

Role of Massage in Cancer Protocol

By Simon Black

Apollo Correspondence Classes

Copyright 2009 Apollo Correspondence Classes

All rights reserved

<http://mansfieldfc.com/massage/>

go@apollo123.com

866-506-1999

21162 Banff Lane

Huntington Beach, CA 92646

The material in this book should **not** be construed as medical advice. Properly qualified professionals should be consulted for the medical ramifications of any particular fact pattern.

This text will address the current issues in the use of massage for cancer patients. It will help the therapist decide if adding cancer massage is a good idea for the practice. However, this book does not replace hands-on training in the techniques of cancer massage.

Table of Contents

Chapter 1	What is Cancer?	Page 4
Chapter 2	The Benefits of Massage for Cancer Patients	Page 8
Chapter 3	When Not to Massage a Cancer Patient	Page 12
Chapter 4	Who Needs a Doctor	Page 18
Chapter 5	Skin Cancer Update	Page 27

Chapter 1:

What is Cancer?

We throw the word “cancer” around all the time. In a single day’s edition of the *New York Times*, “cancer” was used 197 times.¹ (AIDS got only 10 mentions the same day.) But what is cancer?

Heresy has been described as the truth gone wild.² Cancer is a similar phenomenon. It is an uncontrolled growth of cells which, if unrestrained, can invade other cells and ultimately cause death.³ Cancer is an umbrella word covering many different diseases; there are over 100 kinds of cancer.⁴

The word *cancer* comes from the Latin word for *crab* and, in English, dates from the 14th century.⁵ The connection between the two words is said to be from the Greek physician Galen (129 – 200/217 Common Era). He thought some tumors having swollen veins looked like crabs.⁶

11,100,000 living Americans were said to have a history of cancer in 2005, according to the National Cancer Institute, including some who were by then cancer-free.⁷ That was about 3.74% of the total population.⁸

New Diagnoses

The American Cancer Society projects 1,479,350 Americans will be diagnosed with cancer in 2009.⁹ That's approximately the same number as the population of Philadelphia or San Antonio, the sixth and seventh most populous cities in the country.¹⁰

Slightly more males than females (51.78% to 48.21%) are expected to be so diagnosed.¹¹ The riskiest age group is thought to be 70 and up.¹² The four states anticipated to have the most (almost one-third) new cancer patients are California, Florida, New York and Texas.¹³ The leading types are projected to be prostate for men and breast for women, both roughly a quarter of the cases for that gender.¹⁴

Race, education and socio-economic status are risk factors for cancer. Hispanics, Asian Americans and Pacific Islanders have lower incidence rates for the most common types of cancer than whites.¹⁵ People with more education tend to get cancer less than people with less education.¹⁶ Likewise, people in a higher socioeconomic status are less likely to get cancer than people in a lower socioeconomic status.¹⁷

People in higher socioeconomic brackets tend to have better health care and to engage less in high risk behaviors such as smoking. Their working and living conditions may not expose them to as many cancer causing agents as well.

Deaths

The Society expects 562,340 deaths from cancer in 2009; it is the second leading cause of death.¹⁸ That means about 1,500 deaths a day. Put another way, that's the same number of deaths as would occur if four Boeing 777s crashed every day of the year.

The five states with the most cancer deaths anticipated are California, Florida, New York, Texas and Pennsylvania; they are expected to have a little over one-third of the total deaths.¹⁹ The leading cancer causing death is projected to be lung and bronchus for both men and women.²⁰

African Americans are more likely to die from cancer than any other race.²¹ 36% more African American males die from cancer than white males, 17% more African American females than white females.²²

You don't have to smoke to die from cancer. The American Cancer Society says 3,400 nonsmoking adults die each year from secondhand smoke.²³ (The real problem with secondhand smoke is heart disease, which causes 46,000 deaths annually.²⁴) Exposure to secondhand smoke has substantially declined since the 1990s, according to the National Cancer Institute.²⁵

Survivability

Having cancer is not necessarily a death sentence, however. Sixty-six percent of the people whose cancers were diagnosed between 1996-2004 survived, an

improvement over 50 percent in 1975-1977.²⁶ The survival improvement is attributed to better diagnosis of certain cancers earlier than before and improved treatment.²⁷

(This is an overall figure—among different cancers, survival rates vary widely.²⁸ They range, for example, from pancreatic (5% of patients survive) and lung (15%) to breast (89%) and melanoma (99%).)²⁹

The most preventable cause of cancer is tobacco.³⁰ 30% of all cancer deaths are caused by smoking according to the American Cancer Society.³¹ Smoking is responsible for 87% of lung cancer deaths.³²

A male smoker is 23 times more likely to develop lung cancer than a male lifelong nonsmoker.³³ (The figure is 13 times for women.)³⁴ Light or low-tar products do not change these statistics.³⁵ About 20% of American adults smoke, down from 42% in 1965.³⁶

Chapter Summary

- Cancer is the second leading cause of death.
- Cancer is often survivable.
- The most preventable cause of cancer is tobacco.

Chapter 2:

The Benefits of Massage for Cancer Patients

Massage is a fairly common adjunct procedure to cancer treatment. Researchers estimate 18 to 53% of adults cancer used massage now or in the past to supplement conventional cancer treatment.³⁷ (How would you like to get paid for coming up with numbers that exact?)

- **Reduces anxiety**³⁸--A 2007 study in the United Kingdom found anxiety and depression were reduced in people with cancer for a few weeks when aromatherapy massage was given.³⁹

A 2004 review of aromatherapy and massage studies by the Cochrane Collaboration showed patients experiencing better feelings in the short term when the two disciplines were used.⁴⁰

A small 1993 study found a 24% decrease in anxiety among male cancer patients after massage.⁴¹ Feelings of relaxation rose 58%.⁴²

Levels of dopamine, a brain chemical which helps produce a feeling of well being, were found to be increased by massage in a 2003 University of Miami study.⁴³ The 5 weeks study involved women with breast cancer.⁴⁴

- **Pain relief**⁴⁵--A large American study published in 2004 tracked almost 1,300 people with cancer for 3 years to observe the effects of massage.⁴⁶ The massage sessions lasted 20 minutes for in hospital patients and 1 hour for outpatients.⁴⁷ The findings were great reductions in “pain, sickness, fatigue, anxiety, depression.”⁴⁸ As might be expected, the effects lasted longer for those with the lengthier sessions.⁴⁹

A small study involving 9 men with cancer reported the perception of pain was reduced by 60% after massage therapy.⁵⁰

A study published in 2008 in the *Annals of Internal Medicine* took 340 patients with advanced cancer (i.e., dying) and gave some 6 sessions of massage and others 6 sessions of touching for 3 minutes on 10 sites.⁵¹ The massage patients experienced a decline in pain score twice as high as non-massage patients. The effects were short-lived (less than three weeks).⁵²

- **Speed healing**⁵³--A suggestive study involving 29 men with HIV or AIDS who received 1 hour massages showed higher natural killer cell numbers.⁵⁴ There were other “major neuroendocrine findings.”⁵⁵

