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Ask Dr. Maynard

Send your questions for Dr. Maynard to info@post-polio.org.

See other questions at www.post-polio.org/edu/askdrmay.html.

Question: I was recently diagnosed with cancer. My oncologist has recommended chemotherapy. Are there any specific concerns polio survivors should have regarding chemotherapy that my oncologist might not be aware of? How will it affect my post-polio weakened muscles? Are there specific side-effects that tend to be more severe among patients with a prior history of polio? Is there anything I can do to mitigate this? What sort of pre-planning would be most helpful?

Answer: There are several special concerns related to a polio survivor's undergoing cancer chemotherapy treatment (CCT). Firstly, please understand that your decision to agree to a recommendation for CCT will always involve the weighing of risks versus benefits of the treatment. Thus, your first issue will be gaining an understanding of the likelihood that the CCT will be curative, possibly curative (what are the odds of cure?), or strictly palliative (that is, living longer—what are the odds and for how long?). The answers to this issue will affect your balance of weighing risks and benefits.

The first special issue for polio survivors (PSs) to consider is the short-term expected side-effects of the specific chemotherapeutic agent(s), or drug(s), being recommended. Many, but not all, CCT drugs are given by IV infusion and leave even able-bodied people very weak and exhausted for approximately one to three days after receiving them. For PSs with PPS-related weakness and fatigue and/or precarious safe independent functioning in walking and ADLs, they may need to plan on considerable amounts of additional assistance for routine daily activities after receiving CCT because they will likely have exaggerated and/or prolonged short-term debilitation (i.e., being “completely wiped out”). This side-effect may pose serious and unique challenges for PSs with significantly compromised ventilatory capacity. These problems are usually worth planning to endure if the CCT is expected to be curative. In other circumstances the severity of this problem may alter the risk-benefit equation; and a decision to “try CCT” can be reconsidered after experiencing for yourself what happens after the first course or dose of the CCT.

The second special issue for PSs to consider is: Do any of the specific chemotherapeutic agents recommended in a course of CCT have any known “neurotoxic side-effects.” Peripheral neuropathy is the most common of these. If they do (and many do), these side-effects are more likely to occur or be worse among PSs because they already have vulnerable and often overworked motor nerve cells. In my experience, the later slow development of increased weakness and fatigue, sometimes with distal sensory loss, is more common among PSs a year or two after a course of CCT involving known neurotoxic agents. With some neurotoxic drugs, dietary changes and/or specific vitamin supplementation can sometimes reduce these risks and should be tried. With some agents a reduced or minimum dose may be worth considering, since it is likely these side-effects are dose dependent.

In summary, pre-planning for special needs is important for PSs undergoing CCT. Maintaining as much physical activity and exercise as possible during and after a course of CCT is recommended, with professional assistance of rehabilitation professionals as indicated. Thoughtful individual consideration of both short-term and long-term risks and benefits is encouraged. ■