Chemotherapy-Induced or Chemotherapy-Associated? Does Physical Therapy Play a Role in Prevention and/or Management of Peripheral Neurotoxicity and Neuropathy?

Sir,

I read with interest the variety of articles published on a wide range of topics in Indian Journal of Palliative Care, and I wish to thank the editorial team of the Journal for their kind efforts towards promoting palliative care research and practice in developing countries.

Chemotherapy-induced peripheral neuropathy (CIPN) or chemotherapy-associated peripheral neuropathy (CAPN) is now recognized as a clinical condition often presenting in palliative care settings as a potential threat to provision of effective chemotherapy intervention for cancer. The dose-limiting effects on therapy and its subsequent debilitating effects on patients' quality of life are well understood.[1]

Although, there is a widely acceptable controversy-whether the peripheral neurotoxicity and neuropathy in patients

undergoing chemotherapy is chemotherapy-induced or chemotherapy associated? There are volumes of literature on pharmacological management focusing predominantly on symptomatic care, although experts opine otherwise.

Cavaletti and Marmiroli[2] opined, "no drugs capable of preventing the occurrence of CIPN or ameliorating its long-term course are available, and chemotherapy schedule modification is often required to limit its severity, which could potentially prevent patients from receiving the more effective treatment for cancer. Moreover, symptomatic therapy is often largely ineffective in reducing CIPN symptoms." The authors thus emphasized a mechanistic approach to clinical management.

Visovsky *et al*.[3] in their systematic review extrapolated evidence from other peripheral neuropathies such as HIV-related peripheral neuropathy and diabetic peripheral neuropathy and concluded that inadequate and insufficient methodological reporting of studies on non-pharmacological interventions limited their external validity.

Can Mechanism-based classification[4] and its ensuing mechanism-based physical therapy management[5,6] of patients with painful symptoms in CIPN be of future interest for clinicians and researchers working in palliative care settings?

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