Protective white blood cells, sometimes called natural killer cells because they help boost the immune system, were found to increase because of massage. This study, of 58 women with breast

cancer, was done over 5 weeks at the University of Miami in 2003.⁵⁶

Massage may promote healing at incision sites.⁵⁷ Scarring may be reduced or prevented with massage.⁵⁸ But the therapist needs special training to work with scar tissue and needs to go over specific techniques with the surgeon.⁵⁹

- **Improved sleep**⁶⁰--*Massage Magazine* cites a study in the United Kingdom of 42 patients with advanced cancer.⁶¹ Participants who received aromatherapy with massage and massage alone had "significantly better sleep scores" than patients who received neither.⁶²

Gayle MacDonald in *Massage for the Hospital Patient and Medically Frail Client* states 7 investigators found massage improved the quality and quantity of sleep.⁶³ Three of the studies involved cancer patients.⁶⁴

- **Reduce medications**⁶⁵--A 2003 study of 230 cancer patients at University of Minnesota, massage was found to "reduce the need for pain medicine."⁶⁶ Maybe CIGNA will start giving a 10% discount in premiums for massage clients!
- **Nausea control**⁶⁷--Nausea and vomiting are reported by 70-80% of chemotherapy patients.⁶⁸ There is a small amount of research to suggest massage can help. Much more research has been done on acupressure to reduce nausea.⁶⁹

Chapter Summary

- Massage is a fairly common adjunct procedure to cancer treatment.
- Studies show massage reduces anxiety and pain in cancer patients.
- Studies shows massage improves healing and sleep in cancer patients.

Chapter 3:

When Not to Massage a Cancer Patient:

The Contraindications

Massaging persons with cancer is an advanced skill. One of the qualifications is knowing when to keep hands off. It is possible to worsen a client's cancer condition by using massage inappropriately.⁷⁰

You might massage a non-cancer client in some of the situations below. But the addition of cancer adds a risk calling for re-evaluation. It may be appropriate to ask the cancer client more initial questions than would be necessary for a non-cancer client.

- **Spreading the tumor**—whether deep massage at the site of a tumor can cause the cancer to spread is hotly debated. The safest, albeit conservative, approach is to avoid deep massage at tumor sites.⁷¹

How cancer spreads “is highly complex, and still incompletely understood despite a great deal of research.”⁷² One side judges “It must be noted, however, that the current lack of certain knowledge may pose some degree of risk to our clients.”⁷³

The spreading (or metastasis) occurs in 3 steps. First, cancer cells shed off from the primary tumor.⁷⁴

It is thought that direct pressure at the tumor site might accelerate shedding.⁷⁵

Two, the shed cells circulate through the body via blood or lymph channels.⁷⁶ This step is not considered a risk factor for massage, according to Curties.⁷⁷

Finally, the cancer cells arrive at their new home and settle in (or implant).⁷⁸ One author notes that the destination of various cancers are known.⁷⁹ So a conservative therapist, that author suggests, should know to which sites various cancer cells may metastasize, avoiding both point of origin and newly infected site.⁸⁰

- **Bone fractures**—some cancers weaken the bones. The therapist should be alert to the kind the client has and avoid deep massage as appropriate.⁸¹ Massage should be administered with caution for clients who already have bone fractures.⁸²
- **Bone metastasis**—avoid massage when present.⁸³
- **Injury**—avoid massage when present.⁸⁴
- **Bleeding**—avoid deep massage for clients who bleed easily.⁸⁵
- **Open wounds or bruises**—avoid massage when open wounds are present;⁸⁶ do not massage skin which is bruised or broken.⁸⁷ Massage may cause

bruising in patients with low platelet counts or who are taking blood thinners.⁸⁸

If infection at the incision site is suspected, massage should not be given.⁸⁹ The patient should be referred to the physician.⁹⁰

- **Lymphedema**—this disease can occur or worsen (when already present) if certain parts of the body are massaged, particularly vigorously, after the lymph nodes are removed due to cancer.⁹¹ Massage treatment in these circumstances requires special skills, such as the Vodder Method.⁹² The Lymphology Association of North America offers certification which requires at least 135 hours of training.⁹³
- **Lymph node removal**—The “affected arm and area around the underarm” should only be massaged very lightly.⁹⁴
- **Pain**—Pain is said to be the symptom cancer patients fear most.⁹⁵ 30 to 60% of such patients report chronic pain during treatment.⁹⁶ In cancer’s advanced stages, that number may rise to 90%.⁹⁷

Some forms of massage are initially painful. The cancer patient may already be in pain. Good information from the patient (triggered by the therapist’s awareness of the issue) enables the therapist to make a calculation as to what form of massage is appropriate. This prevents the client from being overwhelmed.⁹⁸

- **Flu-like Symptoms**—many patients undergoing chemotherapy show flu-like symptoms after bodywork.⁹⁹ It may then be appropriate to abstain from massage while doing chemo.
- **Joint inflammation**—avoid massage when present¹⁰⁰
- **Phlebitis**—(inflammation of vein, often in leg) avoid massage when present¹⁰¹
- **Skin infections**—avoid massage when present¹⁰²
- **Heart problems**—administer massage with caution when present¹⁰³
- **Blood clots (thrombus)**—avoid massage if client has a history of blood clots.¹⁰⁴ Avoid local or regional pressure where the client is at risk of developing a thrombus.¹⁰⁵
- **Arthritis**—administer massage with caution when present¹⁰⁶
- **Pregnancy or breastfeeding**—administer massage with caution when present¹⁰⁷
- **Radiotherapy/radiation therapy**—avoid massaging treated areas.¹⁰⁸ Another authority advises omitting massage while a patient is undergoing this therapy.¹⁰⁹

- **Feelings**—thoughts and emotions may arise during massage recalling previous events or issues.¹¹⁰ Since having cancer is in itself a huge emotional occurrence, the therapist should be sensitive to avoid letting these aspects become overwhelming.
- **Lactic acid and other toxins**—may be released by massage¹¹¹
- **Lower neck**—massage with caution to avoid numbness, tingling or fainting¹¹²
- **Scar**—requires special training and coordination with the attending physician.¹¹³
- **Chemotherapy**—exercise caution in areas where chemo has disturbed the skin.¹¹⁴ If flu-like symptoms are present, it may be appropriate not to massage.¹¹⁵ If risk of thrombocytopenia-induced bruising exists, avoid massage.¹¹⁶ If peripheral neuropathy (nerve damage in the peripheral nervous system) is present, avoid deep pressure.¹¹⁷ (Another source says avoid deep massage after any chemotherapy.)¹¹⁸ Focused pressure on areas affected by neuropathies is inappropriate.¹¹⁹
- **Position**—breast cancer patients should receive massage while reclining on their backs until cleared by their doctors to be on their stomachs.¹²⁰

- **Timing**—lighter work should be used until 2 to 3 months after treatment.¹²¹ Avoid massaging the lower limbs immediately following surgery.¹²²

Chapter Summary

- There are many cautions to be alert for when massaging a cancer patient.

Chapter 4:

Who Needs a Doctor?

Many therapists may be willing to massage cancer patients without a doctor's approval. They see themselves as healers.¹²³ They do not want to turn clients (especially regulars) away, particularly in a tough economy,¹²⁴ or make them feel abandoned.

