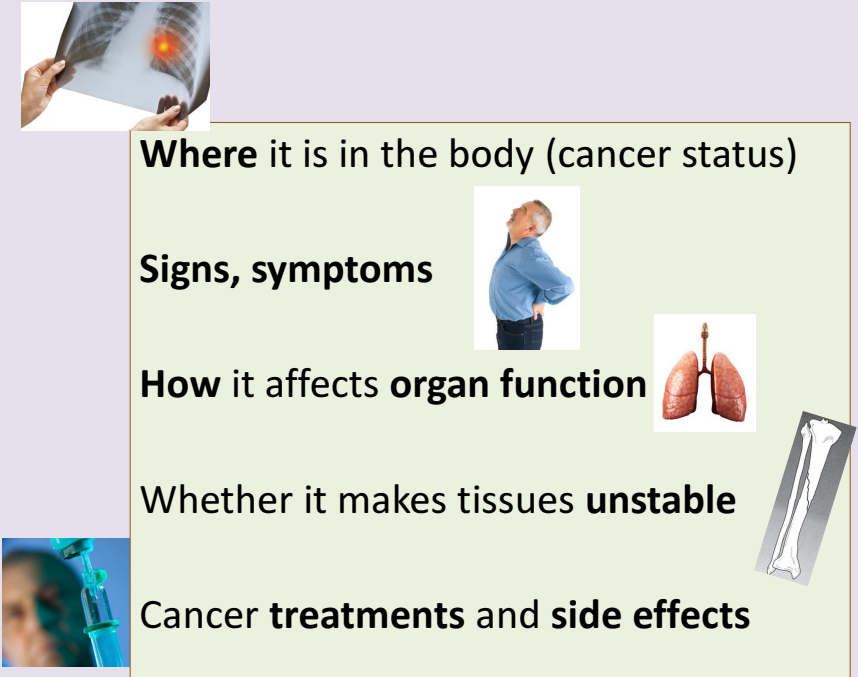
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Download and print the “Walton Side Effects Table” for this webinar...

The image displays several overlapping pages from a book titled "Medical Conditions and Massage Therapy: A Decision Tree Approach" by Hay White. The pages shown are specifically "TABLE 21-1. MESSAGE THERAPY GUIDELINES FOR COMMON SIDE EFFECTS OF MEDICATIONS AND PROCEDURES (Continued)". The visible tables include:

- Liver Toxicity:** Rare, serious complication; liver function is usually well monitored if liver enzymes are reduced if it occurs. Be alert for signs (fatigue, nausea, etc.).
- Gastrointestinal Upset:** Adjust position for comfort (consider inclined table for reflux/heartburn); position with hips flexed/legs drawn up. Consider scheduling massage at bedtime. See Abdominal Discomfort.
- Cardiotoxicity (Heart Muscle Damage):** Rare, serious complication; heart function is usually well monitored if cardiac enzymes are reduced if it occurs. If client reports shortness of breath, dizziness, or reported symptoms to physician, inquire about anxiety triggers and avoid (see Anxiety, Chapter 10).
- Abdominal Discomfort, Bloating, Gas:** Adjust for discomfort in lower abdomen (padding above and below for prone position, or use side-lying).
- Anemia:** Gentle session overall; reposition gently, slow speed and even rhythm, slow rise from table, gentle transition at end of session. Inquire about anemia triggers and avoid (see Anemia, Chapter 12).
- Anxiety:** Gentle session overall; reposition gently, slow speed and even rhythm, slow rise from table, gentle transition at end of session. Inquire about anxiety triggers and avoid (see Anxiety, Chapter 10).
- Arrhythmia:** Gentle session overall; reposition gently, slow speed and even rhythm, slow rise from table, gentle transition at end of session. Inquire about anxiety triggers and avoid (see Anxiety, Chapter 10).

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Where it is in the body (cancer status)

