



Creating a Cancer-free World. One Person, One Discovery at a Time.

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Cancer Survivorship Care

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About the Presenter

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

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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

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Cancer Survivorship Care: Why is This Important?

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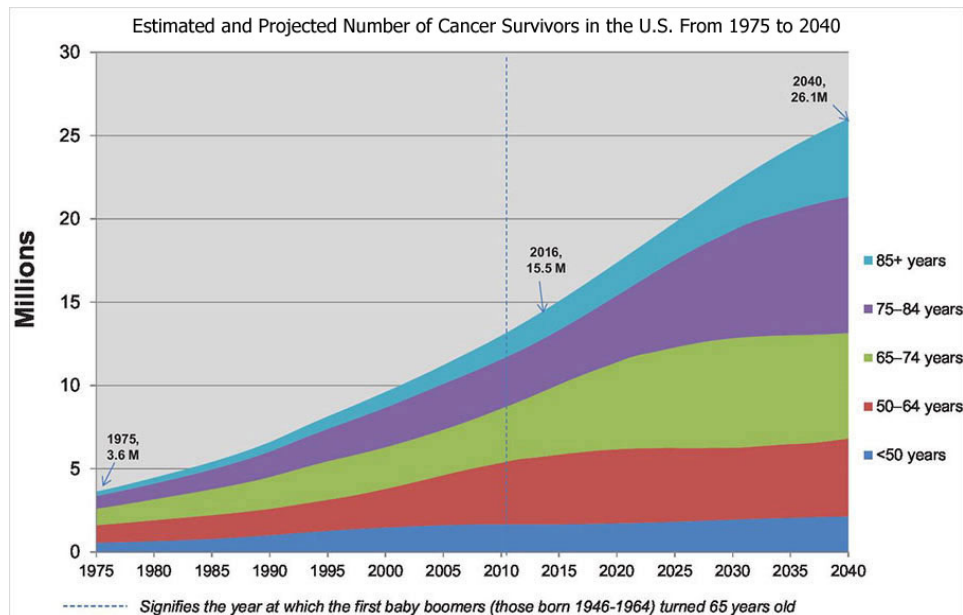
Trends in Cancer Survivorship

- 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%

American Cancer Society (2019). Cancer Treatment & Survivorship Facts & Figures 2019-2021. Atlanta: American Cancer Society.

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The “Silver Tsunami”



•Bluethmann SM, Mariotto AB, Rowland, JH. Anticipating the "Silver Tsunami": Prevalence Trajectories and Comorbidity Burden among Older Cancer Survivors in the United States. Cancer Epidemiol Biomarkers Prev.

2016;25:1029-1036.

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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

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What is Cancer Survivorship?