Another reason for going it alone is "if a cancer patient under his own volition goes and gets a massage, then it is that patient's responsibility not the therapist's."¹²⁵ One therapist developed the argument:

"When you buy a ticket to a scary movie the theater does not ask you if you have a bad heart. When you eat in a restaurant they don't ask you if you have food allergies or even list the ingredients. These are commercial enterprises. Massage is a commercial enterprise."¹²⁶

The national certificant will evaluate whether to treat without a doctor's consent using the NCBTMB's Standards of Practice. It is useful to divide the question into two parts: when the patient is under the direct care of a doctor, receiving regular treatment, and when the patient has completed treatment and is

seeing a doctor less regularly (for example, annually) for follow up.

Patient Undergoing Cancer Treatment
Under A Doctor's Care

The questions, listed together and discussed separately below, are:

1. Is it in the patient's **best interests** to receive a massage without the therapist coordinating with the doctor? Is doing so providing the highest quality of care?
2. Is a **needs assessment** of the patient required?
3. Does doing so “**respect ... the practices** of other professionals”?
4. Is doing so within the **scope of practice** of the therapist?

Addressing each question by itself:

1. Is it in the patient's **best interests** to receive a massage without the therapist coordinating with the doctor? Is doing so providing the highest quality of care?

This question springs from NCBTMB Standard of Practice I.m.:

“The certificant shall ... refer to other professionals when in the best interest of the client and practitioner”¹²⁷ and NCBTMB Code of Ethics I: “Certificants will ... Have a sincere commitment to provide the highest quality of care to those who seek their professional services.”¹²⁸

The Barbara Ann Karmanos Cancer Institute is part of the Marquette General Health System which tells its cancer patients to get a *written* recommendation from their physician before getting a massage.¹²⁹

The *Clinical Journal of Oncology Nursing* reports that “many massage therapists still rely on a physician's order or note that contains directions for the therapy and permission to treat patients with cancer.”¹³⁰ This is certainly the safest approach.

The Canadian Cancer Society recommends an ongoing dialogue between doctor and massage therapist.¹³¹

The Dana-Farber Cancer Institute writes “It is important to consult with your physician prior to beginning massage therapy.”¹³² Dana-Farber is an affiliate institution of Harvard Medical School and handles 185,000 patient visits a year.¹³³ The American Cancer Society agrees—a cancer patient should clear massage with the attending physician.¹³⁴

This suggests, at a minimum, it is best practice for the therapist to ask 2 questions, perhaps on the intake questionnaire, along the lines of “Are you a patient with cancer under a doctor’s care?” and “If so, has your doctor approved of you getting a massage?”

If the doctor voiced particular concerns, such as telling the patient “Have the therapist call me,” the therapist has an obligation to contact the doctor before doing the massage.

If the client states the doctor said no, it may be appropriate for the therapist to decline to massage under Standard of Practice I.m.: “refer to other professionals when in the best interest of the client and practitioner.”¹³⁵ It is likely not in the “best interest” of the client to ignore doctor’s advice and the therapist may choose not to participate in that.

Why is it the therapist’s responsibility to ask those questions? Because doing so is in the best interests of the patient and affords the highest quality of care. Given the 23 contraindications for massaging a cancer patient (Chapter 3), it is important that a therapist know the patient on the table has cancer. It is best for the patient if the doctor is aware the complementary procedure is occurring.

For example, if a therapist was unaware the client was a cancer patient, the lower neck or radiated areas might be massaged more vigorously than is appropriate. A conservative approach would want to know the tumor location and the destination of

metastasis to avoid massaging those areas. The therapist would want to know if lymphedema was present, particularly if the therapist was not trained in the appropriate massage methods. The client may not have the answers to some of these questions, suggesting a need for the therapist to communicate with the doctor.

But, bottom line, if the therapist doesn't ask the questions, is there going to be a lawsuit? Probably not. The National Practitioner Databank reports 6 massage medical malpractice suits over 15 years.¹³⁶ While it is likely not all such suits were logged, it appears the incidence is low.

The discussion here is directed primarily not on how to avoid being sued but how to meet the Standard of Practice and Code of Ethics.

So the short answer is No to the question *Is it in the patient's **best interests** to receive a massage without the therapist coordinating with the doctor? Is doing so providing the highest quality of care?* The therapist should at least ask if the client is under a doctor's care for cancer and if so, has the doctor's permission for massage been obtained.

2. Is a **needs assessment** of the patient required?

Standard of Practice I.j. says

“if applicable, conduct an accurate needs assessment, develop a plan of care with the client, and update the plan as needed”.

If there was ever a good time to do a needs assessment, having a client with cancer is probably right up there. The contraindications discussed in Chapter 3 and question 1 give many areas for the therapist to watch for and be careful about.

One authority wrote that it is “very important” for the massage therapist to know the tumor location and “metastatic patterns.”¹³⁷

Questions about pain, feelings, and recent treatments such as radiation or chemotherapy may be important in giving the best, and even possibly a safe, massage to a cancer patient.

3. Does doing so “**respect ... the practices** of other professionals”?

Standard I.o. calls on the certificant to

“respect the traditions and practices of other professionals and foster collegial relationships.”

Massaging a cancer patient when the therapist is unaware of the cancer because no question was asked is probably not respectful. It makes the therapist the lone decision maker, at odds with the Standard’s vision of “collegial relationships.”

4. Is doing so within the **scope of practice** of the therapist?

Standard I.l. says the certificant will

“be knowledgeable of his/her scope of practice and practice only within these limitations.”¹³⁸

Of course, therapists need specialized hands-on training before massaging cancer patients.¹³⁹

Answering the first three questions argued a therapist should at least ask a client if she or he is under care for cancer and, if so, is the massage OK with doctor. If the therapist has any questions about how the contraindications apply to the client, it may be necessary to contact the doctor directly. The therapist who meets these requirements is practicing within scope on this issue.

Cancer Survivors

Clients who are post-cancer treatment may still have issues relevant to massage but are only under occasional doctor's care.

Survivorship traits may include fatigue, immune system changes, heart problems (caused by treatment) and osteoporosis.¹⁴⁰ Cancer survivors may have strong feelings such as anxiety,¹⁴¹ loneliness or guilt.¹⁴² Massage is seen as a component in dealing with the stress of survival.¹⁴³

The therapist has much more freedom to take a cancer survivor who is not directly under a doctor's care. However, the therapist should be aware of the greater needs of such a client. "Are there any health issues I should know about?" is a good question to have on a questionnaire.

The therapist should feel free to decline service or seek help when there are issues he or she is not comfortable with. An example would be the presence with lymphedema when the therapist is not trained in an

appropriate massage technique. (Correct massage is said to reduce the risk of lymphedema in breast cancer survivors.¹⁴⁴)

Chapter Summary

- The decision whether to massage a cancer patient under a doctor's care is conditioned upon the Code of Ethics and Standards of Practice.
- The therapist should ask a cancer patient under direct care if the doctor is OK with the massage.
- The therapist may massage a cancer survivor without the doctor's knowledge.