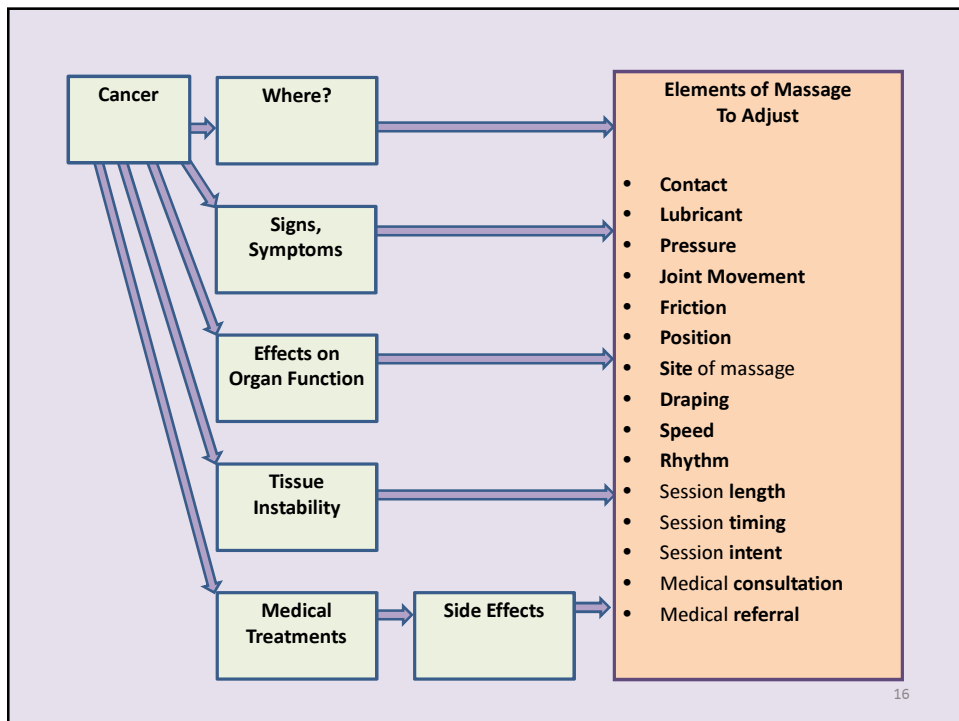
Signs, symptoms

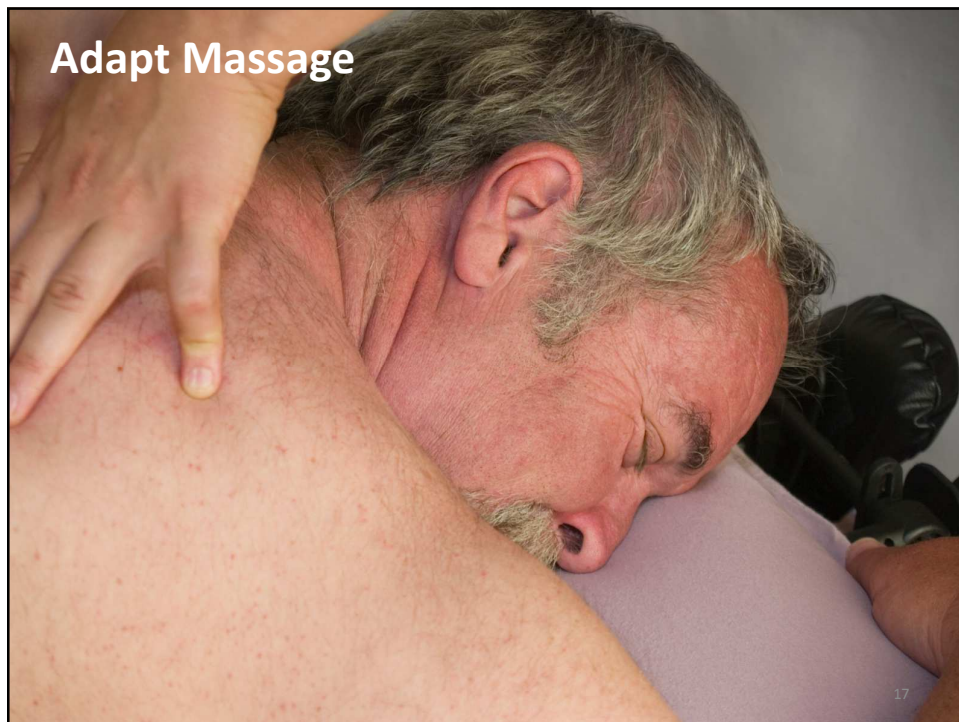
How it affects organ function

Whether it makes tissues unstable

Cancer treatments and side effects

Fracture copyright Lippincott Williams & Wilkins/Wolters Kluwer Health, 2010.





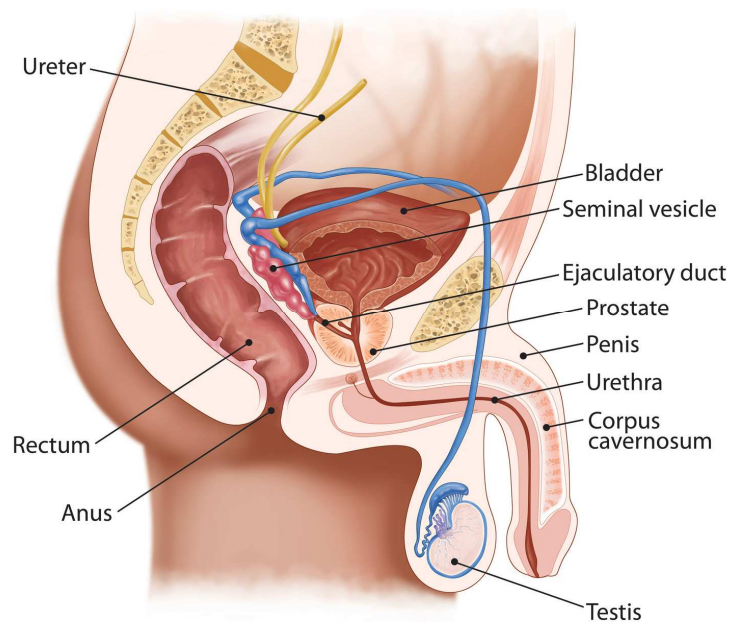
Prostate Cancer Statistics

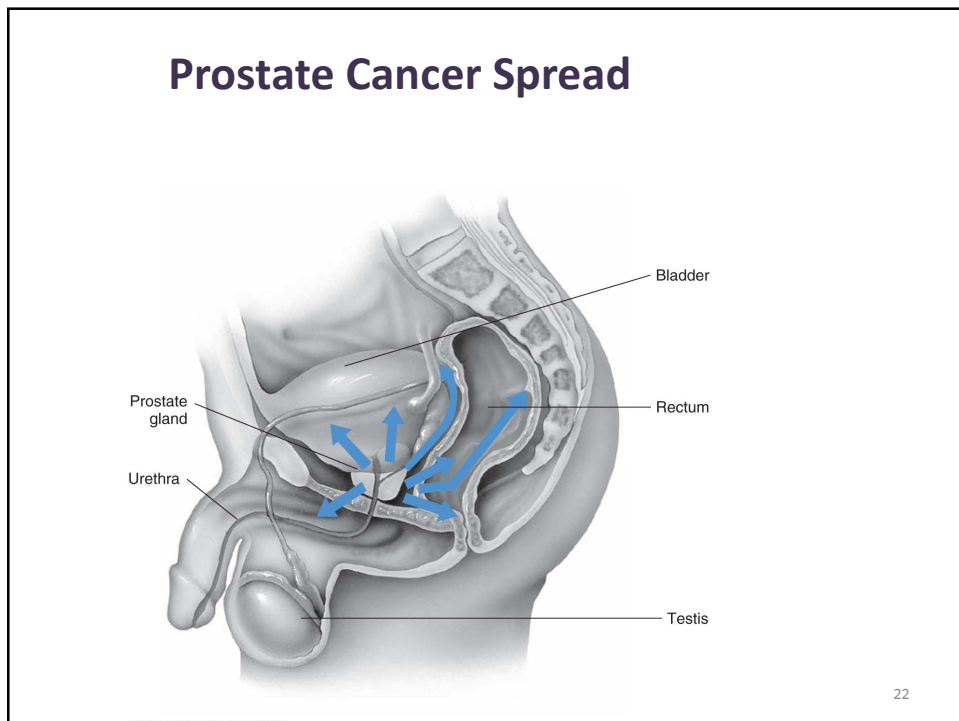
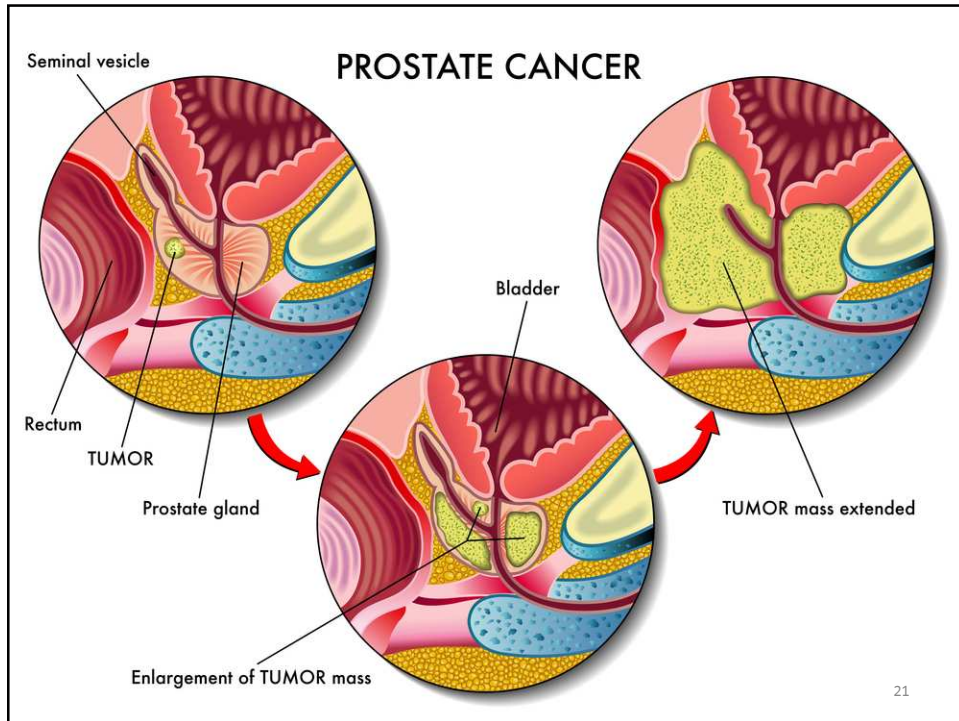
- Adenocarcinoma of the prostate
- Most common nondermatologic cancer in US men over 50
- 217,750 new cases each year
- 32,000 deaths each year
- Risk/incidence increases in each decade
 - 15-60% of men age 60-90 years old
 - 1 in 6 men develop over lifetime

