

So You Are Done With Treatment Now What?

Survivorship for Gastroesophageal Cancer

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Finally Done??



Diagnosos

Chemotherapy

Radiation

Biopsy

Surgery

YOU'RE WELCOME!



Congratulations!

See you in 3 - 6
months....



Lost in Transition...

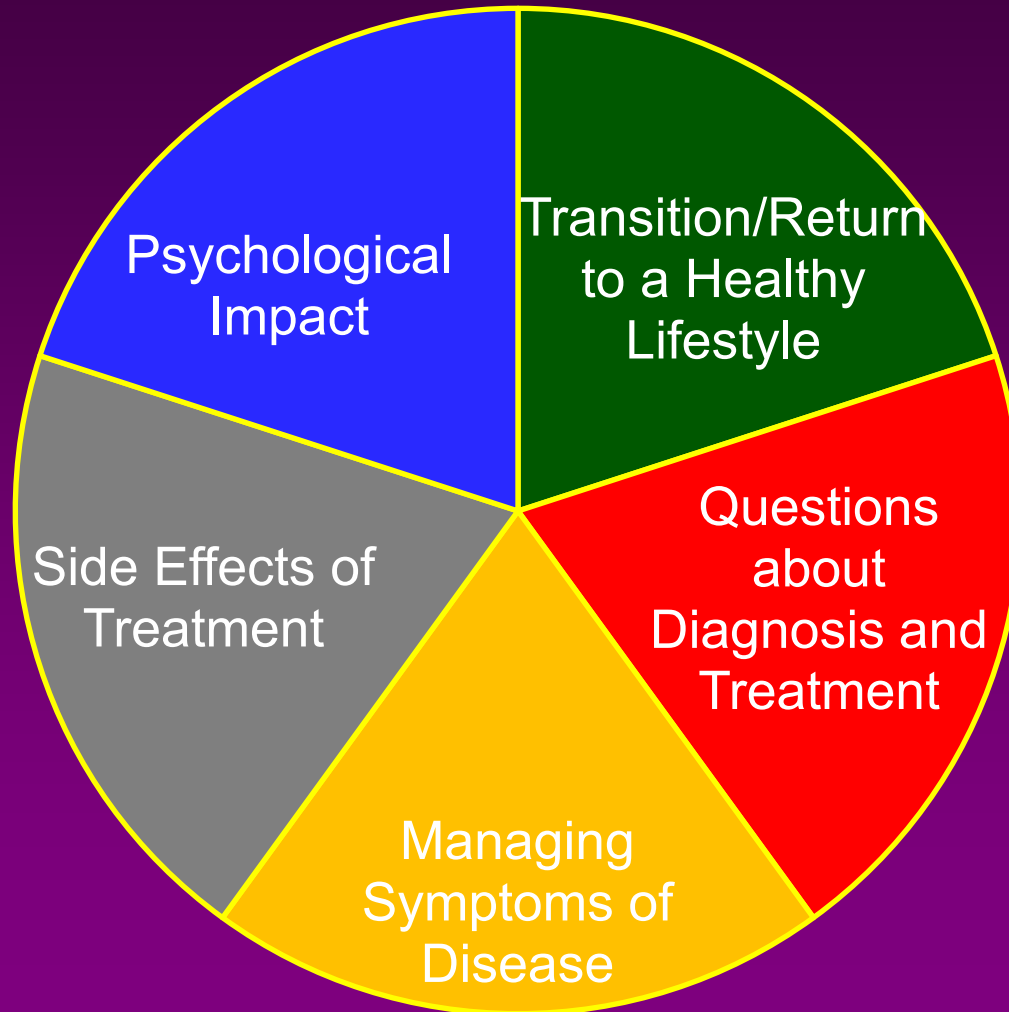
Challenges for Survivorship Care

**What to
Address?**

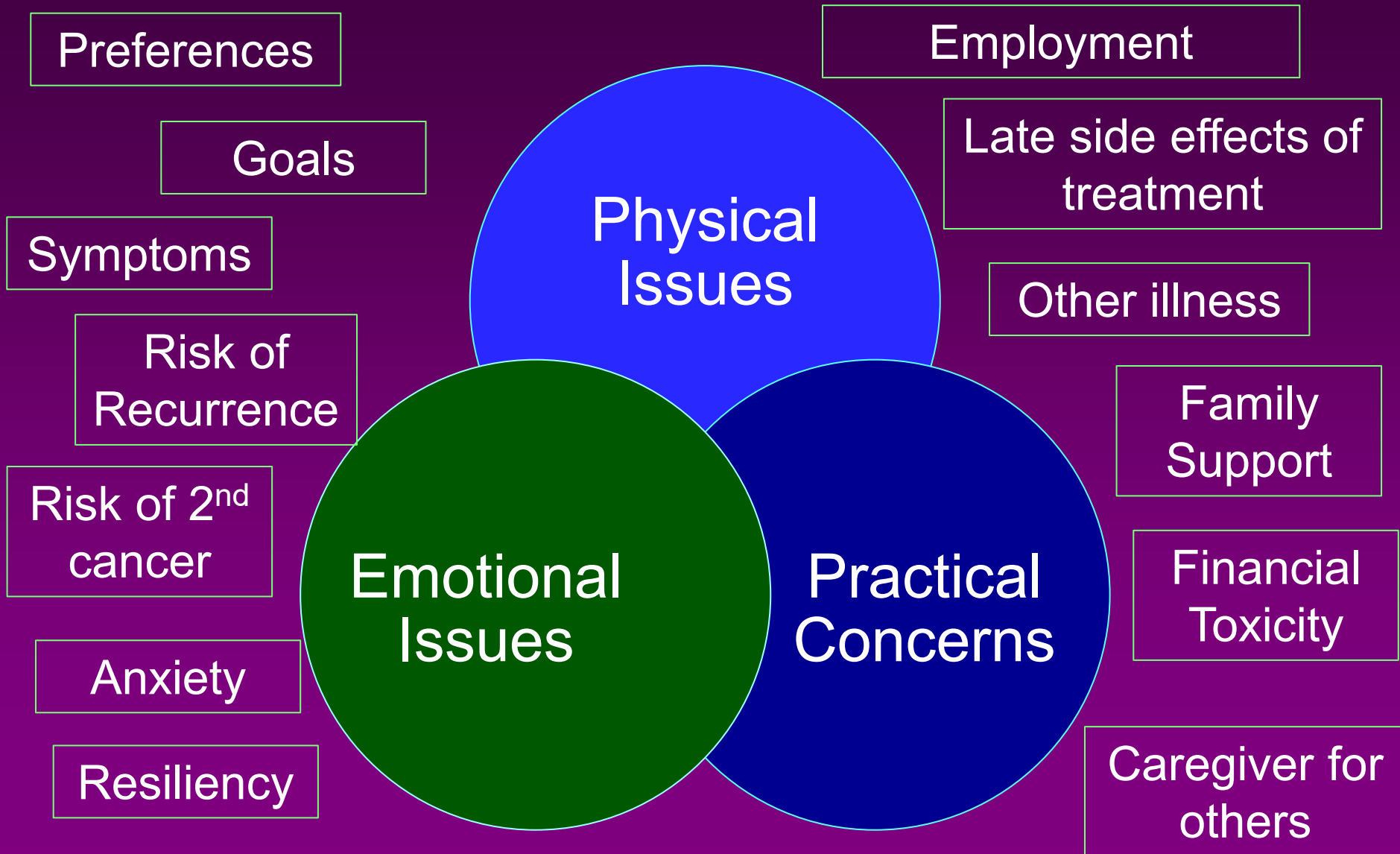
**How to
Address?**

**Where to
Address?**

**When to
Address?**



“Ideal” Care will vary by patient



Cluster Analysis Demonstrates the Need to Individualize Care for Cancer Survivors