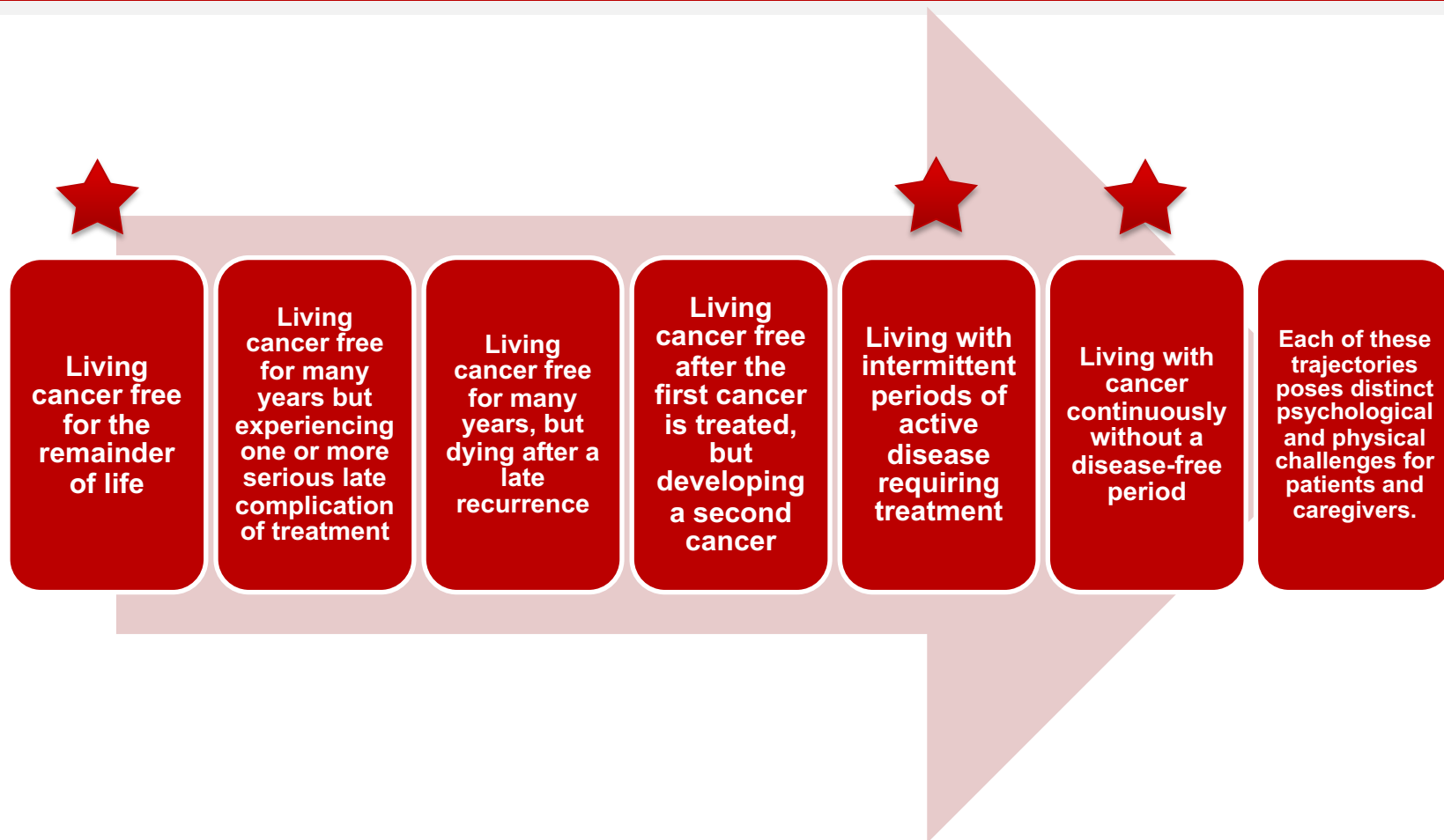
- Cancer survivorship begins at diagnosis and continues throughout a person's lifetime
- Cancer affects people in multiple ways
- Needs are unique to every patient

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Spectrum of Cancer Survivorship



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A Brief History Lesson...

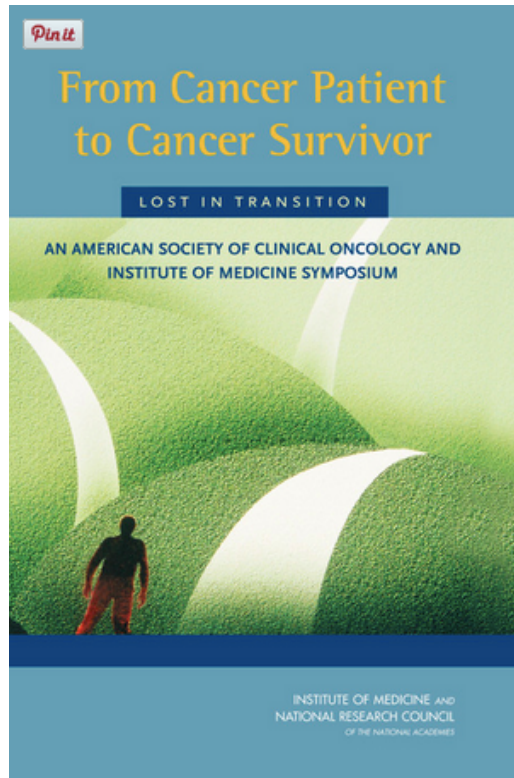


“It is as if we have invented sophisticated techniques to save people from drowning, but once they have been pulled from the water, we leave them on the dock to cough and splutter on their own in the belief that we have done all that we can.” –Dr. Mullan

1985: Dr. Fitzhugh
Mullan--*Seasons of
Survival: Reflections of a
Physician with Cancer*

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A Brief History Lesson...



- 2006: Institute of Medicine (IOM)
- First document to formally highlight the needs of cancer survivors

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Commission on Cancer

- 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

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Treatment Summary and Survivorship Care Plan

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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

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When?



- Within one year of the diagnosis of cancer
- No later than six months after the completion of treatment

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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

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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)

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Who?