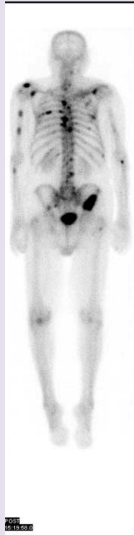
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Prostate Cancer Risk Factors

- Age 60 +
- Family history
- African-American
- Occupations: Painters, farmers, tire plant workers
- Exposure to agent orange
- Overuse of alcohol
- High fat diet







Source: rly RadsWiki
(RadsWiki) [Attribution], via
Wikimedia Commons

Prostate Cancer Spread

- **Most commonly spread to bone and lymphatics**
- **Most common sites**
 - Vertebrae
 - Sternum
 - Pelvis
 - Ribs
 - Femur
- **Also spread to liver, lungs**

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Symptoms/Signs

- Difficulty starting urinary stream
- Slow stream
- Dribbling/leakage
- Incomplete emptying of bladder
- Blood in urine
- Blood in semen

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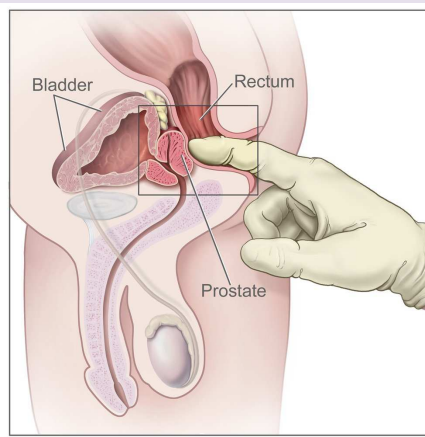
Symptoms/Signs of Advanced Prostate Cancer

- Bone pain/tenderness
often in low back, pelvis
also thighs, shoulders,
elsewhere
- Unexplained weight loss
- Fatigue



Diagnosis

- PSA – prostate-specific antigen screening
- Digital rectal exam
- Transrectal Ultrasound (TRUS)
- Biopsy with Gleason score
- CT scan
- Bone scan
- MRI



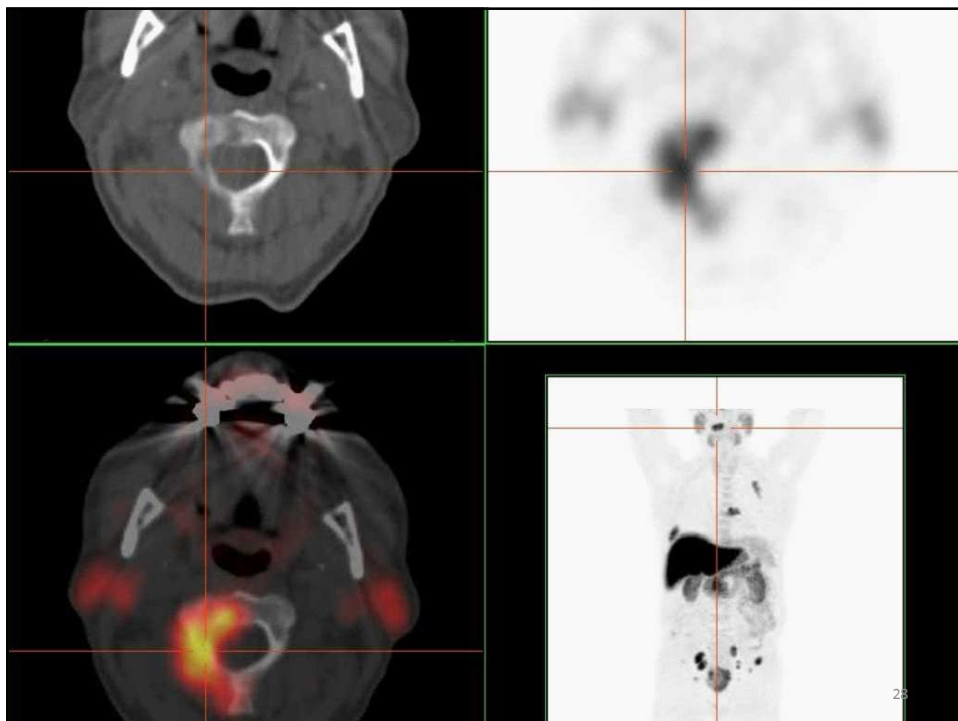
Source: National Cancer Institute

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Gleason Score

- Indication of how aggressive cancer is
- 2-5 = Low-grade
- 6-7 = Intermediate grade
- 8-10 = High-grade

