



# CANCER: WATCH YOUR STEP!

## MAY 2016

### WORLD FOOT HEALTH AWARENESS MONTH



International Federation of Podiatrists  
Fédération Internationale des Podologues



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# CANCER

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## WATCH YOUR STEP

## ABOUT

The International Federation of Podiatrists – Fédération Internationale des Podologues is a not-for-profit association focused on global leadership and the development of podiatric medicine around the world. The Federation was founded in 1947 and has grown to include 31 organizations representing 30 countries spread over six continents ([www.fip-ifp.org](http://www.fip-ifp.org)).

Every year in May the World Foot Health Awareness Month is launched to increase the awareness of the importance of foot health among the general public and other health professionals.

Many thanks to the members of the World Foot Health Awareness Month Committee for establishing suitable resource material to aid the successful implementation this year campaign: Carine Haemels (BE), Clare Richards (UK), Ekaterini Kalykakis (GR), Paula Goldea (SE), Sylvia Virbulis, DPM (USA) and Caroline Teugels (Executive Director FIP-IFP).

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## FOREWORD

The 2016 WFHAM theme – Cancer watch your step --- is a challenging one. This theme focuses on conditions that people with cancer and in treatment for cancer may deal with. By reaching out to this specific population, we hope to raise the awareness how this condition can affect the foot and what needs to be considered.

The WHFAM committee is convince that this very actual focus is probably not the most popular but does affect numerous patients that we encounter every day in our practice. Being able to answer their questions, to raise the awareness of the impact of their treatment can help the patient to better face it and be able to receive the needed support.

The preparation and completion of the 2016 materials required teamwork. A very new team that was able to surround them with experienced people and who received the help from more experience committee members.

A big thank you goes to Sylvia Virbulis, Paula Goldea, Clare Richards, Ekatarina Kalykakis and Caroline Teugels. I acknowledge and appreciate their help and I am grateful for their input energy and time shared.

Carine Haemels

Ad interim chairperson FIP-IFP World Foot Health  
Awareness Month Committee

FIP-IFP President



International Federation of Podiatrists  
Fédération Internationale des Podologues



# SPECIAL FOCUS

## HAND-FOOT SYNDROME (HFS)



WORLD FOOT HEALTH AWARENESS MONTH 2016

## HFS-HAND FOOT SYNDROME: A CANCER TREATMENT SIDE EFFECT

Patients treated for cancer can experience side effects concerning their hands and feet, but may find they are not always properly informed about these. Correct information offered timely may affect both quality of life and possibilities of treatment. An important part of treatment is to inform patients about what can happen, that some side effects will disappear after the treatment is over, but others may remain. Some medicines are toughest for the patient the first six weeks of treatment, others after two to three months. The treatment affects the growth of skin and capillaries. The nerves can be damaged and cause pain. This can be critical for the patient to know.

It is important that health care teams should strive to offer cooperative and timely information for the proper care and support of each cancer patient.

# SIDE EFFECTS THAT MAY OCCUR:

## MILD TO MODERATE SYMPTOMS:

- Mainly affect the palms and soles
- Hyperkeratosis
- Redness of the skin
- Swelling, can cause unguis incarnatus, ingrown toenail
- Tenderness
- Blisters
- Sensations in the feet such as a burning or tingling
- The skin feels tight
- Calluses mainly on the plantar supporting points

## SEVERE SYMPTOMS :

- Cracked skin
- Flaking of the skin
- Peeling skin
- Hyaline/glassy, fragile skin
- Blisters, ulcers
- Severe pain
- Difficulty in walking

## DETERIORATION OF THE NAIL PLATE (CORPUS UNGUIS) AND NAIL BED (SOLEMN UNGUIS):

- Onycholysis proximal and/or distal
- Splinting of the nail, onychoschizia
- Change in colour
- Beau's lines
- Paronychia
- Granuloma pyogenic, swelling, mainly of hallux can cause ingrown toenail

Neuropathy can cause loss of sensitivity, affect balance and can also heighten pain, even a small heloma durum (corn) can be very painful.



## TIPS TO SOOTH DISCOMFORT

- Avoid hot water
- Take cool showers/baths
- Dry skin carefully by patting with the towel, not rubbing
- Cool feet under cool running water, wet cool towel or ice in a towel for 15-20 minutes at a time. Do not let ice come in direct contact with skin.
- Avoid heat from the sun, saunas and such
- Avoid activities that rub the skin, such as jogging, aerobics, racquet sports
- Avoid contact with chemicals, such as washing and washing-up detergents
- Use thin cotton gloves in rubber gloves
- Apply moisturizers carefully, do not rub
- Wear comfortable, spacious, well ventilated shoes
- Do not walk barefoot, use thick socks or slippers
- See a podiatrist or chiropodist for care of the feet

## HOW THE PODIATRIST CAN SUPPORT THE PATIENT:

At the beginning of the foot treatment it is advised to check the status of the feet, including circulation and sensitivity. Patients undergoing cancer treatment are often more sensitive and may therefore benefit from padding or insoles.

