Cancer, Massage, and Symptom Relief

What does Research Tell Us about the Benefits of Massage?

A Webinar with Tracy Walton, MS, LMT

Part 2 of the Massage in Cancer Care Webinar Series

Background

• Author
• Educator
• Researcher
• Massage Therapist
• Specialist in massage therapy and cancer care
Cancer and Cancer Treatment cause Physical and Emotional Distress

Symptom relief is a high priority in cancer care

People turn to massage therapy for...

Support
Companionship
Escape
Symptom relief
  • Pain
  • Nausea
  • Fatigue
  • Anxiety
  • Depression

The “Big Five” in Cancer Care
Problems We Face
We want to provide convincing evidence of massage benefits, but...

- Often no research exists
- Some massage therapy research is overstated
- Commonly accepted effects of massage not always supported by solid research
- MTs not always trained to find, evaluate, and use research

In this Webinar:

- Overview of research on massage and cancer
- Different types of evidence
- Highlight some of the strongest research
- Identify what the research tells us
- Identify what the research does not tell us
Then, we can..

- Promote massage therapy using accurate information
- Move forward with the strongest research on massage and cancer
- Use the research well

We are on solid ground

Evidence – Based Medicine

Medical practice is guided by systematic research:

- The **direction** of the evidence from research
- The **strength** of the evidence from research
- Not all research is equal
- There are **levels** of evidence
Levels Of Evidence

- Anecdote
  - A single story of a single client experience
  - Considered the weakest level of evidence
A practitioner’s formal write-up of a single client:
  - Background
  - Presentation
  - Treatment
  - Outcomes

Even if published, one of the weakest levels of evidence

Case Series

- A formal write-up of more than one case
- Cases are similar in presentation and treatment
- Highlights similarities and differences among cases
Randomized, Controlled Trial (RCT)

Randomized, controlled trial (RCT) can generate convincing data about massage. Typically given more weight than case series, but...

- One RCT does not usually “prove” a point
- One RCT may suggest a massage benefit
- Need a number of RCTs saying the same thing to answer a question
Narrative Review

- Researcher reviews the literature
- Assesses quality of studies
- Summarizes findings
- Reports impressions in the literature

Quantitative Review

- Also called a “Meta-Analysis”
- Researcher reviews the research literature
- Assesses quality of studies, pools data
- Sophisticated meta-analytic statistical methods
- One source of good quantitative reviews is Cochrane Collaboration, www.cochrane.org
- This level carries the most weight
Levels of Evidence

What does Research Tell Us about Benefits of Massage for People with Cancer?

- What does the evidence suggest?
- How strong is the evidence?
- How do we use it responsibly and accurately?
What do Anecdotes Tell Us?

• ↓ “Big 5” symptoms
• ↑ Relaxation
• ↑ Ease of movement
• Empowerment
• ↑ Quality of life (QOL)
• ↑ Coping abilities
• Better sleep
• And more!
What Does a Case Series Tell Us?

**Cassileth and Vickers, 2004**

Sample size: 1290 in- and outpatients  
Control: None
What Does a Case Series Tell Us?

Cassileth and Vickers, 2004

Sample size: 1290 in- and outpatients
Control: None

Findings:
• Pain ↓ 40%
• Nausea ↓ 21.2%
• Fatigue ↓ 40.7%
• Anxiety ↓ 52.2%
• Depression ↓ 30.6%
What do RCTs Tell Us?

Post-White et al., 2003

Sample size: 164 outpatients in chemo
Control/Comparisons: Standard care, Healing Touch, Caring presence

Massage Findings:
• ↓ Anxiety
• ↓ Pain
• ↓ Analgesic use
• ↑ Mood
• ↑ Relaxation
• No change in nausea (!)
What do RCTs Tell Us?

Kutner et al., 2008  (The REST Study)

Sample size: 380 people in hospice care, advanced cancer
Control/comparison: Simple touch by hospice volunteers

Findings:
• Both professional MT and Simple Touch ↓ pain, ↑ mood, ↑ QOL
• Professional MT slightly superior in ↓ immediate pain, ↑ immediate mood
What do RCTs Tell Us?

Phipps S et al., 2010

Sample size: 178 children in stem cell transplant
Control/comparison: Standard care, parent interventions

Findings:
• No differences between massage and standard care
• No differences between any groups
What do RCTs Tell Us?

Grealish L et al. (2000)

Sample size: 87 inpatients
Control: Quiet time

Findings:
• ↓ Pain
• ↓ Nausea
• ↑ Relaxation
What do RCTs Tell Us?
Collinge W et al. (Manuscript in review)
Sample size:  97 adult patient/care partner dyads
Control:  Care partner read to patient

Findings:
• Symptoms ↓ in both groups
• Greater improvement in massage/touch group
• Symptom reduction comparable to reports of professional MT from MSK Cancer Center
Collinge W et al. (Manuscript in review)

Figure 1. Session Effects: Percent Symptom Reduction

Collinge W et al. (Manuscript in review)

Session Effects: Percent Symptom Reduction
What do Narrative Reviews Tell Us?