- 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
- Delivery:
 - Nurse Practitioners
 - Physician Assistants
 - Nurse Navigators
 - Physicians
 - Advance Practice Nurses
 - Registered Nurses

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Late and Long Term Effects

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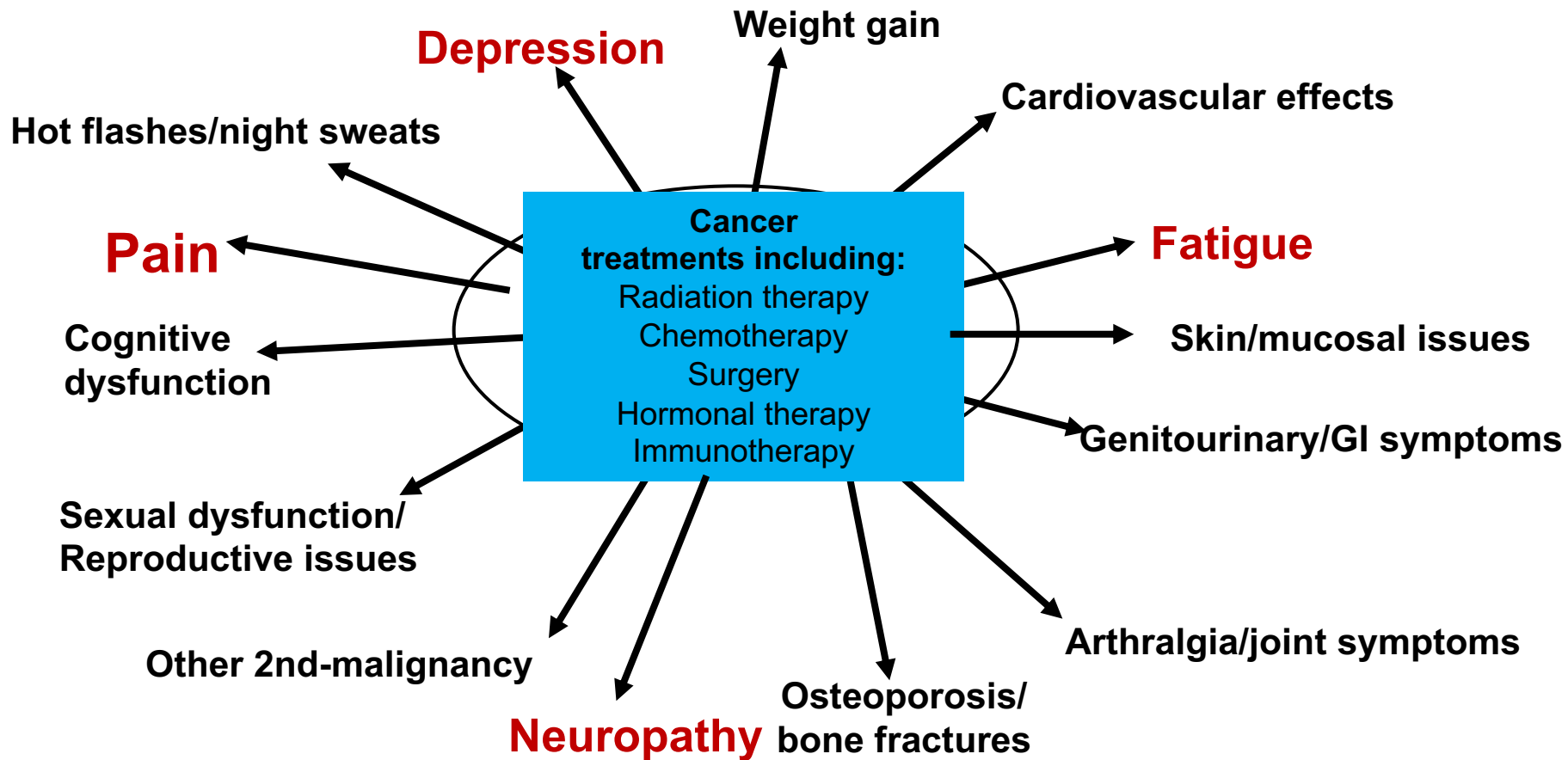


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Now what?



Spectrum of Potential Long Term/Late Effects



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

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Pain

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 can work it up thoroughly

Interventions without medication:

- Heat/cold
- Physical therapy/aquatic therapy
- Exercise
- Massage
- Acupressure/acupuncture

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Interventions for Pain

NEUROPATHIC

- Pharm: Antidepressants (duloxetine), TCAs, Anticonvulsants, Opioids
- Non-pharm: massage, PT/OT, acupuncture, music therapy, guided imagery
- Referral—Palliative Medicine, PMR

MYALGIA OR ARTHRALGIA

- Non-pharmacologic: massage
- Pharm: NSAIDs, Muscle relaxant, Referral

SKELETAL & MYOFASCIAL PAIN

- Non-pharmacologic: exercise, massage, PT, acupuncture
- Physical Medicine & Rehab (PMR)

GI/GU/PELVIC

- Referral: PT (pelvic floor), PMR

LYMPHEDEMA

- Referral: PT, Plastic Surgery

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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

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Interventions



Meet with a dietician for nutritional guidance!