Chapter 5:

Skin Cancer Updates

Definition

Skin cancer is a malignant tumor, typically visible, on the skin.¹⁴⁵ It is the United States' most common form of cancer.¹⁴⁶

Here we will discuss the three most common types of skin cancers. The three most common kinds of skin cancer are:¹⁴⁷

- Basal cell cancer (BCC)
- Squamous cell cancer (SCC)
- Melanoma

Prevalence

More than a million people a year are diagnosed with skin cancer in the United States.¹⁴⁸ 76% of new cases are BCC, 19% SCC and 5% melanoma.¹⁴⁹

The percentage of people diagnosed with the worst form of skin cancer (malignant melanoma) has doubled since 1976.¹⁵⁰ Of all the kinds of cancer, melanoma has the fastest growing incidence.¹⁵¹

Skin cancer will happen to one in five Americans in their lifetimes. If they live to 65, that figure doubles for BCC or SCC.¹⁵²

7,000 to 8,000 die a year from skin cancer in this country.¹⁵³

Australia and New Zealand are said to have the highest rates of skin cancer.¹⁵⁴ About five times as many Australians as Americans are diagnosed with skin cancer annually.¹⁵⁵

Signs and Symptoms

Because skin cancer is typically visible (if one is looking), it is can be spotted and treated early.¹⁵⁶

	BCC	SCC	Melanoma
Appearance ¹⁵⁷	Looks like a sore that does not heal. Head, neck, shoulders. “Raised, smooth, pearly bump” possibly with blood vessels visible. Crusting and bleeding frequent in center of tumor.	“Red, scaling, thickened patch.” Ulceration, bleeding possible. May become a large mass if untreated.	Mole that is new or changes “size, shape, color or elevation.” Brown to black. “New pain, itching, ulceration or bleeding.”
Metastasize ¹⁵⁸	Rare	Lower except for lip, ear, or	Frequent

		immunosuppressed patient	
--	--	-----------------------------	--

Causes

Skin cancer is overwhelming caused by exposure to UV radiation. 90% of BCCs and SCCs are caused this way; 65% of melanoma is. The typical source is the sun but tanning beds are also a risk.¹⁵⁹ Smoking tobacco and other related products can double skin cancer's risk.¹⁶⁰

Diagnosis

Clinical diagnosis is determined visually or using a dermatoscope. It is confirmed by biopsy, usually done using a local anesthetic.¹⁶¹

Prevention

Reduce UV exposure throughout life—not just when young.¹⁶²

- Stay out of the sun from 10 am to 3 pm when it is directly overhead
- Always wear long sleeves and hat outdoors
- Unprotected exposure to the sun should be limited to 15 minutes a day
- Use sunscreen and reapply as manufacturer suggests¹⁶³ (may not be effective against melanoma)¹⁶⁴
- Use sunglasses¹⁶⁵

Avoid tobacco products.

There is some concern that sun screen lotions contribute to skin cancer.¹⁶⁶ But one state poison control center says “The risks of using sunscreen products appear to be minimal.”¹⁶⁷

Skin moisturizers may increase the risk of skin cancer. Rutgers University in New Jersey found that of mice exposed to ultraviolet light (mimicking sun exposure), those afterwards treated with skin moisturizers developed more and larger skin tumors than the mice who did not receive the moisturizer.¹⁶⁸ The mice developed SCC.¹⁶⁹

Treatment / Post-treatment

Skin cancer is treated with radiotherapy, chemotherapy, cryotherapy (freezing the cancer off) or various types of excision.¹⁷⁰

Reconstruction of the damaged area may be indicated. Mostly commonly this is done by skin grafts or local skin flaps.¹⁷¹

Implications for Massage Therapists

How to Identify Skin Cancer

Skin cancer is typically visible. Therapists were trained at school to recognize skin cancer using ABCDET.

Suspicious moles are

- **A**symmetrical. The halves don't match.¹⁷²
- **B**order is irregular
- **C**olor—have more than one
- **D**iameter—larger than a pencil eraser

- Elevated. Surface uneven. (Another source saying the E stands for Evolving—the mole changing over time.)¹⁷³
- Time—changes over time¹⁷⁴
-

However, skin cancer is not just about moles. Anything on the skin that doesn't belong there is suspect including:

Sore that never fully heals

Translucent growth with rolled edges

Brown or black streak underneath a nail

Cluster of slow-growing, shiny pink or red lesions

Waxy-feeling scar

Flat or slightly depressed lesion that feels hard to the touch¹⁷⁵

Why Identification is Important

The therapist is not *diagnosing* skin cancer.

Recognizing a possible skin cancer allows the therapist to do two things:

- Suggest the client see a doctor
- Not touch the lesion during the massage¹⁷⁶

Referring to a medical professional satisfies the NCBTMB's Standard of Practice I.I.: "refer to other professionals when in the best interest of the client and practitioner."¹⁷⁷

The massage therapist is literally the first line of defense against skin cancer. The Society for Oncology Massage notes in today's world, many people do not check themselves for suspicious skin formations and doctors are often too busy to do so.¹⁷⁸ A therapist,

on the other hand, probably knows a client's body better than the client does.

In at least 2 cases, massage saved the client's life.

David Wilensky's regular weekly massage therapist noticed a suspicious mole and recommended he see a dermatologist. For several weeks, she kept seeing the mole and continued urging him to get it checked out. Wilensky was glad he finally saw the doctor—he was diagnosed with Stage 1 Melanoma. The therapist's catching it early enabled the doctor to completely remove the potentially life threatening disease.¹⁷⁹

During massage training, her instructor recognized a suspicious mole on therapist Annie Powell. Her dermatologist diagnosed Stage III Melanoma. It took 3 operations to completely remove the cancer.¹⁸⁰

A visual will probably be the only indication the victim has that he or she has skin cancer. A friend of the author was invited to a pool party. He noticed a suspicious mole on his hosts back. No one had noticed it before-not even his wife. The host never felt ill. Yet it was discovered too late

What to Say to the Client

If the therapist sees something they think could be cancer, alerting the client can be very simple: "Have you talked to your doctor about this?"

One therapist adds the words "just to be safe." The important thing is to get the client to take it seriously without causing a panic or making it appear you have made a diagnosis.¹⁸¹

Many times something suspicious on the skin will turn out to be nothing. Nor does a therapist have a legal obligation to mention her suspicions to the client. It's a stretch to say the therapist has an ethical requirement to do so. But David Wilensky and Annie Powell are thankful their therapists took the time to mention it.

Doctor's Permission

The American Cancer Society¹⁸² recommends skin cancer patients talk to their doctors before getting massage.

Self-Care

Using two mirrors—a long-handled handheld and a full length—check every inch of your skin including the folds, under breasts, between toes, arm pits, everywhere there is skin.

Anything that wasn't there before or a change in a mole, birth mark or blemish is suspect. Know your body. Draw a map of the moles and other marks on your body. That way if something new comes up you will know it and can have it checked by a doctor.