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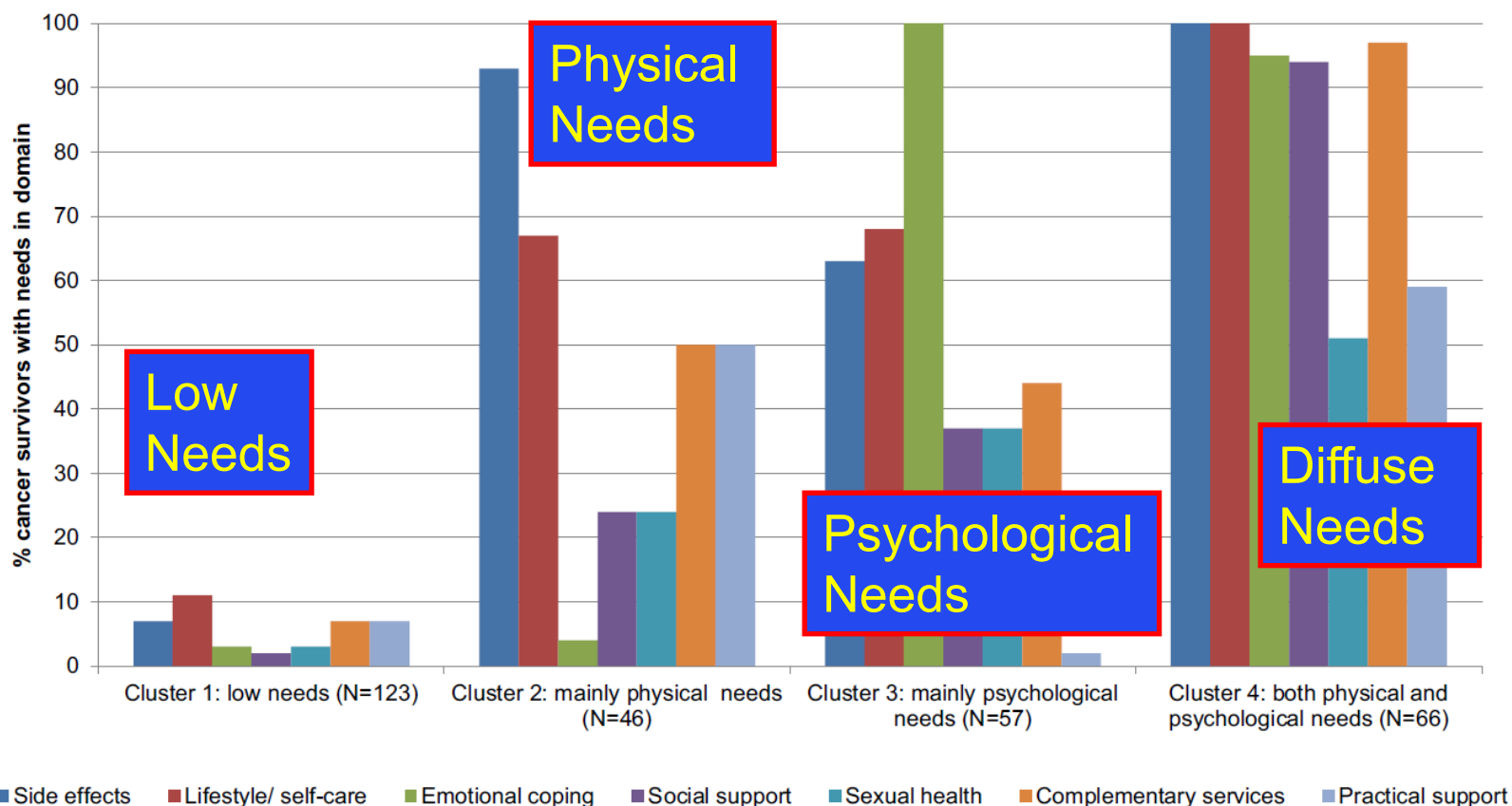


Figure 1. Distribution of survivorship care needs across domains, per need cluster.

Distribution of survivorship care needs by Cluster Analysis
N = 292



SCREEN!



Embedded Survivorship Care Model



Survivorship
focused visit within
disease groups AND
Primary Care with
referral to
specialized services
as needed...

NCCN Survivorship Assessment



National
Comprehensive
Cancer
Network®

NCCN Guidelines Version 2.2020 Survivorship

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SURVIVORSHIP ASSESSMENT (Patient Version)

Please answer the following questions:

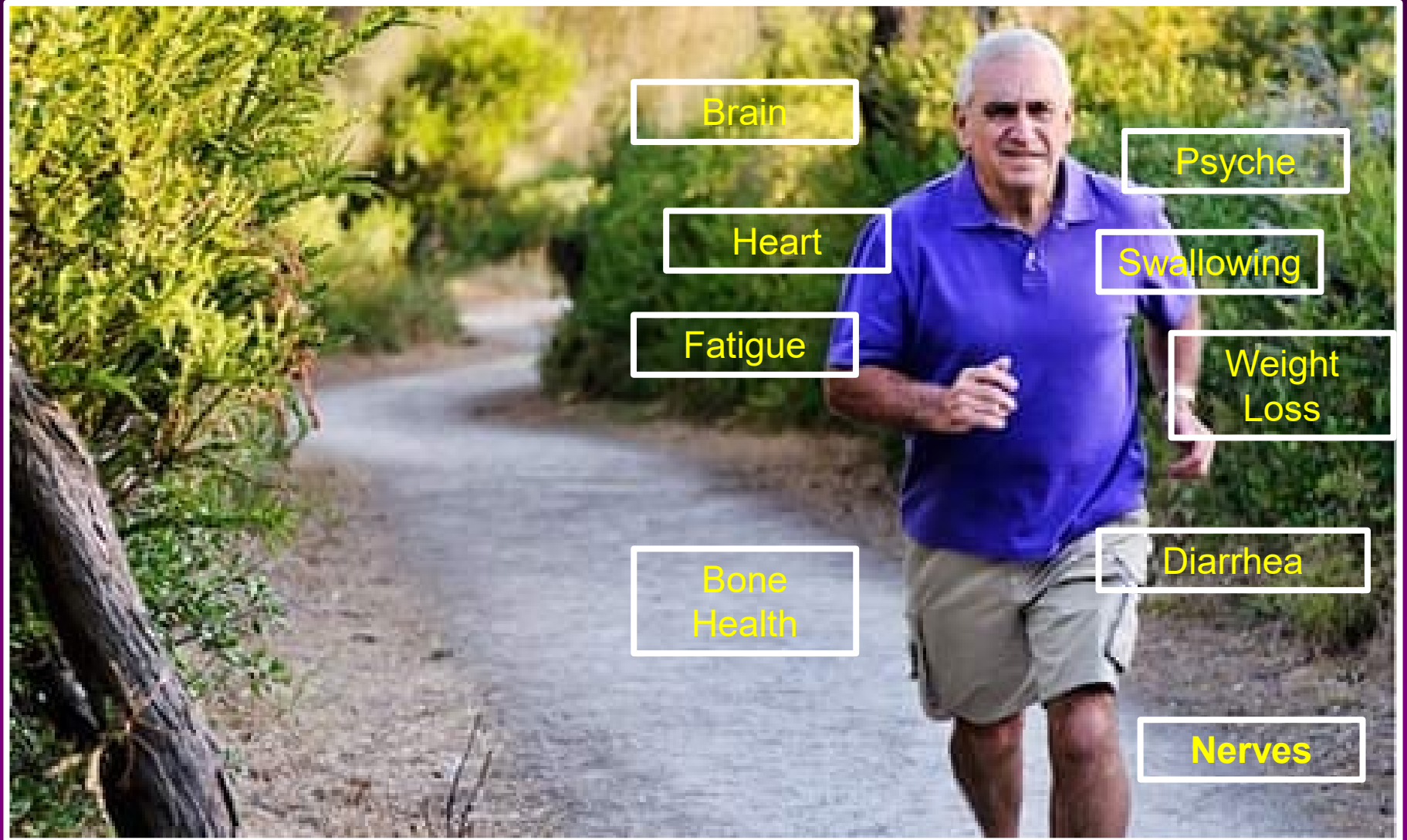
<u>Survivorship Concerns</u>	<u>Survivorship Care Survey</u>
Cardiac Toxicity	1. Do you have shortness of breath or chest pain after physical activities (eg, climbing stairs) or exercise? Yes/No 2. Do you have shortness of breath when lying flat, wake up at night needing to get air, or have persistent leg swelling? Yes/No
Anxiety, Depression, Trauma, and Distress	3. In the past two weeks, have you been bothered more than half the days by little interest or pleasure in doing things? Yes/No 4. In the past two weeks, have you been bothered more than half the days by feeling down, depressed, or hopeless? Yes/No 5. Has stress, worry, or being nervous, tense, or irritable interfered with your life? Yes/No
Cognitive Function	6. Do you have difficulties with multitasking or paying attention? Yes/No 7. Do you have difficulties with remembering things? Yes/No 8. Does your thinking seem slow? Yes/No
Fatigue	9. Do you feel persistent fatigue despite a good night's sleep? Yes/No 10. Does fatigue interfere with your usual activities? Yes/No 11. How would you rate your fatigue on a scale of 0 (none) to 10 (extreme) over the past week? 0–10
Lymphedema	12. Since your cancer treatment, have you had any swelling, fatigue, heaviness, or fullness on the same side as your treatment that has not gone away? Yes/No
Hormone-Related Symptoms	13. Have you been bothered by hot flashes/night sweats? Yes/No 14. Have you been bothered by other hormone-related symptoms (ex, vaginal dryness, incontinence)? Yes/No
Pain	15. Are you having any pain? Yes/No 16. How would you rate your pain on a scale of 0 (none) to 10 (extreme) over the past month? 0–10
Sexual Function	17. Do you have any concerns regarding your sexual function, sexual activity, sexual relationships, or sex life? Yes/No 18. Are these concerns causing you distress? Yes/No
Sleep Disorder	19. Are you having problems falling asleep, staying asleep, or waking up too early? Yes/No 20. Are you experiencing excessive sleepiness (ie, sleepiness or falling asleep in inappropriate situations or sleeping more during a 24-hour period than in the past)? Yes/No 21. Have you been told that you snore frequently or that you stop breathing during sleep? Yes/No
Healthy Lifestyle	22. Do you engage in regular physical activity or exercise, such as brisk walking, jogging, weight/resistance training, bicycling, swimming, etc.? Yes/No ▶ 22a. If you answered "Yes," how often? 23. Excluding white potatoes, do you eat at least 2½ cups of fruits and/or vegetables each day? Yes/No 24. Do you have concerns about your weight? Yes/No 25. Do you take vitamins or other supplements? Yes/No
Immunizations and Infections	26. Have you received your flu vaccine this flu season? Yes/No 27. Are you up to date on your vaccines? Yes/No/Don't know