The foot and nail conditions of cancer patients do not usually differ from that of other patients, i.e. ingrown toenails, onycholysis, calluses and helomas. However, be extra careful when treating cancer patients due to their heightened sensitivity and lowered immune defence.

It is important that the health care team treating the cancer patient is informed of adverse effects involving pain, and that foot care, padding and insoles may relieve the problems.

## REFERENCES:

1. Dr. Vincent Sibaud : TOXICITÉS PODOLOGIQUES DES TRAITEMENTS ANTICANCÉREUX  
Cancer treatment podiatric toxicities Institut Universitaire du Cancer, Toulouse Oncopole, University Cancer Institute, Toulouse Oncopole
2. <http://www.cancer.net/navigating-cancer-care/side-effects/hand-foot-syndrome-or-palmar-plantar-erythrodysesthesia>



# SPECIAL FOCUS

## PEDAL MANIFESTATIONS OF CANCER WITHIN THE PODIATRIC PRACTICE



AS AN INTEGRAL MEMBER OF THE HEALTH CARE TEAM, PODIATRISTS ARE OFTEN CALLED UPON TO BE ON THE CUSP OF IMPORTANT DIAGNOSES FOR OUR PATIENTS. THIS CAN ALSO INCLUDE PEDAL MANIFESTATIONS OF CANCER WITHIN THE PODIATRIC PRACTICE.

The ability for our podiatric colleagues to have a heightened awareness regarding the influences of pedal cancer symptoms will of course be beneficial to the patient. A first line defense and cooperative integration with the broader health care teams will be critical.

But how do we recognize symptoms that may be associated with cancer in pedal evaluations? There is at any instance the possibility of benign or malignant changes. For our purposes, we will focus on malignant changes. The physician is responsible to test appropriately (XR / CT / MRI / biopsy / labs/clinical findings/history etc.) to ascertain a working diagnosis. Chiefly, maintain an open mind to clinical presentation that seems not to fit your norm. Symptoms of pain, irregular or unexpected areas of growth (lumps), slow healing, injury (fractures), neuropathy etc. can indicate areas of concern. These can often be correlated with a history that divulges possible metastases as origin. Although less often seen, oncologic changes do occur with statistical regularity across all systems and are, unfortunately often missed or dismissed.

Cancers can present in the foot/ankle/lower extremity in many forms, across gender and throughout all age ranges. It may be helpful to follow a 'systems' approach to their consideration. The following information is not intended to be exhaustive, rather it will present examples that can be found within each system and in no order of importance, but as a reminder to be vigilant.

Let us consider the following pedal systems: Vascular (inclusive Hematologic), Dermatologic (inclusive Nail), Muscular, Neurologic, and Orthopedic.

### VASCULAR:

- Kaposi's Sarcoma; although most often noted by lesions on the skin of a blue/purple hue, they arise from lymph and vessel linings. These are seen on legs and can be found on the feet. Usually not painful, they can cause lower extremity edema that is uncomfortable. Frequently associated with AIDS they may also be related to transplant /immune changes and the susceptibility of the patient to a Herpes virus (KSHV).

- Leukemia(AL); this disease increases the production of blood cells that can aggregate in joints. Frequently, patients can present with limping or inability to comfortably use feet/legs in ambulation due to joint pain – especially difficult in young children with limited information from patient. XRs are seen as within norm especially in beginning stages. Pain can be episodic with uncertain etiology -lab confirmation is then required.

### DERMATOLOGIC:

- Melanoma; generally noted to be caused by UV light changes to the skin, and therefore the patient should use a mirror to examine all sun exposed areas. These are most common as the lesion that is unlike any others. Podiatrists should be wary of subungual/nail related areas that may mimic paronychia (paronychia) or hematoma. “Freckles” that are on plantar/digital surfaces should especially be measured and monitored.

The ‘ABC’s are a good mantra:

- A** Asymmetry- one side does not match the other
- B** Border – irregular, blurry, patchy
- C** Color – black/brown/reddish/white/blue and not the same all over, may be patchy
- D** Diameter – biopsy/excision generally recommended at 6mm+
- E** Evolving – changes to size/shape/color /pruritis etc.