Outside is not the whole problem, according to some researchers. UVA rays readily pass through glass windows, which can cause skin cancer. Melanoma is on the rise for indoor workers.¹⁸³

Lower vitamin D levels have been discovered in those with melanoma. The body uses UVB to produce vitamin D. UVB rays do not readily pass through glass. Possibly office workers near glass windows are getting the damage of UVA without the possible protection of UVB.¹⁸⁴

There is also a possibility that bathing may affect vitamin D3 absorption. Exposure to UVB generates D3, however, is generated on the top of the skin and takes about 48 hours to be absorbed. It is believed that bathing before the absorption has had time to take effect washes the D3 off the skin.¹⁸⁵

Lack of vitamin D has been associated with a number of diseases including weight gain, osteoporosis and cancer.¹⁸⁶ However, current research suggests there are some problems associated with Vitamin D supplements.¹⁸⁷

Skin Cancer Summary

	BCC	SCC	Melanoma
Common ¹⁸⁸	76% of new cases	19% of new cases	5% of new cases
Cause ¹⁸⁹	90% UV from sun	90% UV from sun	65% UV from UV radiation ¹⁹⁰
Metastasize ¹⁹¹	Rare	Low except for lip, ear or if patient is immunosuppressed	Frequent
Death	Rare ¹⁹² but can be highly disfiguring ¹⁹³	2,500 deaths a year ¹⁹⁴	75% of skin cancer deaths ¹⁹⁵
Increased risk from use of tanning bed ¹⁹⁶	1.5	2.5	.75 for first use in youth
Sun screen effective protection? ¹⁹⁷	Yes	Yes	No ¹⁹⁸

If you would like to be a student of this course to earn massage continuing education credits please go to <http://mansfieldfc.com/massage/>

Bibliography

American Cancer Society, *Cancer Facts and Figures 2009*, 2009

American Cancer Society, *Guidelines for Using Alternative and Complementary Methods*, 2009, http://www.cancer.org/docroot/ETO/content/ETO_5_3x_Guidelines_For_Using_Complementary_and_Alternative_Methods.asp

Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp

Canadian Cancer Society, *Massage and Cancer Care*, 2007, http://www.cancer.ca/saskatchewan/about%20cancer/treatment/complementary%20and%20alternative%20therapies/media%20backgrounder%20-%20massage%20and%20cancer%20care.aspx?sc_lang=en

Cancer Research UK, *Massage Therapy*, August 20, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>

Cancer Supportive Care Programs, *Massage for Supportive Cancer Care*, 2007, <http://www.cancersupportivecare.com/massage.html>

Cassileth, Dr. Barrie, *Massage Therapy*, 2009, <http://www.cancernetwork.com/display/article/10165/1367073>

CBC News, *Massage offers quick pain relief for advanced cancer patients: study*, September 15, 2008, <http://www.cbc.ca/health/story/2008/09/15/massage-therapy-cancer.html>.

Curties, Debra, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_1.html

Dana-Farber Cancer Institute, *Integrative Therapies*, 2009, <http://www.dana-farber.org/can/integrative-therapies/html/therapeutic-massage-therapy.html>

Dictionary.com, *Cancer—Word Origin and History*, 2009, <http://dictionary.reference.com/browse/cancer>

Gecsed, MS, RN, OCN; Renee A., "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>.

Gordon, Serena, *Massage Therapy Helps Those With Advanced Cancer*, 2008, <http://health.usnews.com/articles/health/healthday/2008/09/16/massage-therapy-helps-those-with-advanced-cancer.html>.

Infoplease, *Population of the United States by Race and Hispanic/Latino Origin, Census 2000 and July 1, 2005*, 2005, <http://www.infoplease.com/ipa/A0762156.html>

Interview, August 3, 2009

Interview, July 20, 2009

MacDonald, Gayle, *Massage and Cancer*, 2003,
http://www.massagetherapy.com/articles/index.php/article_id/142/Massage-and-Cancer-

MacDonald, Gayle, *Massage for the Hospital Patient and Medically Frail Client*, 2004

Maida, Dr. Vincent, *Looking at Breakthrough Nausea/Vomiting and Cancer-Related Pain*, undated,
<http://74.125.113.132/search?q=cache:dEbqN1WB74wJ:www.clinicianschannel.com/PIK/1793/CINV.ppt+cancer+%22nausea+control%22+massage&cd=13&hl=en&ct=clnk&gl=us>

Marquette General Health System, *Massage Therapy Services*, 2008,
<http://www.mgh.org/rehab/massage.html>

Massage Classifieds, *Risks of Massage for Cancer Patients*, undated, <http://www.massage-classifieds.com/risksofmassageforcancerpatients.html>

Massagemag.com, *Aromatherapy and Massage Improve Sleep in Advanced Cancer Patients*, 2009,
<http://www.massagemag.com/News/massage-news.php?id=5450>

Mayo Clinic staff, *Cancer Survivors*, 2007, <http://www.mayoclinic.com/health/cancer-survivor/CA00071>

MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009,
<http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>

Merriam-Webster, *Cancer*, 2009, <http://www.merriam-webster.com/dictionary/cancer>

National Cancer Institute, *Defining Cancer*, undated, <http://www.cancer.gov/cancertopics/what-is-cancer>

National Cancer Institute, *National Trends Progress Report—2007 Update—Report Highlights*, 2007,
<http://progressreport.cancer.gov/highlights.asp>

NCBTMB, *National Certification Examination: Candidate Handbook: Version 09.1*, 2009

Neale, Todd, *Acupuncture Eases Radiation Nausea in Cancer Patients*, 2009,
<http://www.medpagetoday.com/Radiology/TherapeuticRadiology/13693>

New York Times for July 20, 2009 http://query.nytimes.com/search/sitesearch?query=cancer&more=past_1

Rodrigues, Sylvia, *Mind-body in Oncology*, 2008, <http://www.articlearchives.com/medicine-health/diseases-disorders-cancer/883235-1.html>

Stanford Medicine Cancer Center, *Massage Therapy*, 2009,
<http://cancer.stanford.edu/information/alternativeTherapy/massage.html>

Suburban Hospital, *Living with Breast Cancer*, 2009,
<http://www.suburbanhospital.org/HealthInfo/AskDoctorDetails.aspx?msid=1&adid=47>

Tertullian, *Tertullian*, Oxford: John Henry Parker, 1842

Walton, Tracy, *Frequently Asked Questions*, 2007, <http://www.tracywalton.com/faqs/index.html>

University of Texas MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>

Wikipedia, *Dana-Farber Cancer Institute*, 2009, http://en.wikipedia.org/wiki/Dana-Farber_Cancer_Institute

Wikipedia, *List of United States cities by population*, 2009, http://en.wikipedia.org/wiki/List_of_United_States_cities_by_population

Wrongdiagnosis.com, *Massage therapy and medical malpractice*, 2009, http://www.wrongdiagnosis.com/medical-malpractice/massage_therapy_and_medical_malpractice.htm

Youngwith, Janice, *Hope and Courage*, 2008, <http://www.dailyherald.com/special/cancersurvivors/2008/>

Zandstra, Fran, *Controlling the Fear of Cancer Recurrence*, University of Texas MD Anderson Cancer Center, 2009, <http://www2.mdanderson.org/MT/mt-search.cgi?search=massage&IncludeBlogs=6&limit=20>

¹ Search of *New York Times* for July 20, 2009

http://query.nytimes.com/search/sitesearch?query=cancer&more=past_1

² Tertullian, *Tertullian*, Oxford: John Henry Parker, 1842, p. 472: “So also heresies are of our fruit, not of our kind, of the seed of truth, but, through falsehood, wild.”

³ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 1

⁴ National Cancer Institute, *Defining Cancer*, undated, <http://www.cancer.gov/cancertopics/what-is-cancer>

⁵ Merriam-Webster, *Cancer*, 2009, <http://www.merriam-webster.com/dictionary/cancer>

⁶ Dictionary.com, *Cancer—Word Origin and History*, 2009, <http://dictionary.reference.com/browse/cancer>

⁷ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 1

⁸ Infoplease, *Population of the United States by Race and Hispanic/Latino Origin, Census 2000 and July 1, 2005*, 2005, <http://www.infoplease.com/ipa/A0762156.html>

⁹ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 1

¹⁰ Wikipedia, *List of United States cities by population*, 2009, http://en.wikipedia.org/wiki/List_of_United_States_cities_by_population

¹¹ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 4

¹² American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 14

¹³ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 5

¹⁴ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 10

¹⁵ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 42

¹⁶ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 44

¹⁷ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, pp. 45-46

¹⁸ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 2. The first is cardiovascular disease: Sylvia Rodrigues, *Mind-body in Oncology*, 2008, <http://www.articlearchives.com/medicine-health/diseases-disorders-cancer/883235-1.html>

¹⁹ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 6

²⁰ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 10

²¹ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 42

-
- ²² American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 42
- ²³ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 48
- ²⁴ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 48
- ²⁵ National Cancer Institute, *National Trends Progress Report—2007 Update—Report Highlights*, 2007, <http://progressreport.cancer.gov/highlights.asp>
- ²⁶ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 2. Five year relative survival rate.
- ²⁷ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 2
- ²⁸ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 2
- ²⁹ American Cancer Society, *Cancer Facts and Figures 2009*, 2009. Five year relative survival rate.
- ³⁰ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 47
- ³¹ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 47
- ³² American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 47
- ³³ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 47
- ³⁴ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 47
- ³⁵ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 47
- ³⁶ American Cancer Society, *Cancer Facts and Figures 2009*, 2009, p. 47. 20% as of 2007
- ³⁷ Renee A. Geccedi, MS, RN, OCN, “Massage Therapy for Patients with Cancer,” *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ³⁸ Tracy Walton, *Frequently Asked Questions*, 2007, <http://www.tracywalton.com/faqs/index.html#whatput>
- ³⁹ Cancer Research UK, *Massage Therapy*, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>. For more information on aromatherapy massage, see Shirley Henderson, *Aromatherapy*, 2007, <http://mansfieldfc.com/massage/1/aroma/toc.html>
- ⁴⁰ Cancer Research UK, *Massage Therapy*, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ⁴¹ Renee A. Geccedi, MS, RN, OCN, “Massage Therapy for Patients with Cancer,” *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁴² Renee A. Geccedi, MS, RN, OCN, “Massage Therapy for Patients with Cancer,” *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁴³ Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp
- ⁴⁴ Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp
- ⁴⁵ Tracy Walton, *Frequently Asked Questions*, 2007, <http://www.tracywalton.com/faqs/index.html#whatput>
- ⁴⁶ Cancer Research UK, *Massage Therapy*, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ⁴⁷ Cancer Research UK, *Massage Therapy*, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ⁴⁸ Cancer Research UK, *Massage Therapy*, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ⁴⁹ Cancer Research UK, *Massage Therapy*, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ⁵⁰ Renee A. Geccedi, MS, RN, OCN, “Massage Therapy for Patients with Cancer,” *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁵¹ CBC News, *Massage offers quick pain relief for advanced cancer patients: study*, September 15, 2008, <http://www.cbc.ca/health/story/2008/09/15/massage-therapy-cancer.html>
- ⁵² CBC News, *Massage offers quick pain relief for advanced cancer patients: study*, September 15, 2008, <http://www.cbc.ca/health/story/2008/09/15/massage-therapy-cancer.html>. See also Serena Gordon, *Massage Therapy Helps Those With Advanced Cancer*, 2008, <http://health.usnews.com/articles/health/healthday/2008/09/16/massage-therapy-helps-those-with-advanced-cancer.html>.
- ⁵³ Cancer Supportive Care Programs, *Massage for Supportive Cancer Care*, 2007, <http://www.cancersupportivecare.com/massage.html>
- ⁵⁴ Renee A. Geccedi, MS, RN, OCN, “Massage Therapy for Patients with Cancer,” *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁵⁵ Renee A. Geccedi, MS, RN, OCN, “Massage Therapy for Patients with Cancer,” *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>

- ⁵⁶ Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp
- ⁵⁷ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁵⁸ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁵⁹ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁶⁰ Tracy Walton, *Frequently Asked Questions*, 2007, <http://www.tracywalton.com/faqs/index.html#whatput>
- ⁶¹ Massagemag.com, *Aromatherapy and Massage Improve Sleep in Advanced Cancer Patients*, 2009, <http://www.massagemag.com/News/massage-news.php?id=5450>
- ⁶² Massagemag.com, *Aromatherapy and Massage Improve Sleep in Advanced Cancer Patients*, 2009, <http://www.massagemag.com/News/massage-news.php?id=5450>
- ⁶³ Gayle MacDonald, *Massage for the Hospital Patient and Medically Frail Client*, 2004, page 10
- ⁶⁴ Gayle MacDonald, *Massage for the Hospital Patient and Medically Frail Client*, 2004, page 10
- ⁶⁵ Cancer Supportive Care Programs, *Massage for Supportive Cancer Care*, 2007, <http://www.cancersupportivecare.com/massage.html>
- ⁶⁶ Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp
- ⁶⁷ Tracy Walton, *Frequently Asked Questions*, 2007, <http://www.tracywalton.com/faqs/index.html>
- ⁶⁸ Dr. Vincent Maida, *Looking at Breakthrough Nausea/Vomiting and Cancer-Related Pain*, undated, <http://74.125.113.132/search?q=cache:dEbqN1WB74wJ:www.clinicianschannel.com/PIK/1793/CINV.ppt+cancer+%22nausea+control%22+massage&cd=13&hl=en&ct=clnk&gl=us>
- ⁶⁹ For example, see Todd Neale, *Acupuncture Eases Radiation Nausea in Cancer Patients*, 2009, <http://www.medpagetoday.com/Radiology/TherapeuticRadiology/13693>
- ⁷⁰ The University of Texas MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>
- ⁷¹ Massage Classifieds, *Risks of Massage for Cancer Patients*, undated, <http://www.message-classifieds.com/risksofmessageforcancerpatients.html>
- ⁷² Debra Curties, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_1.html
- ⁷³ Debra Curties, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_1.html
- ⁷⁴ Debra Curties, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_1.html
- ⁷⁵ Debra Curties, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_1.html
- ⁷⁶ Debra Curties, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_2.html
- ⁷⁷ Debra Curties, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_2.html
- ⁷⁸ Debra Curties, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_2.html
- ⁷⁹ Debra Curties, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_2.html
- ⁸⁰ Debra Curties, *Could Massage Cancer Therapy Promote Metastasis?*, 1999, http://www.amtamassage.org/journal/fa_00_journal/cancer_metastasis_3.html

⁸¹ Massage Classifieds, *Risks of Massage for Cancer Patients*, undated, <http://www.message-classifieds.com/risksofmessageforcancerpatients.html>

