

Suggested answer

Q1. Please explain why ‘rehabilitation’ for patients with incurable cancer may seem paradoxical.

Because rehabilitation has recently been advocated for patients with incurable cancer, although rehabilitation is historically a concept for the management of acute and chronic illness to restore patients to a healthy state.

Q2. Please explain how the authors try to treat cachexia in patients with cancer.

The authors try to treat cachexia by nutritional support and appropriate exercise.

Q3. Please explain the mechanism of the symptom clusters in patients with incurable cancer.

Proinflammatory cytokines may play a role in the aetiology of SCs.

Q4. Please explain the importance of rehabilitation for cancer patients in terms of socio-economic implications.

Patients with cancer are living longer than ever before. With longer survival comes increased healthcare costs.

Rehabilitation may be the way of optimising the function and overall quality of life (QoL) of this patient population at a relatively low cost.

Q5. Please explain the difference between cachexia and sarcopenia.

Sarcopenia can be identified by low muscle mass and reduced gait speed, although sarcopenia may be a component of cachexia, not all individuals with sarcopenia are cachectic.

Q6. Please indicate the points when you order exercise therapy for patients with advanced cancer.

Exercise therapy should be undertaken with insight and input from an interdisciplinary team that include an understanding of nutritional support, in the absence of appropriate protein and energy balance, and inflammatory profiles of the patient balanced with physical activity and muscle training interventions.