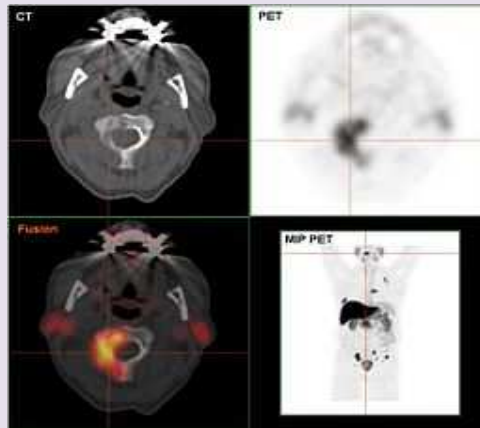
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Treatment Approaches

- Active surveillance
- Definitive
- Palliative



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Active Surveillance



- “Watch and wait”
- For early stage
- For many asymptomatic patients
- Age over 70
- Low- or intermediate-risk
- If other life-limiting conditions are present

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Definitive Treatment



- Prostatectomy
- Cryosurgery/Cryotherapy/
Cryoablation
- Radiation Therapy

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Palliative Therapy

- Not designed to cure disease
- Not designed to significantly
change course
- Slow progression
- Supportive care for symptoms

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Who Gets What?

- **Stage I and II (Localized)**
 - Surgery
 - Radiation therapy (external beam or brachytherapy); sometimes combined with hormone therapy
 - Active surveillance
- **Stage III (Locally advanced)**
 - Surgery
 - Radiation therapy (external beam or brachytherapy)
- **Stage IV (Metastatic)**
 - Hormone Therapy
 - Secondary hormone therapy (if cancer resistant)
 - Chemotherapy
 - Immunotherapy (Vaccine: Sipuleucel-T; Provenge)
 - Radiation therapy for bone mets



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Open Radical Prostatectomy

- Remove prostate
- Remove seminal vesicles
- Remove regional (pelvic) lymph nodes
- Incision/approach
 - Retropubic (incision over pubis)
 - Perineal (incision through perineum)

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Laparoscopic Prostatectomy

- Laparoscopic radical prostatectomy (LRP)
- Commonly robotic assisted
- Shortens length of stay (LOS)
- Minimizes loss of blood
- Does not appear to change outcomes

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Side Effects/Complications of Prostatectomy

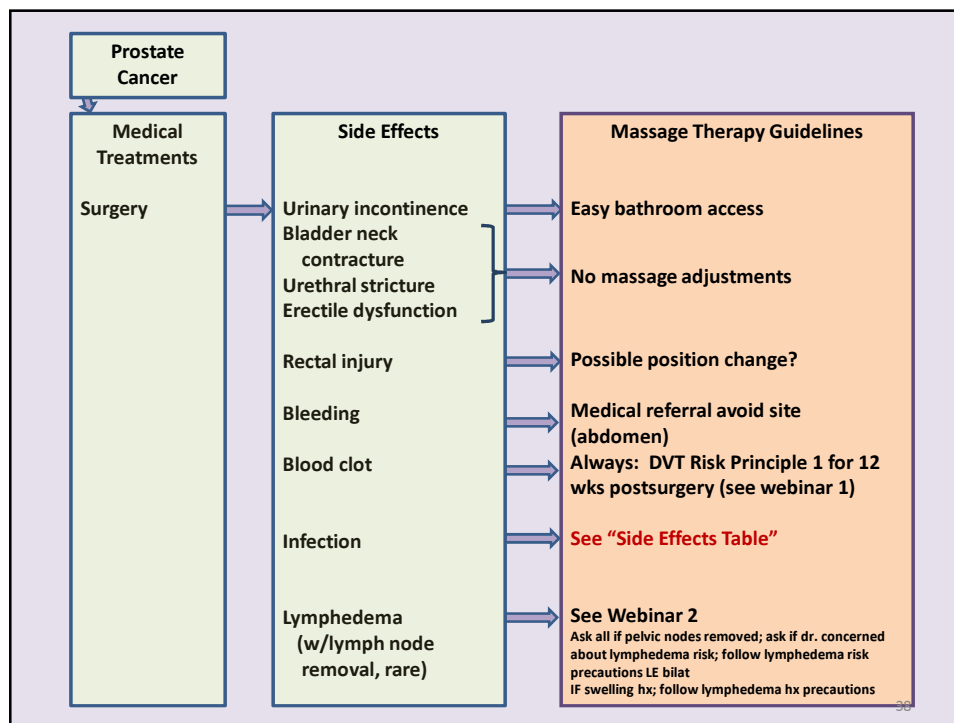
- Urinary incontinence (5-10%)
- Bladder neck contracture or urethral stricture (7-20%)
- Erectile dysfunction (30-100%)
- Rectal injury (1-2%)
- Bleeding
- Blood clot
- Infection
- Lymphedema (rare, possible)

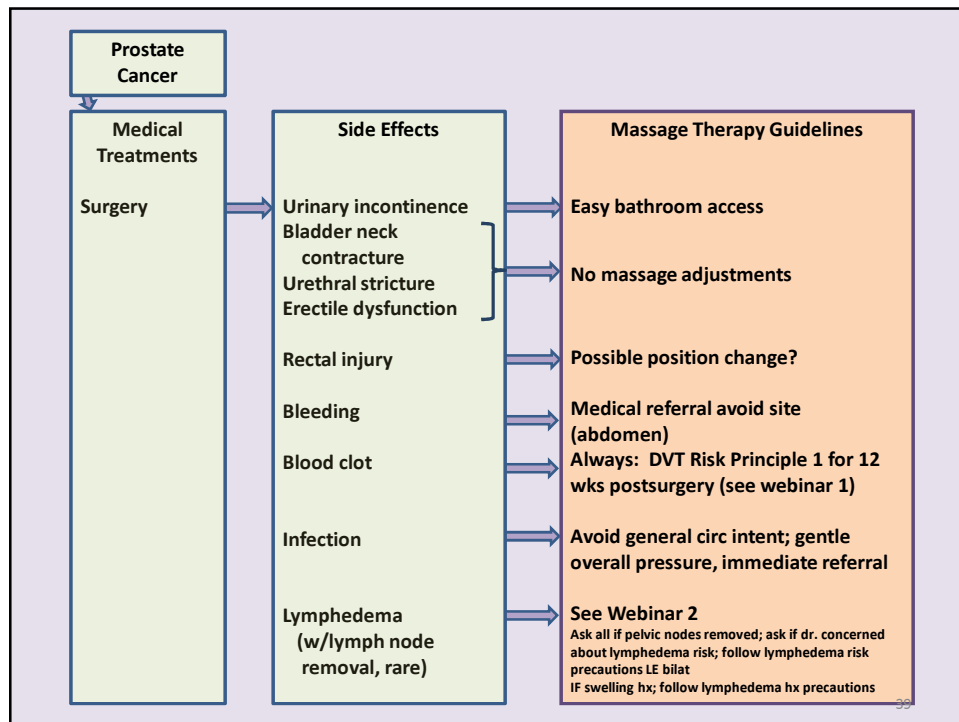
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Side Effects/Complications of Prostatectomy