-
- ⁸² Cancer Research UK, *Massage Therapy*, August 20, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ⁸³ The University of Texas MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>
- ⁸⁴ Stanford Medicine Cancer Center, *Massage Therapy*, 2009, <http://cancer.stanford.edu/information/alternativeTherapy/massage.html>
- ⁸⁵ Massage Classifieds, *Risks of Massage for Cancer Patients*, undated, <http://www.message-classifieds.com/risksofmessageforcancerpatients.html>
- ⁸⁶ Stanford Medicine Cancer Center, *Massage Therapy*, 2009, <http://cancer.stanford.edu/information/alternativeTherapy/massage.html>; Cancer Research UK, *Massage Therapy*, August 20, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ⁸⁷ Cancer Research UK, *Massage Therapy*, August 20, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ⁸⁸ The University of Texas MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>
- ⁸⁹ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁹⁰ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁹¹ Massage Classifieds, *Risks of Massage for Cancer Patients*, undated, <http://www.message-classifieds.com/risksofmessageforcancerpatients.html>. "Traditional massage therapy can worsen lymphedema": Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp
- ⁹² Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>. See also Cancer Research UK, *Massage Therapy*, August 20, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ⁹³ MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>
- ⁹⁴ Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp
- ⁹⁵ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁹⁶ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁹⁷ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ⁹⁸ Massage Classifieds, *Risks of Massage for Cancer Patients*, undated, <http://www.message-classifieds.com/risksofmessageforcancerpatients.html>
- ⁹⁹ Massage Classifieds, *Risks of Massage for Cancer Patients*, undated, <http://www.message-classifieds.com/risksofmessageforcancerpatients.html>
- ¹⁰⁰ Stanford Medicine Cancer Center, *Massage Therapy*, 2009, <http://cancer.stanford.edu/information/alternativeTherapy/massage.html>
- ¹⁰¹ Stanford Medicine Cancer Center, *Massage Therapy*, 2009, <http://cancer.stanford.edu/information/alternativeTherapy/massage.html>
- ¹⁰² Stanford Medicine Cancer Center, *Massage Therapy*, 2009, <http://cancer.stanford.edu/information/alternativeTherapy/massage.html>

-
- ¹⁰³ Cancer Research UK, *Massage Therapy*, August 20, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ¹⁰⁴ The University of Texas MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>
- ¹⁰⁵ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ¹⁰⁶ Cancer Research UK, *Massage Therapy*, August 20, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ¹⁰⁷ Cancer Research UK, *Massage Therapy*, August 20, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>
- ¹⁰⁸ Cancer Research UK, *Massage Therapy*, August 20, 2008, <http://www.cancerhelp.org.uk/help/default.asp?page=253>; Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>. See also See also Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp
- ¹⁰⁹ The University of Texas MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>.
- ¹¹⁰ The University of Texas MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>. Transference may play a part here; a discussion of this effect is at Shirley Henderson, *Psychological Dynamics*, Apollo Correspondence Classes, 2008, <http://mansfieldfc.com/massage/1/psych/toc.html>
- ¹¹¹ The University of Texas MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>
- ¹¹² The University of Texas MD Anderson Cancer Center, *Massage and Related Bodywork*, 2009, <http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/cimer/therapies/manipulative-and-body-based-methods/massage.html>
- ¹¹³ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ¹¹⁴ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ¹¹⁵ Massage Classifieds, *Risks of Massage for Cancer Patients*, undated, <http://www.massage-classifieds.com/risksofmassageforcancerpatients.html>
- ¹¹⁶ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ¹¹⁷ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ¹¹⁸ Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp
- ¹¹⁹ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ¹²⁰ Breastcancer.org, *Massage*, 2008, http://www.breastcancer.org/treatment/comp_med/types/massage.jsp
- ¹²¹ Gayle MacDonald, *Massage and Cancer*, 2003, http://www.massagetherapy.com/articles/index.php/article_id/142/Message-and-Cancer-
- ¹²² Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>

-
- ¹²³ Interview, July 20, 2009
- ¹²⁴ Interview, July 20, 2009
- ¹²⁵ Interview, August 3, 2009
- ¹²⁶ Interview, August 3, 2009
- ¹²⁷ NCBTMB, *National Certification Examination: Candidate Handbook: Version 09.1*, 2009, p. 2
- ¹²⁸ NCBTMB, *National Certification Examination: Candidate Handbook: Version 09.1*, 2009, p. 43
- ¹²⁹ Marquette General Health System, *Massage Therapy Services*, 2008, <http://www.mgh.org/rehab/massage.html>
- ¹³⁰ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ¹³¹ Canadian Cancer Society, *Massage and Cancer Care*, 2007, http://www.cancer.ca/saskatchewan/about%20cancer/treatment/complementary%20and%20alternative%20therapies/media%20background%20-%20massage%20and%20cancer%20care.aspx?sc_lang=en
- ¹³² Dana-Farber Cancer Institute, *Integrative Therapies*, 2009, <http://www.dana-farber.org/can/integrative-therapies/html/therapeutic-massage-therapy.html>
- ¹³³ Wikipedia, *Dana-Farber Cancer Institute*, 2009, http://en.wikipedia.org/wiki/Dana-Farber_Cancer_Institute
- ¹³⁴ American Cancer Society, *Guidelines for Using Alternative and Complementary Methods*, 2009, http://www.cancer.org/docroot/ETO/content/ETO_5_3x_Guidelines_For_Using_Complementary_and_Alternative_Methods.asp
- ¹³⁵ NCBTMB, *National Certification Examination: Candidate Handbook: Version 09.1*, 2009, p. 43
- ¹³⁶ Wrongdiagnosis.com, *Massage therapy and medical malpractice*, 2009, http://www.wrongdiagnosis.com/medical-malpractice/massage_therapy_and_medical_malpractice.htm. The 15 years period was 1990 to 2004.
- ¹³⁷ Renee A. Geccedi, MS, RN, OCN, "Massage Therapy for Patients with Cancer," *Clinical Journal of Oncology Nursing*, January/February 2002, <http://www.ons.org/publications/journals/CJON/Volume6/Issue1/060152.asp>
- ¹³⁸ NCBTMB, *National Certification Examination: Candidate Handbook: Version 09.1*, 2009, p. 43
- ¹³⁹ Dr. Barrie Cassileth, *Massage Therapy*, 2009, <http://www.cancernetwork.com/display/article/10165/1367073>
- ¹⁴⁰ Janice Youngwith, *Hope and Courage*, 2008, <http://www.dailyherald.com/special/cancersurvivors/2008/>
- ¹⁴¹ Mayo Clinic staff, *Cancer Survivors*, 2007, <http://www.mayoclinic.com/health/cancer-survivor/CA00071>
- ¹⁴² Mayo Clinic staff, *Cancer Survivors*, 2007, <http://www.mayoclinic.com/health/cancer-survivor/CA00071/NSECTIONGROUP=2>
- ¹⁴³ Fran Zandstra, *Controlling the Fear of Cancer Recurrence*, University of Texas MD Anderson Cancer Center, 2009, <http://www2.mdanderson.org/MT/mt-search.cgi?search=message&IncludeBlogs=6&limit=20>
- ¹⁴⁴ Suburban Hospital, *Living with Breast Cancer*, 2009, <http://www.suburbanhospital.org/HealthInfo/AskDoctorDetails.aspx?msid=1&adid=47>
- ¹⁴⁵ Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer
- ¹⁴⁶ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>
- ¹⁴⁷ Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer
- ¹⁴⁸ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>. The number is probably closer to 1,300,000.
- ¹⁴⁹ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>
- ¹⁵⁰ Ruth Werner, "Skin Cancer: Practitioners as Lookouts," *Massage and Bodywork* (magazine), 2006, http://www.massagetherapy.com/articles/index.php/article_id/1025/Skin-Cancer%3A-Practitioners-as-Lookouts
- ¹⁵¹ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>
- ¹⁵² Paragraph: Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>

