Survivorship: Life After Cancer Diagnosis and Treatment

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Disclosures

• Novartis
• Pfizer
• AstraZeneca
Definition

• Survivorship:
  – Life after completing treatment for cancer - post surgery, chemotherapy, radiation. Or, risk-reduction interventions after diagnosis of hereditary high-risk cancer and the need to manage side effects and quality of life
  – Focus on “wellness” not “illness”
  – Getting back to routine life without weekly and monthly visits with your care-team - the importance of self-advocacy
  – This presentation will focus on Guidelines for high-risk hereditary cancers and not sporadic or metastatic. There are many commonalities and overlap related to symptom management
What Does Successful Survivorship Look Like?

• Finding the motivation to improve quality of life - living a risk reduced lifestyle
• Highly individualized
• No general checklist to success. Your level of motivation and the reality of your limitations will determine your success
• Self-advocacy - do not be dependent on the system or an individual. Find and use the resources that help you have a better quality of life
Outline

• National Guidelines: screening recommendations, imaging, follow up visits, labs

• Symptom Management
  – Post-treatment phase
  – Hormonal changes phase

• Long-Term Effects

• Risk Reduction Recommendations and Quality of Life
National Guidelines BRCA+

- **Women:**
  - Breast awareness starting at age 18
  - Clinical breast exam every 6-12 months starting at age 25
  - Breast screening: annual breast MRI and mammogram starting at age 25 if no bilateral mastectomy
  - Discuss option of risk-reducing bilateral mastectomy
  - Discuss risk-reducing bilateral salpingo-oophorectomy typically between age 35-45 after childbearing if desired. If not removed consider transvaginal ultrasound combined with CA-125 for ovarian cancer screening, although those benefits are still uncertain

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National Guidelines BRCA+

- **Men:**
- Breast awareness self-exam and clinical exam every 12 months starting age 35
- No current national guidelines for mammograms but some providers will recommend annual mammogram
- Consider Prostate cancer screening starting age 45 with PSA blood test and digital rectal exam, though there is limited evidence to support this
National Guidelines BRCA+

- **Men and Women:**
- Full skin exam by dermatologist and eye exam for Melanoma screening
- Discuss Pancreatic screening: although not currently recommended discussion may include MRI, endoscopic ultrasound, and CA19-9 blood test dependent upon individual risk
- Routine interval follow up visits, typically every 3-6 months for the first 3 years, every 6 to 12 months for 2 more years, then annually with appropriate labs determined by ongoing cancer therapy
Not recommended:
If not symptomatic, routine x-rays, CT scans, MRIs, PET scans and tumor marker testing or labs in addition to routine annual labs are not recommended.
Symptom Management

• Post-treatment Phase
  – Neuropathy, Surgical/Physical discomfort, Fatigue, Lymphedema risk, Anxiety, Depression, Emotional distress

• Hormonal Changes Phase
  – Hot flashes, Sleep troubles, Intimacy/Libido concerns, Pain, Mood disturbances, Spiritual health
Symptom Management: Post-treatment Phase

• Neuropathy
  – Surgical neuropathy and/or chemotherapy neuropathy: time, medical management, integrative medicine management, lifestyle changes

• Surgical/Physical discomfort
  – Deconditioning, arthralgias, myalgias, stiffness and tightness: time, follow surgical/PT/OT recommendations, stretching, exercising, retraining your body

• Fatigue
  – Resolving anemia, deconditioning, hot flashes, sleep interruptions, psychological impact: combat fatigue with time, exercise, diet, lifestyle changes

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Symptom Management: Post-treatment Phase

• Lymphedema risk
  – A result of lymphatic system disruption. Most often diagnosed within 18 months of treatment, it can develop anytime: referral to lymphedema specialist, compression sleeve, or manual massage. Studies have demonstrated that flying, blood draw and blood pressure cuff are not associated with exacerbation or development of lymphedema

• Anxiety, depression, distress, fear of recurrence
  – Assessment and intervention may include medication management and/or psychology referral
Hormonal Changes Phase: medical or surgical

- Hot flashes
- Sleep trouble
- Intimacy and Libido concerns
- Pain: joints, muscles, bones
- Mood disturbance and emotional fallout phase
- Spiritual Health
Hot flashes

• May begin during chemotherapy and may continue due to endocrine therapy or surgical menopause
• Tends to lessen overtime or become more tolerable either due to body’s accommodating new hormone levels or other interventions
• Recognize triggers and try to avoid them: caffeine, alcohol, stress
• May be managed with medications, often only needed for a period of time while transitioning to new baseline hormone levels
Sleep Trouble

- Causes/Contributors
- Sleep hygiene
- Bedtime routine
- Referral to specialist
Intimacy and Libido