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-
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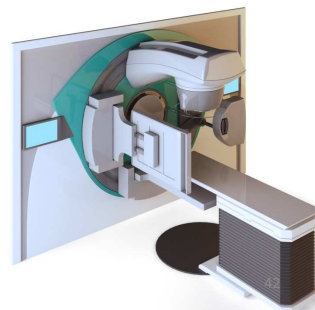
Radiation Therapy (XRT)

- External Beam Radiation Therapy (EBRT or EBT)—uses external source (beam)
- Internal Radiation Therapy –Brachytherapy

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External Beam Radiation Therapy (EBRT)

- External beam radiation therapy (EBRT), daily for 5-8 weeks
- Radiation therapy shaped to tumor
 - Intensity Modulated Radiation Therapy (IMRT)
 - Conformal 3-Dimensional Radiation Therapy
 - Better at sparing surrounding tissue than conventional EBRT



Brachytherapy – Radioactive Seeds

Low-dose rate seeds

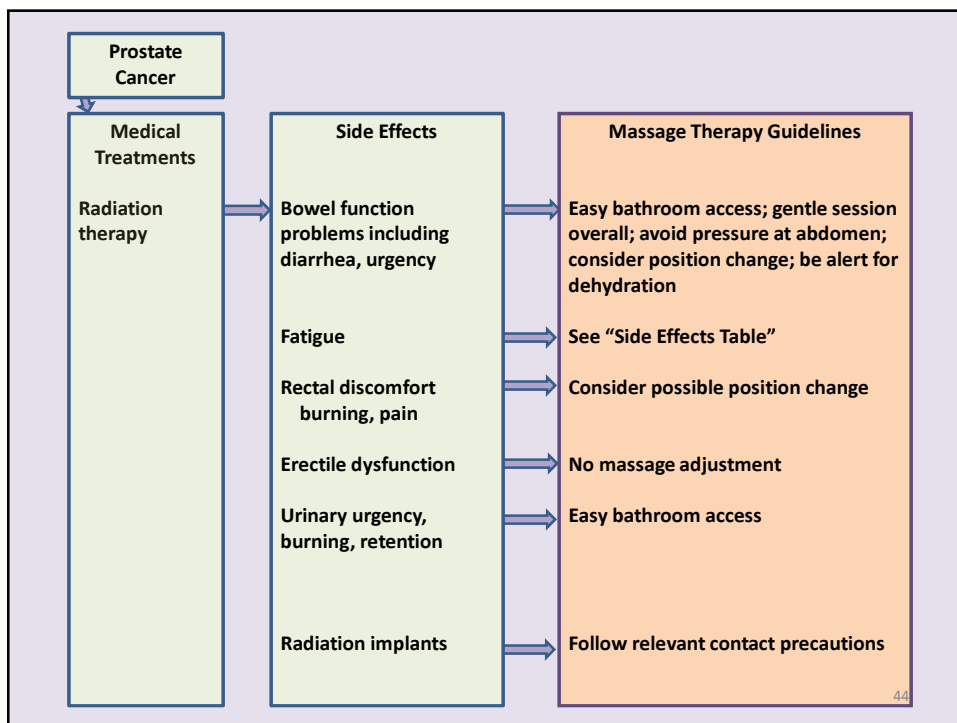
Permanently implanted into
prostate through perineum

- Left in permanently
- For 3-6 months,
bursts of radiation

High-dose rate seeds

Temporarily inserted through
catheter into prostate

- Left in for hours or minutes
- Removed



Hormone Therapy (Androgen Deprivation Therapy—ADT)

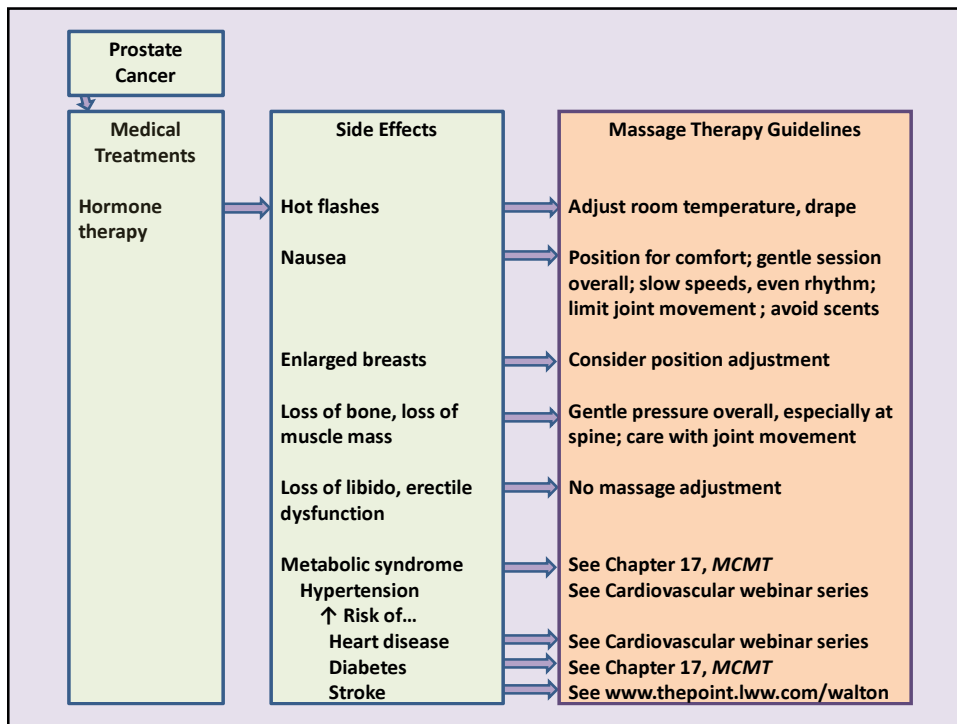
- Testosterone fosters prostate cancer growth
- Hormone therapy lowers testosterone levels
- Use of hormone therapy
 - When cancer continues to grow after surgery/XRT
 - Advanced at diagnosis
 - Before/during/after XRT for local spread
 - After surgery for regional (lymph nodes) spread
 - Prevention of recurrence
 - Shrink tumor before surgery/XRT