- ¹⁵³ Paragraph: Ruth Werner, "Skin Cancer: Practitioners as Lookouts," *Massage and Bodywork* (magazine), 2006, http://www.massagetherapy.com/articles/index.php/article_id/1025/Skin-Cancer%3A-Practitioners-as-Lookouts
- ¹⁵⁴ Allison Van Dusen, "World Skin Cancer Hot spots", Forbes, 2008, http://www.forbes.com/2008/07/28/skin-cancer-hotspots-forbeslife-cx_avd_0728health.html
- ¹⁵⁵ Calculated as a percentage of population. Helen Wellings, *Chemical danger in sun screens?*, 2009, <http://au.todaytonight.yahoo.com/article/6466702/lifestyle/chemical-dangers-sunscreen>
- ¹⁵⁶ Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer
- ¹⁵⁷ Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer
- ¹⁵⁸ Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer
- ¹⁵⁹ Paragraph: Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>
- ¹⁶⁰ Morita A. "Tobacco smoke causes premature skin aging." *J Dermatol Sci* 2007 48(3):169-75. 3 September 2008
- ¹⁶¹ Paragraph: Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer
- ¹⁶² Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>
- ¹⁶³ Paragraph: Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer
- ¹⁶⁴ Garland C, Garland F, Gorham E (1992). "Could sunscreens increase melanoma risk?". *Am J Public Health* 82 (4): 614–5
- ¹⁶⁵ Helen Wellings, *Chemical danger in sun screens?*, 2009, <http://au.todaytonight.yahoo.com/article/6466702/lifestyle/chemical-dangers-sunscreen>
- ¹⁶⁶ Helen Wellings, *Chemical danger in sun screens?*, 2009, <http://au.todaytonight.yahoo.com/article/6466702/lifestyle/chemical-dangers-sunscreen>
- ¹⁶⁷ Iowa Statewide Poison Control Center, *Sunscreens*, undated, <http://iowapoison.org/index.asp?pageID=219>
- ¹⁶⁸ Associated Press, *Will your moisturizer give you cancer?*, 2009, <http://abclocal.go.com/ktrk/story?section=news/health&id=6327481>
- ¹⁶⁹ Eliza Strickland, "Accidental Discovery Shows Moisturizers Can Cause Skin Cancer in Mice," *Discover* (magazine), 2008, <http://abclocal.go.com/ktrk/story?section=news/health&id=6327481>
- ¹⁷⁰ Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer
- ¹⁷¹ Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer
- ¹⁷² Trans World News, *Weekly Massage Results in Life-Saving Diagnosis*, 2009, <http://www.transworldnews.com/NewsStory.aspx?id=127796&cat=10>
- ¹⁷³ Trans World News, *Weekly Massage Results in Life-Saving Diagnosis*, 2009, <http://www.transworldnews.com/NewsStory.aspx?id=127796&cat=10>
- ¹⁷⁴ Paragraph: Society for Oncology Massage, *Massage, Moles and Melanoma*, 2010, http://www.s4om.org/div1/skin_cancer.htm
- ¹⁷⁵ SkinCancerNet, *Skin Examinations*, American Academy of Dermatology, 2010 http://www.skincarephysicians.com/skincancernet/skin_examinations.html
- ¹⁷⁶ DC Deep Tissue Massage, *Oncology Massage*, 2007, http://www.dcdeeptissuemassage.com/oncology_massage_dc.html
- ¹⁷⁷ NCBTMB, *Standards of Practice*, 2009, http://www.ncbtmb.org/about_standards_of_practice.php
- ¹⁷⁸ Society for Oncology Massage, *Massage, Moles and Melanoma*, 2010, http://www.s4om.org/div1/skin_cancer.htm
- ¹⁷⁹ Paragraph: Trans World News, *Weekly Massage Results in Life-Saving Diagnosis*, 2009, <http://www.transworldnews.com/NewsStory.aspx?id=127796&cat=10>
- ¹⁸⁰ Paragraph: The World Skin Project, *Our Story*, 2008, <http://thewsp.org/html/about.html>
- ¹⁸¹ Fingertips, *Skin Cancer Detection*, 2005, http://www.largeheartedboy.com/massage/archive/2005/03/i_have_a_client.html
- ¹⁸² American Cancer Society, *Complementary and Alternative Therapies*, 2010, http://our.cancer.org/docroot/CRI/content/CRI_2_4_4x_Complementary_and_Alternative_Therapies_for_Melanoma_Skin_Cancer.asp?sitearea=
- ¹⁸³ Paragraph: Dr. Joseph Mercola, DO, *Sunshine Can Actually Decrease Your Vitamin D Levels*, 2009, <http://articles.mercola.com/sites/articles/archive/2009/05/12/Shocking-Update-Sunshine-Can-Actually-Decrease-Your-Vitamin-D-Levels.aspx>

¹⁸⁴ Paragraph: Dr. Joseph Mercola, DO, *Sunshine Can Actually Decrease Your Vitamin D Levels*, 2009, <http://articles.mercola.com/sites/articles/archive/2009/05/12/Shocking-Update-Sunshine-Can-Actually-Decrease-Your-Vitamin-D-Levels.aspx>

¹⁸⁵ Paragraph: Dr. Joseph Mercola, DO, *Sunshine Can Actually Decrease Your Vitamin D Levels*, 2009, <http://articles.mercola.com/sites/articles/archive/2009/05/12/Shocking-Update-Sunshine-Can-Actually-Decrease-Your-Vitamin-D-Levels.aspx>

¹⁸⁶ Science Daily, *Lack Of Vitamin D Causes Weight Gain And Stunts Growth In Girls*, 2008, <http://www.sciencedaily.com/releases/2008/12/081210122238.htm>

¹⁸⁷ Scientistlive, *Vitamin D Dangers*, 2009, http://www.scientistlive.com/European-Science-News/Medical/Vitamin_D_dangers/22064/

¹⁸⁸ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>

¹⁸⁹ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>

¹⁹⁰ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>

¹⁹¹ Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer

¹⁹² Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer

¹⁹³ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>

¹⁹⁴ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>

¹⁹⁵ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>

¹⁹⁶ Skin Cancer Foundation, *Skin Cancer Facts*, 2010, <http://www.skincancer.org/Skin-Cancer-Facts/>

¹⁹⁷ Wikipedia, *Skin Cancer*, 2010, http://en.wikipedia.org/wiki/Skin_cancer

¹⁹⁸ Garland C, Garland F, Gorham E (1992). ["Could sunscreens increase melanoma risk?"](#). *Am J Public Health* 82 (4): 614–5