Cancer Survivorship Care

Rupa Ghosh-Berkebile, MS, APRN-CNP, AOCNP
May 16, 2020
About the Presenter

- Nurse Practitioner-Supportive Care Clinic
- Cancer Survivorship Care
- Other experience:
  - Inpatient Medical Oncology (all solid tumors),
  - Bone and Soft Tissue Sarcoma
Objectives

I. Define cancer survivorship care
II. Treatment summary and survivorship care plan
III. Late and long-term effects
IV. Coping challenges during the cancer experience
V. Survivorship interventions
Cancer Survivorship Care: Why is This Important?

The James
Trends in Cancer Survivorship

- 2019: 16.9 million survivors in the United States
- 2030 (projected): 22.1 million survivors in the United States
- Top 5:
  - Breast (female)
  - Prostate
  - Uterine
  - Colon and rectum
  - Melanoma of skin
- Majority of survivors (55%) were diagnosed less than 10 years ago
- Survivors living more than 20 years after diagnosis: 18%

The “Silver Tsunami”

Survivorship Care: Why Now?

- Rapidly growing population of survivors
- Complex needs
- Different phases of cancer continuum have different needs and need different skill sets from health care providers
- Increased emphasis on better quality of life in addition to better cancer outcomes
- Greater emphasis on patient centered issues
What is Cancer Survivorship?

- Cancer survivorship begins at diagnosis and continues throughout a person’s lifetime
- Cancer affects people in multiple ways
- Needs are unique to every patient
Spectrum of Cancer Survivorship

- **Living cancer free for the remainder of life**
- **Living cancer free for many years but experiencing one or more serious late complication of treatment**
- **Living cancer free for many years, but dying after a late recurrence**
- **Living cancer free after the first cancer is treated, but developing a second cancer**
- **Living with intermittent periods of active disease requiring treatment**
- **Living with cancer continuously without a disease-free period**

Each of these trajectories poses distinct psychological and physical challenges for patients and caregivers.
“It is as if we have invented sophisticated techniques to save people from drowning, but once they have been pulled from the water, we leave them on the dock to cough and splutter on their own in the belief that we have done all that we can.” –Dr. Mullan

1985: Dr. Fitzhugh Mullan--Seasons of Survival: Reflections of a Physician with Cancer
A Brief History Lesson...

- 2006: Institute of Medicine (IOM)
- First document to formally highlight the needs of cancer survivors
2016: Added survivorship care to requirements for accreditation

2019 revision:
- Development of a comprehensive, multidisciplinary survivorship program to address the needs of cancer survivors.
- Services to be offered on site or by referral
- Dedicated survivorship program team
Treatment Summary and Survivorship Care Plan

The James

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
Why?

- **Empower patients** to be knowledgeable regarding their cancer diagnosis and treatment
- Improves **coordination of care**
- Promote **quality of life and living well with cancer**
- **Personalized** for the patient
Within one year of the diagnosis of cancer

No later than six months after the completion of treatment
What?

- A 3-4 page “road map” documenting where the survivor has been and what to expect in the future
- A 45-60 minute visit with a provider to review the plan, discuss supportive care/symptom management needs and refer if needed
- Discuss cancer screenings, vaccinations, healthy lifestyle recommendations
- Goal setting, answer questions
Required elements

- Names/contact information for treatment team and primary care provider
- Treatment received, dates, names of drugs, doses
  - Includes surgery, chemo/immuno/targeted therapy, radiation
- Staging and pathology of tumor
- Medical and family history, current medications
- Genetic testing and results
- Surveillance schedule: clinic visits, labs, scan and who will follow
- Late and long-term effects of treatment (cancer-specific)
Creating the care plan should be done by the team/center that did the treatment. Can be delivered in an office visit or via video telehealth visit, but a discussion with the provider is required. Copies should go to PCP and entire care team.

**Who?**

- Delivery:
  - Nurse Practitioners
  - Physician Assistants
  - Nurse Navigators
  - Physicians
  - Advance Practice Nurses
  - Registered Nurses
Late and Long Term Effects

The James

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
Now what?