- Vaginal dryness
- Painful intercourse
- Decreased desire
- Sexual dysfunction
- Urogenital complaints
- Recommendations include: non-estrogen management first, gynecology and/or urology referrals, and a discussion of low-dose topical estrogen interventions
Pain

- Surgical pain and/or neuropathy: lingering after surgery, radiation and chemotherapy
- Joint and muscle aches due to endocrine therapy
- Non-medical interventions include exercise, heat therapy, cold packs, water therapy, acupuncture, massage, pain management referral or physical therapy referral
- Medication management may include antidepressants, ibuprofen/acetaminophen, or neuropathy medication
Mood Disturbance

• Normal and not uncommon: people with predisposition or history of previous diagnosis of depression/anxiety may have symptoms exacerbated by a cancer diagnosis and treatment
• Presence of new or poorly controlled symptoms
• Mood swings due to hormonal changes
• Emotional recovery phases
• Psychology, psychiatry, support groups, symptom management, integrative options
Spiritual Health

• Personal and individuated
• Finding meaning and purpose through diagnosis, treatment, and beyond
• Developing greater inner strength and motivation
• Emotional resilience
Long-Term Effects

- Heart Health
- Bone Health
- Secondary Malignancy
Heart Health

• Heart disease is the leading cause of death among women
• Chemotherapy-induced heart failure may take years or even decades to manifest. Typically, signs of cardiac dysfunction can be seen prior to symptoms. If detected early, chemotherapy-induced heart failure may be responsive to cardioprotective medications
• Are there other underlying risk factors that might be contributing to cardiovascular problems: hypertension, tobacco use, obesity, etc?
• Endocrine therapy and increased cardiovascular events
Bone Health

- Risk factors for osteoporosis: family history of osteoporosis, having a small, thin frame, increasing age, early onset of menopause, prior fracture, and medications.
- Perform a baseline Bone Density (Dexa Scan). Repeat every 1-2 years if on aromatase inhibitor (AI), and consider bone strengthening medication while on AI to reduce risk of bone thinning and fractures.
- Other recommendations include a calcium rich diet or calcium supplement if needed, a daily vitamin D supplement, and performing weight bearing exercise.
Secondary Malignancy

- Most important risk factor for secondary malignancy appears to be age at the time of initial diagnosis. A younger initial diagnosis increases the potential for a future secondary malignancy.
- Increased risk due to history of chemotherapy and/or radiation
- Screening for secondary cancers should be a shared responsibility between Primary care and Oncology care teams.
- Continue with routine preventative and maintenance care recommendations
Risk Reduction Recommendations

• Exercise
• Diet
• Limit alcohol
• Don’t smoke
• Skin care with SPF
• Breasts and ovaries
Exercise

• Set realistic expectations and goals that change with your individual abilities
• Permanent lifestyle change is a gradual process
• General recommendations include:
  – Be physically active for at least 30 minutes 5 days per week
  – Limit sedentary habits
  – NCCN Guidelines suggest weekly activity at least 150 minutes of moderate intensity activity or 75 minutes of vigorous activity or equivalent combination. Sessions should include strength/resistance training and stretching

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Daily Dietary Recommendations

- **Decrease or eliminate**: Bad carbohydrates • Refined grains (white bread, crackers) • Processed foods (cakes, cookies, chips) • Added/refined sugar (soft drinks, cereals) • Bad fats • Saturated fats • Trans fats • Salt • Meat • Red meat, beef, poultry, pork • Processed meats • Dairy • Alcohol

- **Increase or consume heavily**: Good carbohydrates • Fruits • Vegetables • Legumes • Beans/lentils • Whole grains (bread, cereal, pasta) • Natural soy products • Good fats • Omega-3 fatty acids • Flaxseed • Nuts
Alcohol

- Confusing and conflictual data regarding the benefits and risks of light alcohol use
- Alcohol is classified as a carcinogen by the International Agency for Research on Cancer (IARC) and the US National Toxicology Program (NTP). Alcohol increases the risk of mouth, throat, esophagus, colon, rectum, liver and breast cancer
- Guidelines for alcohol use: up to one drink per day for women and up to two drinks per day for men: 12 oz of regular beer, 5 oz of wine, or 1.5 oz of 80 proof distilled spirits.
Breast Cancer Wellness Index

• Biometrics goals:
• Body mass index (BMI) 21 to 25 kg/m² (be as lean as possible without becoming underweight)
• Blood pressure < 140/90 mm Hg
• Total blood cholesterol < 200 mg/dL
• Fasting blood glucose < 99 mg/dL; hemoglobin A1c < 7.0%
• Tobacco use: no smoking
• Alcohol abuse: no more than 1 drink/day for women
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Conclusion

• Comprehensive Cancer Center or specialty referrals
• Cancer Support Groups in-person or on-line
• You are your greatest advocate. Choose to control what you can control. Do the work where you can and as much as you can.
Questions???