Myers C et al., 2008

Data support the view that modified massage could benefit patients with anxiety, pain, and other symptoms. **Larger studies with more rigorous design needed**
What do Narrative Reviews Tell Us?

Myers C et al., 2008

Data support the view that modified massage could benefit patients with anxiety, pain, and other symptoms

**Larger studies with more rigorous design needed**

Corbin L, 2005

Massage therapy can safely be used in people with cancer, but MTs need to be qualified to adapt massage

**Strongest evidence supports improvement of stress, anxiety**
Studies suggested massage could help many symptoms
Quality of most studies too poor for firm conclusions

Jane SW., 2008
Studies inconsistent, often poorly designed
Difficult to compare “apples and oranges”
Recommended future studies use
• Equal massage doses
• Standard massage protocols
• Larger sample sizes
• Look at effects of massage over time
Another Quantitative Review


Looked at general massage literature (not just effects on people with cancer)

Looked at single dose of massage, and course of massage therapy.

Conclusions:

Single dose of MT
- ↓ state anxiety, ↓ BP, ↓ heart rate
- Did not affect negative mood, immediate assessment of pain, or cortisol level

Course of MT
- ↓ trait anxiety and depression significantly
- Equivalent to reductions in psychotherapy (!)
### Summing Up

- 1 large case series
- Support for massage
- No control group
- Massage safe

**Cassileth & Vickers, 2004**

### Summing Up

- 5 sizeable RCTs
- Results mixed
- Themes: Big 5 symptoms, mood, relaxation
- Massage seems safe (with training and knowledge)
Summing Up

2 Narrative Reviews

- Support for symptom reduction, especially anxiety
- Massage safe but MT needs specialized knowledge

Myers, 2008
Corbin, 2005

• Mixed results
• Massage seems safe
So...What Do We Say about Massage/Cancer Research?

- **Massage appears to be safe**
- **Therapists need specialized knowledge**
So...What Do We Say about Massage/Cancer Research?

Avoid saying, “Research proves”

Instead, use:
“Research suggests”
“Research supports”

So...What Do We Say about Massage/Cancer Research?

What do I say?

• The body of research on massage therapy and cancer is small, but growing.
• The evidence does not provide firm conclusions about the benefit of massage.
• From the available research, there are some themes: the strongest support is for the view that massage can relieve pain and anxiety.
Back to the Story
Essential Resources for Practicing Safely with People with Cancer and Cancer Histories

Just released!


Find out more at www.tracywalton.com

Essential Resources for Practicing Safely with People with Cancer and Cancer Histories


MacDonald, G. *Massage for the Hospital Patient and Medical Frail Client.* Available at www.medicinehands.com.

Curties, D. *Massage & Cancer.* Available at www.curties-overzet.com
Essential Resources for Practicing Safely with People with Cancer and Cancer Histories

“Cancer and Massage,” a regular column at Massage Today. At www.massagetoday.com

Walton, T. Cancer & massage therapy: contraindications and cancer treatment. Free download, link at www.tracywalton.com

The Society for Oncology Massage

www.s4om.org
How to Find and Obtain Research

PubMed. www.pubmed.gov

Massage Therapy Foundation. www.massagetherapyfoundation.org

Cochrane collaboration at www.cochrane.org

NIH Report Tool at www.projectreporter.nih.gov/reporter.cfm

ClinicalTrials.gov at www.clinicaltrials.gov

International Journal of MT and Bodywork at www.ijtmb.org

Thank you!

Questions?
Just released!
Medical Conditions and Massage Therapy: A Decision Tree Approach.
Description and link at www.tracywalton.com.


Find out more at www.tracywalton.com

Contact Information
Tracy Walton at www.tracywalton.com
Reach us at info@tracywalton.com
Additional Questions on Facebook

Facebook.com/DrBenBenjamin

Some questions I *cannot* answer
Some questions I *can* answer

Massage in Cancer Care

1. **Cancer, Massage, and the Myth of Metastasis:**
   *Why Skilled Massage Won’t Spread Cancer*—*Prerecorded*
2. **Cancer, Massage, and Symptom Relief:**
   *What does Research Tell Us about the Benefits of Massage?*
3. **Cancer, Massage, and Safety Essentials:**
   *How is Oncology Massage Unique?*
4. **Cancer, Massage, and Unstable Tissues:**
   *Hidden Contraindications*
5. **Cancer, Massage, and the Vital Organ Principle**
   *More Hidden Contraindications*
6. **Cancer, Massage, and Detoxification**
   *Does Massage Have a Role, or Not?*
References


References, continued


Photo/Illustration Credits

- Slide 7,8, Susan Mapel
- Slide 9, Fotolia
- Slide 10, 11, Fotolia
- Slide 12, Stephen Fischer
- Slide 14, Microsoft gallery
- Slide 42, Susan Mapel
- Slide “Anecdotes” Fotolia (1 on left); Rhoda Baer (2 in middle); Fotolia (3 on rt.)
- All the colorful line drawings describing the levels of evidence are by Lenni Armstrong, scientific illustrator, www.informmotion.biz

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