Monitor weight regularly



Dumping syndrome:

Eat 5-6 small meals per day

Eat slowly, chew foods well

Avoid drinking more than 4 ounces fluids with meals

Can change social interactions with people (eating out)



Lifelong vitamin B-12 and vitamin D supplementation

Osteoporosis: weight-bearing exercise, bone density screenings—start earlier

Monitor labs regularly



GERD: avoid acidic or spicy foods, alcohol, smoking



Diarrhea: bulk-forming agents, Imodium

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Coping Challenges

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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!

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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

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Social

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.”

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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

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Financial



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

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Caregiver

- 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

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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.nfcares.org (National Family Caregivers Association)

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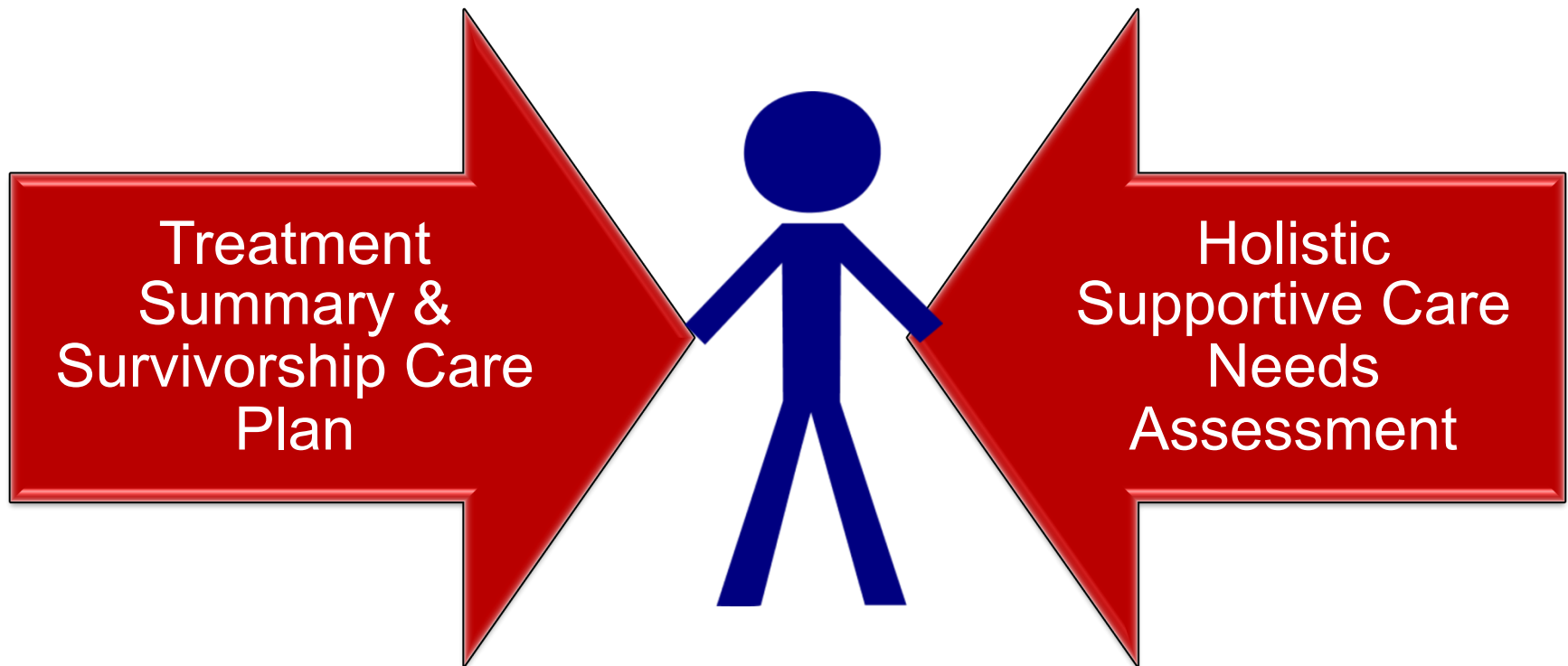
Survivorship Interventions- Supportive Care at the James

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Clinical Survivorship



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Cancer Support Service Line



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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

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“Everyone has a story.
Cancer tried to end my life
story. I decided to write
another chapter.”

-John, colon cancer survivor

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Thank You

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



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