Challenge:
Connecting those in
need with services

Helping Hand, Linda Carmel

Late Effects of GE Cancer Therapy



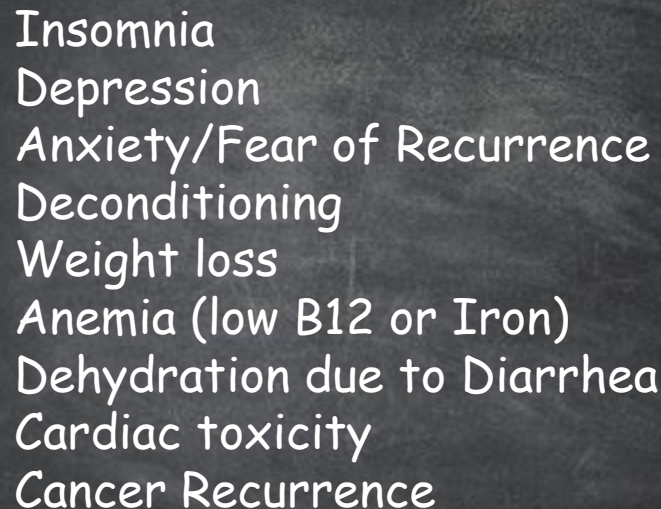
FATIGUE

What are potential causes of fatigue after treatment for GE cancer caused by the diagnosis or treatment?



FATIGUE

What are potential causes of fatigue after treatment for GE cancer caused by the diagnosis or treatment?



Insomnia
Depression
Anxiety/Fear of Recurrence
Deconditioning
Weight loss
Anemia (low B12 or Iron)
Dehydration due to Diarrhea
Cardiac toxicity
Cancer Recurrence

Fear of Recurrence is NORMAL

“Once the threat of cancer is physically removed, the thoughts of many turn to the possibility of recurrence”

- Lee-Jones et al. Psycho-Oncology 1997

- Fear of Recurrence IS COMMON
- MGH Survivors Needs Assessment → **88% some fear, 53% major fear**
- Associated with **stress, anxiety, distress from physical symptoms** and can sometimes lead to negative lifestyle changes
 - Increased Alcohol, Decreased exercise....



Let us Help!