There are two other common pedal skin cancers: basal cell and squamous which are both slower growing and are highly treatable.



### MUSCULAR:

- Leiomyosarcoma; this is admittedly a rare soft tissue cancer of the foot. It arises from the involuntary smooth muscle cells frequently of the erector hair cells (dorsal surfaces). Its import is that a podiatrist commonly treats ganglion cysts which this can be mistaken for. It is important to differentiate between cystic changes and a possible leiomyosarcoma.
- Rhabdomyosarcoma; this cancer arises from muscle cells and can often be seen in older children/teens. The presentation can include a lump that keeps enlarging, can cause pain or redness as well as frequent limping to splint against pain in ambulation. It is important to distinguish this from sports injury/childhood accidents etc.

### ORTHOPEDIC:

The most common symptom of pedal bone cancer is pain. The patient may have shoe gear trouble or have reports of recent injury/ fracture as result of cancer weakened bone.

Osteosarcoma; generally seen in the appendicular skeleton, when noted in the foot is seen frequently in metaphyseal regions, this is seen in 20-50 year old patients. The calcaneus however, is a common location. Radiographs show osteolytic or sclerotic regions and can be in combination. Presenting symptoms are usually pain and swelling and can be mistaken for other more common injuries that do not respond well to conventional treatments.

Ewings Sarcoma; most often seen in patients less than 20 years of age.

Pain and swelling of the affected areas are most noted and are sometimes mistaken for infections/cellulitis. These lesions are highly variable on XR and can be found in all pedal bones. Recovery has been seen to be better with forefoot lesions vs. rearfoot.

Whenever the treating podiatrist notes symptoms or has suspicion of possible malignant pedal concerns, there are several diagnostic tools available to assist with a diagnosis. These include XR/ CT /MRI /PET /US /biopsy/surgery/lab work etc. The information generated should be used in conjunction with the greater health care team to afford the patient a comprehensive best possible result. Treatment can include chemotherapy, trial studies, surgery, grafts, implants, radiation, adjunctive therapies and likely a combination of all of these.

We owe patients the use of our ‘healthy suspicion’ and a systematic approach to unusual clinical presentations for the best and most efficient outcome to their needs.



# SPECIAL FOCUS

## CANCER FAQ



Every year in May the World Foot Health Awareness Month is launched by the International Federation of Podiatrists – Fédération Internationale des Podologues to increase the awareness of the importance of foot health among the general public and other health professionals. The FAQ is created for patients, talk to your podiatrist for more information on the subject. Responsible publisher, Carine Haemels President FIP-IFP, 57 rue Eugène Carrière, 75018 Paris, France. [www.fip-ifp.org](http://www.fip-ifp.org)

### CAN CANCER AFFECT MY FEET?

Cancer can develop anywhere on the body, including the lower extremities. It can cross gender and throughout all age ranges. For example, skin cancer such as malignant melanoma, bone or soft tissue cancer can present in the lower extremities.

### WHAT IS MY PODIATRISTS' ROLE IN CANCER CARE?

As an integral member of the health care team, podiatrists are often called upon to be on the cusp of important diagnoses for the patients. This can also include pedal manifestations of cancer within the podiatric practice. A first line defense and cooperative integration with the broader health care teams will be critical

### DO I NEED TO PAY SPECIAL ATTENTION TO MY FEET WHEN RECEIVING A CANCER TREATMENT?

Cancer treatments can confront a patient with undesirable secondary effects. Each drug or treatment has different side effects; some will disappear after the treatment is over, but others may remain. Cancer treatment modalities can create problems with hands and feet.

### WHAT IS THE HAND-FOOT SYNDROME I'VE HEARD ABOUT?

Hand-Foot Syndrome is sometimes a side effect of chemotherapy. It mainly affects the palms and soles and causes redness of the skin, swelling, and pain on the palms of the hands and/or the soles of the feet.

### WHEN DO I NEED TO TALK WITH MY PODIATRIST ABOUT THE SYMPTOMS?

Symptoms like those listed below may be signs of therapy induced hand-foot syndrome and advice may be needed. When you experience any of the following symptoms while undergoing a cancer treatment, you should seek advice from your health care team:

- Hyperkeratosis or the a thickening of the outer layer of the skin
- Redness of the skin
- Swelling, can cause unguis incarnatus, ingrown toenail
- Tenderness
- Blisters
- Sensations in the feet such as a burning or tingling
- Calluses mainly on the plantar supporting points
- Cracked skin
- Flaking of the skin
- Peeling skin
- Hyaline/glassy, fragile skin
- Severe pain and/or difficulty in walking