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Types of Hormone Therapy

- Bilateral orchiectomy (surgical removal of testes)
- LHRH agonists (luteinizing hormone-releasing hormone agonists) –injections of leuprolide (Eligard, Lupron, Viadur), goserelin (Zoladex), triptorelin (Trelstar) injections
- Anti-androgens –bicalutamide (Casodex), flutamide (Eulexin), nilutamide (Nilandron)
- LHRH antagonists (GnRH antagonist) –degarelix
- Estrogens

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Survivorship

- Refers to treatment
- Posttreatment
- Years later



Source: National Cancer Institute, Rhoda Baer

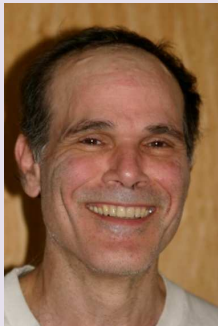
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- Prostate cancer
- Successful treatment with radiation
- 7 years survivorship
- No side effects
- Treatment well tolerated

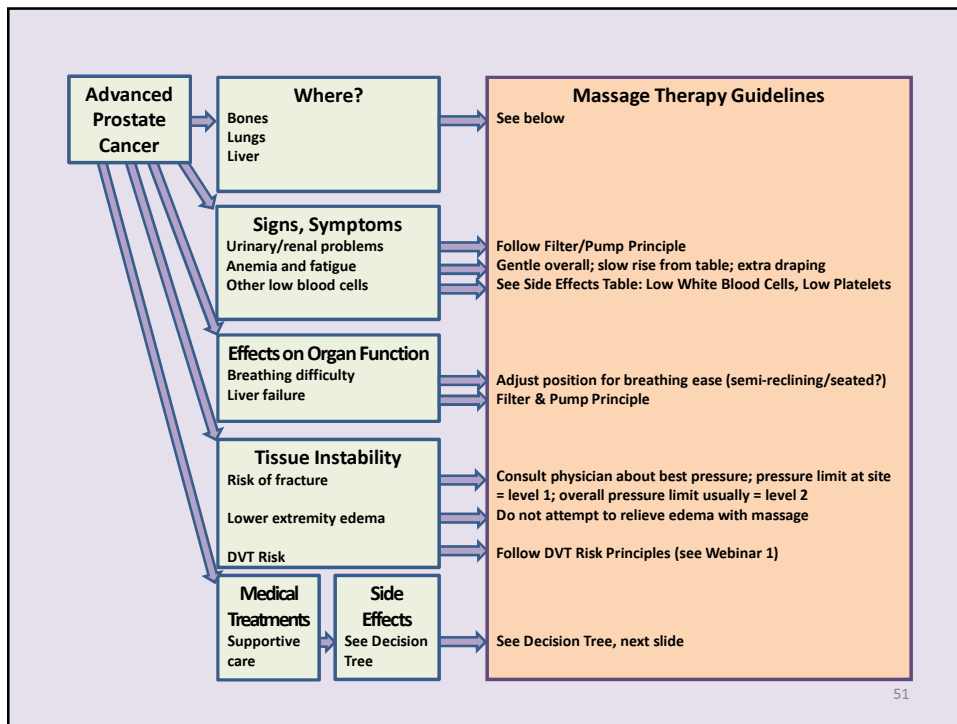


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Massage for Men with Advanced Prostate Cancer



- Prostate cancer
- Advanced
- Metastasis to bone
- Problems with voiding bladder
- Poor health overall



Medications Used in Supportive Cancer Care		
Medical Information		Massage Therapy Guidelines
Medical treatment	Effects of treatment	
<ul style="list-style-type: none"> Antiemetics: dexamethasone (Decadron), ondansetron (Zofran), prochlorperazine (Compazine) 	<ul style="list-style-type: none"> Headache Drowsiness Orthostatic hypotension Diarrhea 	<ul style="list-style-type: none"> Position for comfort, especially prone; consider inclined table or propping; gentle session overall; pressure to tolerance; slow speed and even rhythm; general circulatory intent may be poorly tolerated Reposition gently, slow rise from table, gentle transition at end of session Reposition gently, slow rise from table, gentle transition at end of session Easy bathroom access; gentle session overall; avoid contact or pressure at abdomen that could aggravate
<ul style="list-style-type: none"> Colony-stimulating factors: filgrastim (Neupogen), pegfilgrastim (Neulasta), epoietin alfa (Epogen, Procrit) 	<ul style="list-style-type: none"> Bone pain Headache Nausea 	<ul style="list-style-type: none"> Avoid strong joint movement; use gentle pressure; holding with soft, still hands may ease pain See above Position for comfort, gentle session overall; pressure to tolerance, slow speeds; no uneven rhythms or strong joint movement
<ul style="list-style-type: none"> Pain relievers: NSAIDs, opioid analgesics (including transdermal patch) 	<ul style="list-style-type: none"> Some side effects possible, including GI disturbance (NSAIDs), sedation, hypotension (opioids) 	<ul style="list-style-type: none"> See Analgesics, Chapter 21 Avoid dislodging transdermal patch; avoid focused pressure and circulatory intent at site of patch
<ul style="list-style-type: none"> Antiseizure drugs 	<ul style="list-style-type: none"> Some side effects possible, see Chapter 10 	<ul style="list-style-type: none"> See Table 10-1; ask Medication Questions (see Chapter 4); follow Medication Principle (see Chapter 3)
<ul style="list-style-type: none"> Bisphosphonates: zoledronic acid (Zometa), palmdronate (Aredia) 	<ul style="list-style-type: none"> Some side effects possible, including GI disturbances, necrosis of the jaw 	<ul style="list-style-type: none"> Avoid pressure at jaw; see Osteoporosis, Chapter 9