Adapted from: http://www.puzzlewarehouse.com/missing-pieces/
Spectrum of Potential Long Term/Late Effects


- Hot flashes/night sweats
- Arthralgia/joint symptoms
- Sexual dysfunction/Reproductive issues
- Cognitive dysfunction
- Depression
- Cardiovascular effects
- Fatigue
- Weight gain
- Skin/mucosal issues
- Genitourinary/GI symptoms
- Arthralgia/joint symptoms
- Cancer treatments including:
  - Radiation therapy
  - Chemotherapy
  - Surgery
  - Hormonal therapy
  - Immunotherapy
- Osteoporosis/bone fractures
- Neuropathy
- Other 2nd-malignancy
- Pain
Fatigue

Most common complaint of survivors

Most prevalent first 5 years after treatment

Not typically relieved with rest

Contributors:
- Medical: hypothyroidism, anemia, electrolyte imbalance, medications
- Poor sleep hygiene
- Depression

Interventions:
- Aerobic exercise
- Psychostimulants—limited evidence
34% of cancer survivors report ongoing pain vs 5-30% of the general population.

Not all pain is related to cancer recurrence. Report it to the cancer care team so they and work it up thoroughly.

Interventions without medication:
- Heat/cold
- Physical therapy/aquatic therapy
- Exercise
- Massage
- Acupressure/acupuncture
## Interventions for Pain

<table>
<thead>
<tr>
<th>Pain Type</th>
<th>Pharm Options</th>
<th>Non-pharm Options</th>
<th>Referral Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuropathic</td>
<td>Antidepressants (duloxetine), TCAs, Anticonvulsants, Opioids</td>
<td>Massage, PT/OT, acupuncture, music therapy, guided imagery</td>
<td>Palliative Medicine, PMR</td>
</tr>
<tr>
<td>Myalgia or Arthralgia</td>
<td>NSAIDs, Muscle relaxant</td>
<td>Massage</td>
<td>PMR</td>
</tr>
<tr>
<td>Skeletal &amp; Myofascial Pain</td>
<td>Exercise, massage, PT, acupuncture</td>
<td>PMR</td>
<td></td>
</tr>
<tr>
<td>GI/GU/Pelvic</td>
<td>PT (pelvic floor), PMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphedema</td>
<td>PT, Plastic Surgery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For gastric/GE junction cancers...

**Long-term effects:**
- Weight loss
- Diarrhea/dumping syndrome
- Neuropathy from chemotherapy
- Vitamin/mineral deficiencies: B-12, D, iron
- GERD

**Late effects:**
- Cardiac issues from chemotherapy
- Vitamin/mineral deficiencies: B-12, D, iron
- Osteoporosis
## Interventions

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with a dietician for nutritional guidance!</td>
<td></td>
</tr>
<tr>
<td>Monitor weight regularly</td>
<td></td>
</tr>
<tr>
<td>Dumping syndrome:</td>
<td>Eat 5-6 small meals per day</td>
</tr>
<tr>
<td></td>
<td>Eat slowly, chew foods well</td>
</tr>
<tr>
<td></td>
<td>Avoid drinking more than 4 ounces fluids with meals</td>
</tr>
<tr>
<td></td>
<td>Can change social interactions with people (eating out)</td>
</tr>
<tr>
<td>Lifelong vitamin B-12 and vitamin D supplementation</td>
<td>Osteoporosis: weight-bearing exercise, bone density screenings—start earlier</td>
</tr>
<tr>
<td></td>
<td>Monitor labs regularly</td>
</tr>
<tr>
<td>GERD: avoid acidic or spicy foods, alcohol, smoking</td>
<td></td>
</tr>
<tr>
<td>Diarrhea: bulk-forming agents, Imodium</td>
<td></td>
</tr>
</tbody>
</table>
Coping Challenges
Distress—What is it?