\$ Mental health services

Wigs and other cosmetic items to address side effects

Lodging near treatment

Fertility treatments or adoption fees

Job loss

Childcare \$

Transportation to medical appointments and pharmacy

\$

Costs for special food \$

Legal services

Caregiving costs

\$

Lost work hours
income

Disability



The Indirect Costs of Cancer

How do we know its gone??



Risk of Recurrence

- Varies by stage, cancer type, treatment
- Peak risk of Recurrence 1-2 years = 70%
- >90% cured if no recurrence within 5 years
- Routine imaging, labs not rec past 5 yrs
- Survival for Tis ~ non cancer population

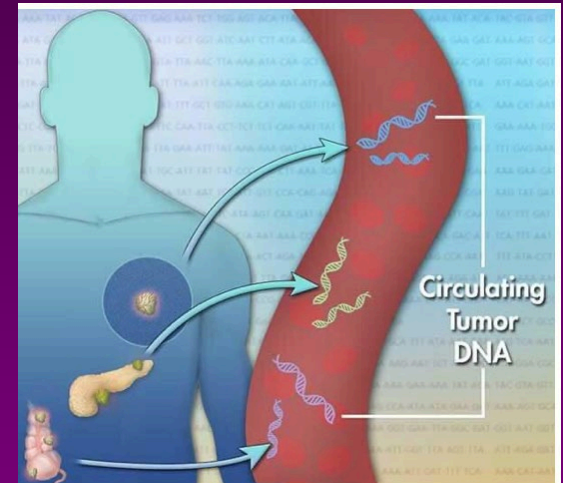
National Comprehensive Cancer Network Follow-up Guidelines

- Follow-up every 3 – 6 months for first 1-2 years
 - Every 6 – 12 months for next 3 – 5 years
 - Then annually
- Labs as needed
 - including screening for B12, Iron deficiency after gastrectomy
- Depending on stage, EGD every 6 months x 1 year
 - Annually for 3- 5 years.
- CT scans depending on stage (risk of recurrence)
 - Stage I based on symptoms
 - Stage II – III every 6 to 12 months x 2 years

ctDNA: New Hope? Circulating Tumor DNA



- Detection of DNA from cancer cells in a blood test
- Also called a “Liquid Biopsy” because molecular features of the cancer can be identified
- Can potentially:
 - be used to predict prognosis
 - be used to guide therapy
 - be used to evaluate response to therapy
 - **be used to detect recurrence of cancer**
- Ongoing research to demonstrate utility in gastric and other cancers.



Tumors release pieces of DNA into the bloodstream that can be analyzed to obtain important information that may inform patient care.

Credit: Jonathan Bailey, NHGRI

Post-Gastrectomy Symptoms

- Feeling full easily
 - Loss of appetite
 - Heartburn
 - Trouble swallowing
 - Nausea
 - Vomiting
-
- Quality of life shown to be worse in 1st year and then improves for most patients

Weight Loss

- Weight should be monitored regularly after surgery to be sure it is stable.
- Often patients need more frequent smaller meals and avoiding fluids with meals.
- Referral to nutrition is often helpful for individualized counseling
- Ongoing weight loss needs evaluation for additional medical and/or psychosocial factors

