


Symptom Management for Survivors: The Key to Achieving Optimal Quality Of Life

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Objectives


1. Identify long-term symptoms commonly experienced by cancer survivors.
2. Discuss management strategies for physical and psychosocial cancer survivorship issues for an improved quality of life.
3. Analyze the value of a treatment summary and survivorship care plan for coordinated cancer aftercare.






Blood Cancer Treatments


- May include:
 - Chemotherapy
 - Radiation therapy
 - Hematopoietic stem cell transplant
 - Splenectomy






Chemotherapy


- *Alkylating agents* (cyclophosphamide, cisplatin, busulfan): heart and lung effects, secondary cancers, low testosterone, low sperm counts, ovarian failure, premature menopause
- *Anthracyclines* (doxorubicin, daunomycin): heart damage
- *Bleomycin*: lung failure, ARDS






Chemotherapy


- *Bortezomib*: peripheral neuropathy
- *Corticosteroids*: osteoporosis, cataracts, avascular necrosis
- *Immunomodulators* (thalidomide, lenolidomide): peripheral neuropathy
- *Methotrexate*: osteoporosis, lung damage, cognitive impairment






After Chemo


- Heart damage
- Thyroid damage
- Lung damage
- Reproductive problems
- Osteoporosis
- Hearing Loss
- Cataracts
- Secondary Cancers
- Peripheral neuropathy
- Impaired immune system






Secondary Cancers


- Depends on disease, treatment, and individual factors
- AML/MDS
- Brain tumors
- Breast cancer
- Osteosarcoma






Radiation Therapy


- Hypo/hyper thyroid
- Hearing loss
- Cataracts, glaucoma
- Dental problems – dry mouth, cavities
- Brain Cancer
- Osteoporosis
- Lung or heart damage
- Osteosarcoma
- Breast Cancer
- Thyroid Cancer






After XRT


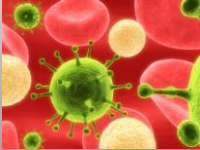
- Woman <30 yrs increased risk of breast cancer
- < 21 yrs yearly mammograms, and CBE twice yearly starting 10 years after treatment
- Whole body XRT (pre-SCT) – ovarian/testicular damage -> fertility issues





Splenectomy

- Impaired immune system





Risk

- Depends on the individual, the treatment, the drugs, doses, age at time of treatment, gender, overall health
- Ignorance is not bliss...






Physical Symptoms

- Everyone is unique
- Co-morbidities may be exacerbated
- May be permanent or temporary
- May last for many months to many years/forever like fatigue
- Some like heart disease may not appear for years






Physical Symptoms

- Fatigue
- Heart and lung damage
- Pain
- Changes in skin texture
- Nerve changes in fingers and toes
- Sexual changes
- Reproductive changes






Fatigue


- Diet: whole grains, vegetables, fatty fish
- Exercise: endurance and resistance
- Prioritize activities
- Sleep hygiene
- Address physical symptoms






Heart Damage


- Be aware of and report symptoms:
 - Edema
 - Shortness of breath, cough
 - Chest pain, irregular heartbeat
- Healthy lifestyle:
 - No smoking
 - Exercise
 - Weight management
 - BP control





Peripheral Neuropathy

- Pharmacologic:
 - Antidepressants, anticonvulsants, anesthetics
- Non-pharmacologic:
 - PT/OT, acupuncture, biofeedback
- Lifestyle changes:
 - Footwear, avoid alcohol, blood sugar control






Sexuality


- Desire and arousal
- Pain
- Erectile dysfunction
- Relationship issues
- Cultural or social norms



Managing Physical Symptoms

- Exercise
- Nutrition
- Stop smoking
- Strength training/rehab
- Organ specific
- Stress reduction





Psychosocial Symptoms

- “Distress”
- Obsession with recurrence after NED
- Sadness, bewilderment, anger, anxiety, panic, guilt, treatment indecision
- Strained family relationships
- Sexual relations





Managing Psychosocial Symptoms

- Benefit of networking – support groups, newsletters, blogs, Facebook
- Relationship changes
- Work-related challenges
- Financial challenges
- Spiritual changes
- Perfect world vs real world





Managing “Distress”

- Be aware of critical times:
 - End of treatment
 - Anniversaries
 - Follow-up appointments
 - recurrence
- Manage pre-existing conditions
- Identify social supports
- Manage physical symptoms





Stress Management

- Yoga, mind-body therapies
- Relaxation techniques
- Pet Therapy effective

http://www.youtube.com/watch?v=a7q_EKu6EFY

- Not just for one group

<http://www.youtube.com/watch?v=6rPXak404>





Health Promotion

- Physical:
 - Exercise, nutrition
- Lifestyle adjustments:
 - Stress reduction, energy conservation, relaxation exercises






Power of Positive Affirmations


- Short, positive, “self-talk” statements
- <http://www.youtube.com/watch?v=u4qB5aOL67w>






Types of Survival



- *Personal advocate* : learn about your disease, understand your treatment, ask questions, scrutinize your care; healthy living
- *Community advocate*: involved in local support groups and community activities/fundraising, social media
- *National advocate*: activist for research funding, lobbying






Concept of Survival Care Plans


- 2006 IOM “*Cancer Patient to Cancer Survivor: Lost in transition*”
- Involve the survivor
- The plan is for the survivor, also the oncologist, PCP, family, anyone else involved



IOM Essential Components:

- Prevention of recurrent and new cancers
- Surveillance for cancer spread, recurrence, secondary cancers
- Assessment of medical and psychosocial late effects
- Interventions for consequences of cancer and its treatment
- Coordination between providers





At a Minimum

Goal: optimize continuity and coordination of care

- Diagnosis, treatments received, outcome
- Clear surveillance plan
- Lifestyle recommendations
- What are the roles of the team members?





What's the value?

- More than a list of diagnosis and treatment – what does it all mean for the future?
- Can be initiated by the patient
- It just makes sense
- Provides knowledge so survivors can be active participants






What does the research show?

- Not consistently provided
- Not standardized
- Not strong evidence showing better or worse outcomes
- Time-consuming
- Several studies have shown a decrease in anxiety with SCPs






Still looking for answers:


- Reducing adverse treatment/disease related outcomes
- Managing, treating, and preventing comorbidities
- Defining optimal follow-up and surveillance strategies
- Identifying disparities across demographics





IOM Essential Professional Education Content

- Long term complications of treatment
- Trends and statistics
- Quality assurance models of care
- Rehabilitation services
- QOL issues
- Prevention, detection, and treatment of recurrent and secondary cancers
- Palliative and EOL care






Supporting Survivorship


- Open, compassionate communication
- Clear plan
- Education → understanding
- Celebrate life
- Stay up to date – studies are ongoing as survival rates increase



In Summary


- Survivors must be self- advocates
- Health care providers must support survivors long term
- “... ask for wisdom and strength, not to be superior to my brothers, but to be able to fight my greatest enemy, myself.”






Resources


- Leukemia and Lymphoma Society Fact Sheets on Long Term Survival Adults, Children www.LLS.org
- American Society of Clinical Oncology www.cancer.net
- Institute of Medicine www.iom.edu






“Time in a Bottle”

All of us should try to cram as much as possible into every minute; a jar of sand on your desk can be a reminder that none of us knows how much time we have remaining – make sure those grains of sand, or minutes of time, are filled with the best quality of life.



• Sharon Gentry RN MSN AOCN CCRN 2013





Questions/Thoughts?

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