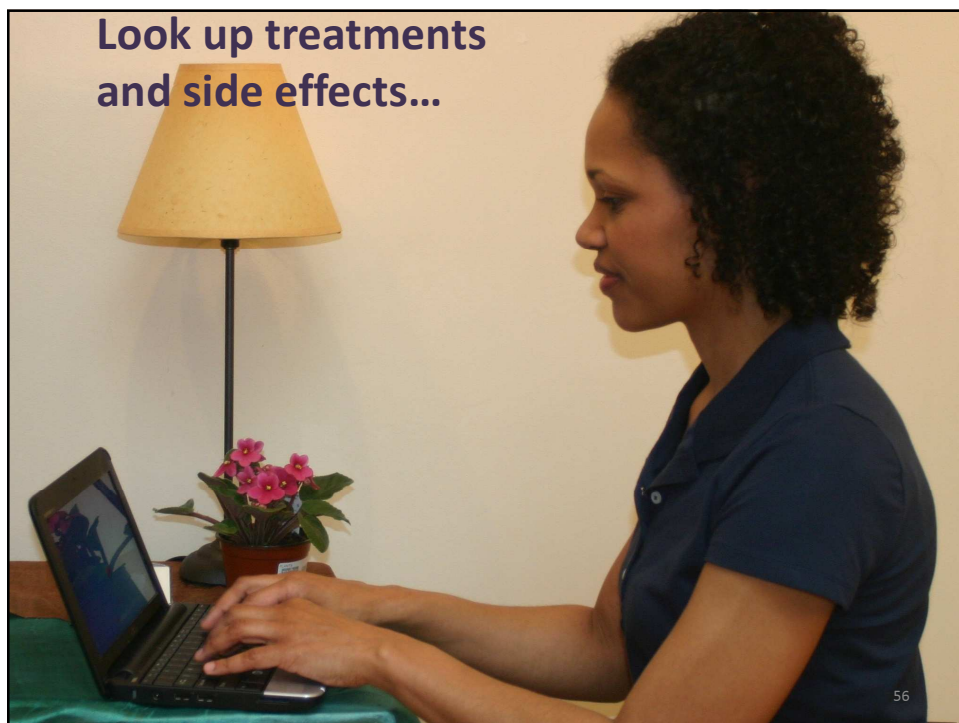


Massage for Prostate Cancer Survivors



Source: National Cancer
Institute, Rhoda Baer

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Treatments and Side Effects

Patient Education—

www.cancer.gov

www.cancer.org

American Society of
Clinical Oncology,

www.cancer.net)

Hospital websites

(Mayo Clinic, Cleveland Clinic,

U. of MD, cancer treatment clinics)

Drug education websites, e.g.,

www.drugs.com

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Find out massage adjustments for each side effect...



from
Walton, T.
*Medical
Conditions
and
Massage
Therapy:
A Decision Tree
Approach.* ©
2011, LWW.
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Where to look...

1. Books



2. Articles for download (See bibliography at www.tracywalton.com)





Questions to ask about prostate cancer...

Where is it in your body?
Any **bone involvement**?
Any **organ involvement**?
Any recent or scheduled **diagnostic tests**?
If so, purpose?
Findings?
How was/is that for you?
Has cancer or cancer treatment affected any vital organ function [liver, lungs, heart, kidneys, brain]?
Which **treatments** have you undergone?
How has treatment **affected you**?
Any **side effects** or **complications**?



...and the follow-up questions for each

Ask the Activity & Energy Questions...

What is your activity level, day to day or week to week?
How well do you tolerate your activities?
What is your energy level?
Any medical restrictions on your activities?



...and the follow-up questions for each

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Ask the 4 Medication [Procedure] Questions...

What medications or procedures have you had over the course of your cancer treatment?
[For each medication/procedure:]
→ Spell it?
→ Purpose of it?
→ Was it effective?
→ Side effects or complications?

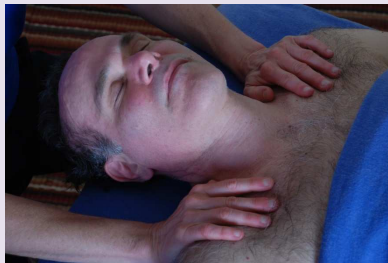


...and the follow-up questions for each

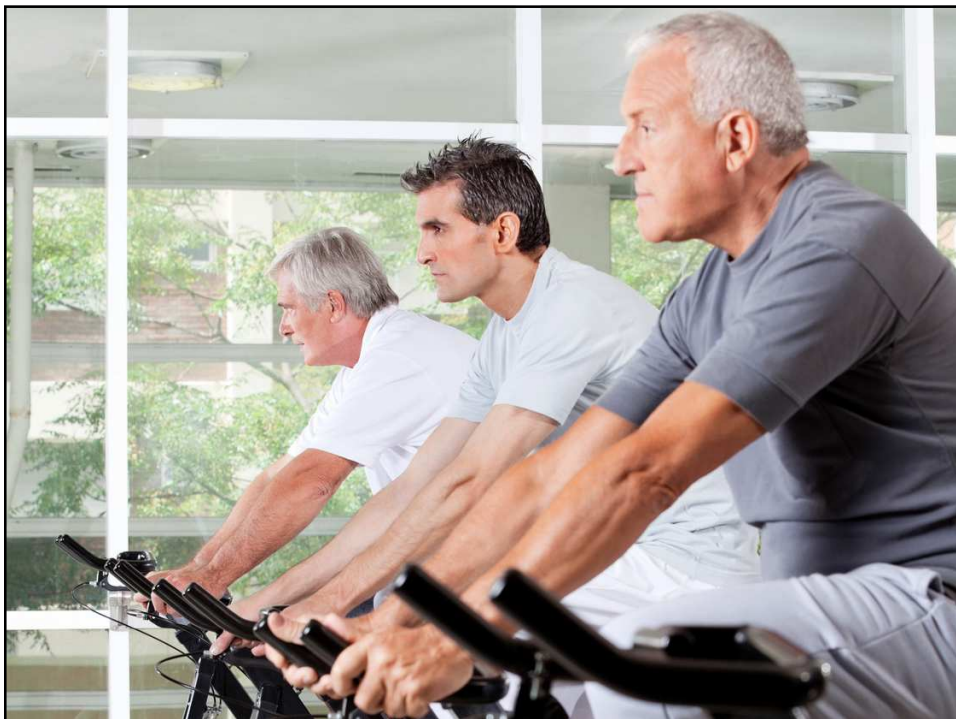
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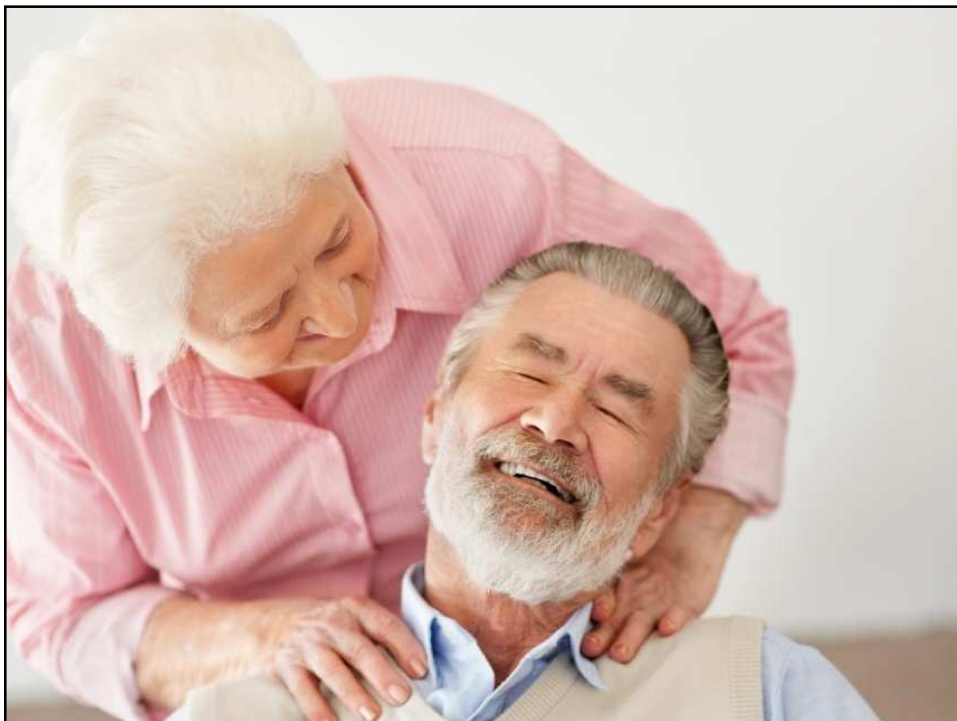
Massage contraindications are different for different people