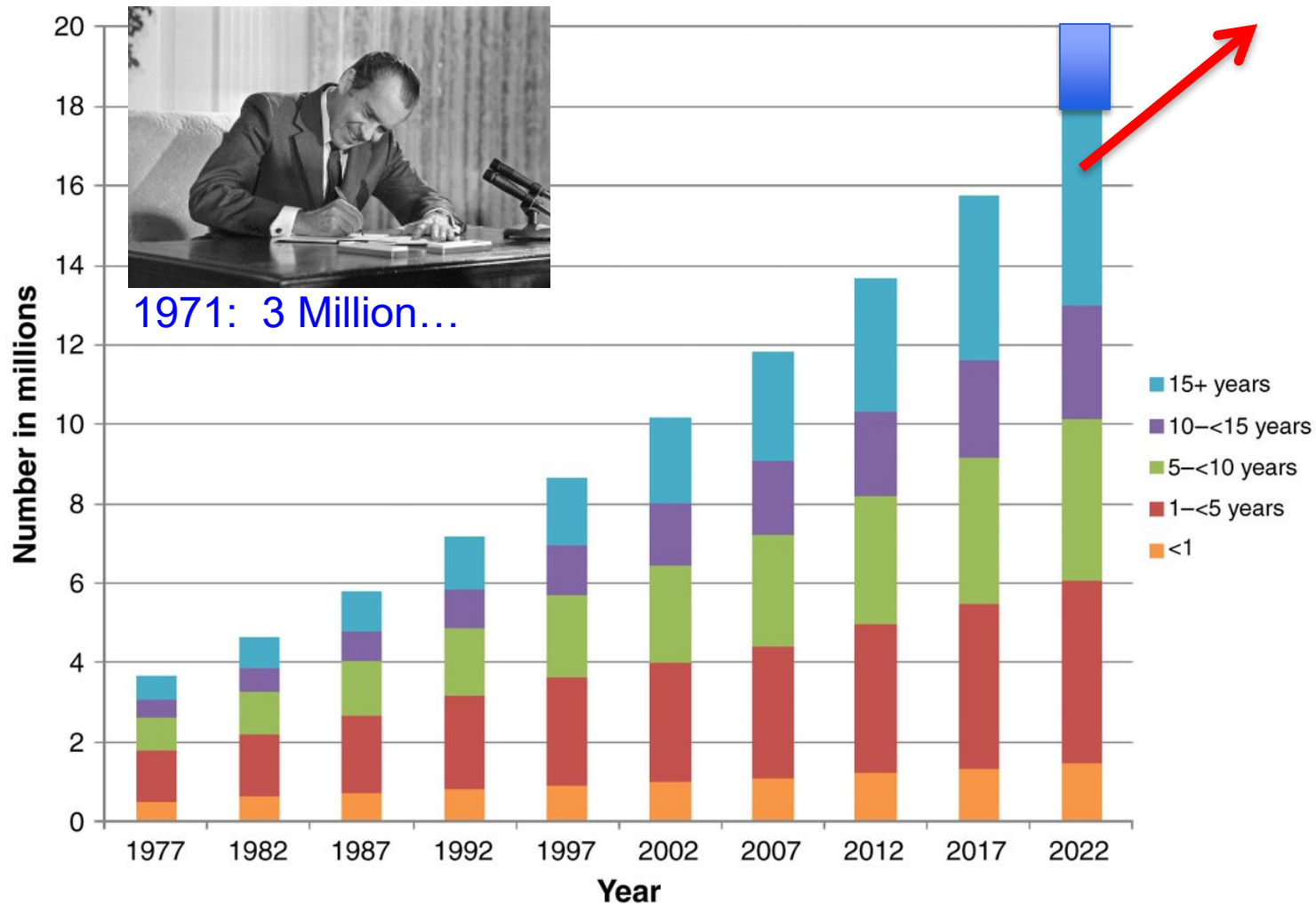
Bone Health

- **Exercise**
 - NCCN: “Walking, Tai Chi, Physical Therapy, & Dancing”
- **Vitamin D**
- **Zoledronic Acid**
- **Denosumab**



Number of US Cancer Survivors: 1977 to 2022 in Millions

Approaching
20 million!



Programs/Services for Cancer Survivors at MGH

- Social Work
- Psych-Onc
- AYA Pilot Program
- BMT-Survivorship Clinic
- Cancer Rehab
- Cardio-Oncology
- Cognitive-Toxicity Clinic
- Fertility Clinic
- Genetic Counseling
- Integrative Therapy
- Insomnia Services
 - Neuro and Psych-Onc
- Lifestyle Medicine Clinic
- Lymphedema Clinic
 - Breast Only
- Mind-Body Resiliency Groups
- Neuro-toxicity Clinic
- Nutrition
- Pain Clinic
- PACT: Parenting at a Challenging time
- Paving the Path Program
- Physical Therapy
- Primary Care Survivorship Clinic
 - Full
- Sexual Health Clinic
- Tobacco Cessation

Who Should Provide Care?

Summary of Follow-up Data

- Patients are more likely to get appropriate screening tests if seeing PCP and Oncology specialist in f/u
- Some patients can safely be followed up by PCP alone, but may not be appropriate or acceptable to all patients
- Don't forget your PCP!

– McDonough, JOP 2019

A scenic landscape featuring a dirt path that curves through a lush green field. On the left, a rustic wooden fence runs along the path, with a field of yellow wildflowers in the foreground. The background is filled with dense green trees under a sky with scattered white clouds.

You are not Alone

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