



Nancy Litterman Howe, MS, CES

23-year survivor of
head-and-neck cancer,
squamous cell carcinoma

PhD student at ASU

Patient advocate
for cancer rehabilitation

I exercised daily. I ate a healthy diet. That life didn't protect me from a diagnosis of aggressive cancer.

RUN NANCY RUN

Those tough beginner days long gone, the author chases the elusive 40-minute 10-K barrier.

BY NANCY LITTERMAN HOWE



I counseled and taught survivors, until I saw that so many of us need rehabilitation before we can begin.



I learned that exercise must come at the right time, at the right level, when you are ready for it.



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CANCER REHABILITATION SURVIVORSHIP

Cancer Rehabilitation: Creating Your Parallel Universe of Healing

Cancer survivor Nancy Litterman Howe, MS, CES, dissects the function of cancer rehabilitation and the different treatment options that can improve physical function for patients.

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PhD student, Arizona State University
Edson College of Nursing and Health Innovation
Cancer survivor

I also learned
knowledge
is power,
but only
when we
make
ourselves
heard.

SURVIVORSHIP

My Cancer Survivor Story and the Power of Your Unique Voice

Nancy Litterman Howe, an avid athlete, found out that exercise did not protect her from cancer but could help her heal. Read about her new focus on helping other patients through exercise, and what the National Coalition of Cancer Survivors may offer you.

CANCER REHABILITATION

Is Cancer Rehabilitation a Good Option for You? It's Never Too Late to Ask for a Referral

Many patients with cancer and cancer survivors suffer from pain and impaired functioning as a result of cancer treatment, even years after the treatment is over. Nevertheless, only a few people receive proper care to address these issues through cancer rehabilitation.

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Cancer survivor

To be heard,
we need to
be at the
table, which
led me to
enter ASU's
PhD program
in 2017.

Why cancer rehabilitation?



60-90% of individuals
impacted by cancer have at
least one need for specialized
rehabilitation

Cancer rehabilitation addresses the full range of impairments that can lower our quality of life.



- Pain
- Cancer-related fatigue
- Weakness
- Deconditioning
- Peripheral neuropathy
- Gait / balance dysfunction
- Cognitive impairment
- Soft tissue changes
 - Scarring, Radiation fibrosis
- ADL impairment
- Dysphagia
- Dysarthria
- Lymphedema
- Pelvic floor issues
 - Dyspareunia, incontinence

My PhD research and my advocacy focus on the primacy of patient reported outcomes.

How do patient reported outcome measures (PROMs) support clinician-patient communication and patient care? A realist synthesis

Joanne Greenhalgh ¹, Kate Gooding ^{1 2}, Elizabeth Gibbons ³, Sonia Dalkin ^{1 4}, Judy Wright ⁵, Jose Valderas ⁶, Nick Black ⁷

Review Article | Published: 15 October 2020

Utility of the Patient-Reported Outcomes Measurement Information System (PROMIS) to measure primary health outcomes in cancer patients: a systematic review

[Thi Xuan Mai Tran](#), [Jungeun Park](#), [Joonki Lee](#), [Yuh-Seog Jung](#), [Yoonjung Chang](#) & [Hyunsoon Cho](#) 

[Supportive Care in Cancer](#) (2020) | [Cite this article](#)

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