Prostate cancer
Advanced
Metastasis to bone
Bone pain, fracture
Problems with voiding bladder
Poor health overall



Prostate cancer
Successful treatment with radiation
7 years survivorship
No side effects
Treatment well tolerated

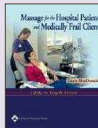
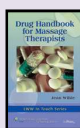




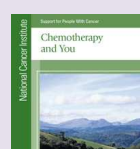


Resources in Cancer and Massage

Books & Articles



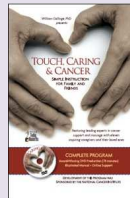
Patient Education— “Mirroring the Medical Concern”



Resources in Cancer and Massage



**Articles
in massage
publications**



DVD

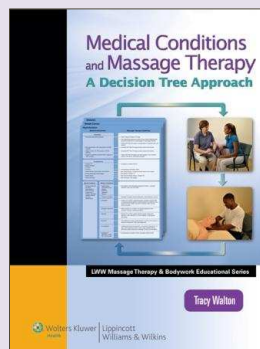
Collinge, W. "Touch, Caring & Cancer: Simple Instruction for Family and Friends" View trailers at www.tracywalton.com; complete description at www.partnersinhealing.net



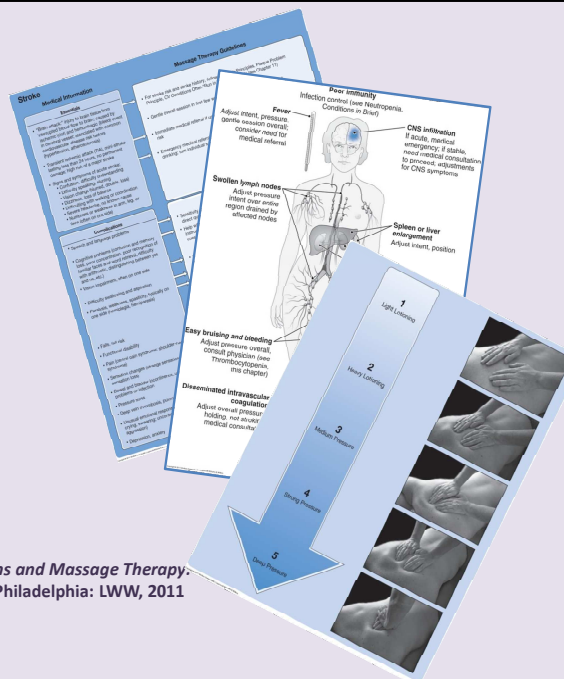
**Society for
Oncology
Massage**
www.s4om.org

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Resources in Cancer and Massage



Walton, T. *Medical Conditions and Massage Therapy: A Decision Tree Approach*. Philadelphia: LWW, 2011



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References

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- Klein, EA et al. UpToDate. Patient information: Prostate cancer treatment; stage I to III cancer (Beyond the Basics). Copyright © 2012, UpToDate, Inc., 2012. Available at <http://www.uptodate.com/contents/patient-information-prostate-cancer-treatment-stage-i-to-iii-cancer-beyond-the-basics>
- Krupski, TL; Kim, ED. "Prostate Cancer." Copyright 1994-2012. WebMD, LLC. Available at <http://emedicine.medscape.com/article/1967731-overview#aw2aab6b2b6aa>
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- Prostate Conditions Education Council. "Prostate Cancer." Available at <http://www.prostateconditions.org/prostate-conditions/prostate-cancer>.
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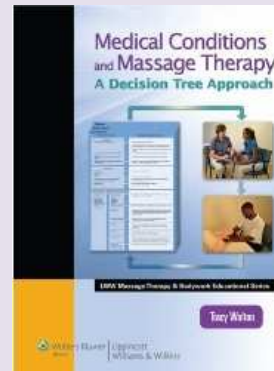
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- You’re eligible for one entry per webinar

What you can win:

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- Knee Pain
- Ankle Pain
- Hip & Thigh Pain



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- Orthopedic Approaches to Upper Body Disorders
- New Series Title




Carole Osborne

- Pregnancy Massage 101

Tom Myers

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Tracy Walton

- Massage in Cancer Care
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How would rate the instructor?

Did this workshop achieve its stated goals? ☐ Yes ☐ Somewhat ☐ No

Did the workshop meet the expectation stated in the flier? ☐ Yes ☐ Somewhat ☐ No

How was the pacing? ☐ Too Fast ☐ Just Right ☐ Too Slow

Post Webinar Quiz (you must answer 4 of 6 correctly)

Question 1

Possible Answer Options

Question 2

Possible Answer Options

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