- Psychological (anxiety, depression, changes in thinking)
- Social
- Spiritual
- Financial
- Caregiver

...all of these affect a person’s ability to cope with their cancer diagnosis and treatment!
Psychological-Anxiety and Depression

**Anxiety**
- Common for cancer patients to experience at some point
- 44% of patients report some anxiety
- If severe, can negatively affect quality of life and ability to function

**Depression**
- Affects 15-25% of cancer patients
- Can impact the whole family
- Sometimes physical symptoms can look like depression

People with controlled anxiety and/or depression can see a flare-up with a cancer diagnosis
A cancer diagnosis touches every aspect of your life…

- Relationships (friends, family, spouse/significant other)
- Body image
- Role change—going from caring for others to needing the care
- Loss
- Creates a “ripple effect”

”Everything changes, yet everything stays the same.”

The James
Spiritual

- Refers to the way a person finds meaning and purpose in their life and how they connect to others and the world
- Individualized—based on personal, cultural and societal preferences
- Distress occurs if there is internal conflict:
  - Feeling like God/higher power doesn’t care about me
  - Feeling like you did something to cause the cancer
  - Fear of death/dying
  - Conflict between beliefs and treatment recommendation
Financial toxicity: the objective financial burden and the subjective financial distress that affects a patient and family as a result of a cancer diagnosis and treatment.

73% of cancer survivors experience some form of financial toxicity from cancer care.

38% of patients delayed care or didn’t adhere to treatment because they couldn’t afford it.

2.65 times more likely to file bankruptcy than non-cancer patients.

Significant association between financial toxicity and increased anxiety/depression and poorer quality of life.
Characteristics:

- Unpaid family member, >45 years old, female
- Less likely to care for themselves because they are focused on caring for their loved one
- Typically experience increased anxiety/depression, physical effects that depress the immune system

Symptoms of caregiver distress:

- Irritability, resentment, problems concentrating
- Increased tobacco, alcohol, food consumption
- Feelings of hopelessness and helplessness
- Getting sick frequently
- Social isolation
- Guilt about taking a break
Interventions

- Relaxation training/mindfulness
- Massage/reflexology/acupuncture
- Expressive arts (music/art/dance therapy)
- Cancer education
- Group social support—in person or online
- 1:1 peer support
- Counseling/psychotherapy
- Spiritual counseling
- Medication
- Team care vs single caregiver
Resources

- Institution counseling/psychology department
- Online resources:
  - www.cancer.net (American Society of Clinical Oncology)
  - www.cancercare.org (CancerCare)
  - www.cancersupportcommunity.org (Cancer Support Community)
  - www.cancer.org (American Cancer Society)
  - www.caregivingfoundation.org (National Caregiving Foundation)
  - www.nfccares.org (National Family Caregivers Association)
Survivorship Interventions - Supportive Care at the James

The James

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
Clinical Survivorship

Treatment Summary & Survivorship Care Plan

Holistic Supportive Care Needs Assessment
Cancer Support Service Line

Cancer Supportive care

- Clinical Survivorship
- Palliative Medicine
- JamesCare for Life
- Fertility Preservation
- Integrative Oncology
- Psychosocial Oncology
- Oncology Rehabilitation
- Patient Education
Cancer Supportive Care Services

- Advanced Practice Providers
- Art therapy
- Dietician/Nutrition
- Fertility Preservation and Sexual Health (men and women)
- Harm Reduction
- Integrative Oncology (includes acupuncture)
- Massage Therapy
- Music Therapy
- Oncology Rehabilitation (Physical and Occupational Therapy)
- Psychiatric Advanced Practice Provider (Medication Management)
- Psychosocial Oncology (Counseling for James patients and caregivers)
- Sexual Health Therapy
- Spiritual Care
“Everyone has a story. Cancer tried to end my life story. I decided to write another chapter.”

-John, colon cancer survivor
Thank You

To learn more about Ohio State’s cancer program, please visit cancer.osu.edu or follow us on social media: