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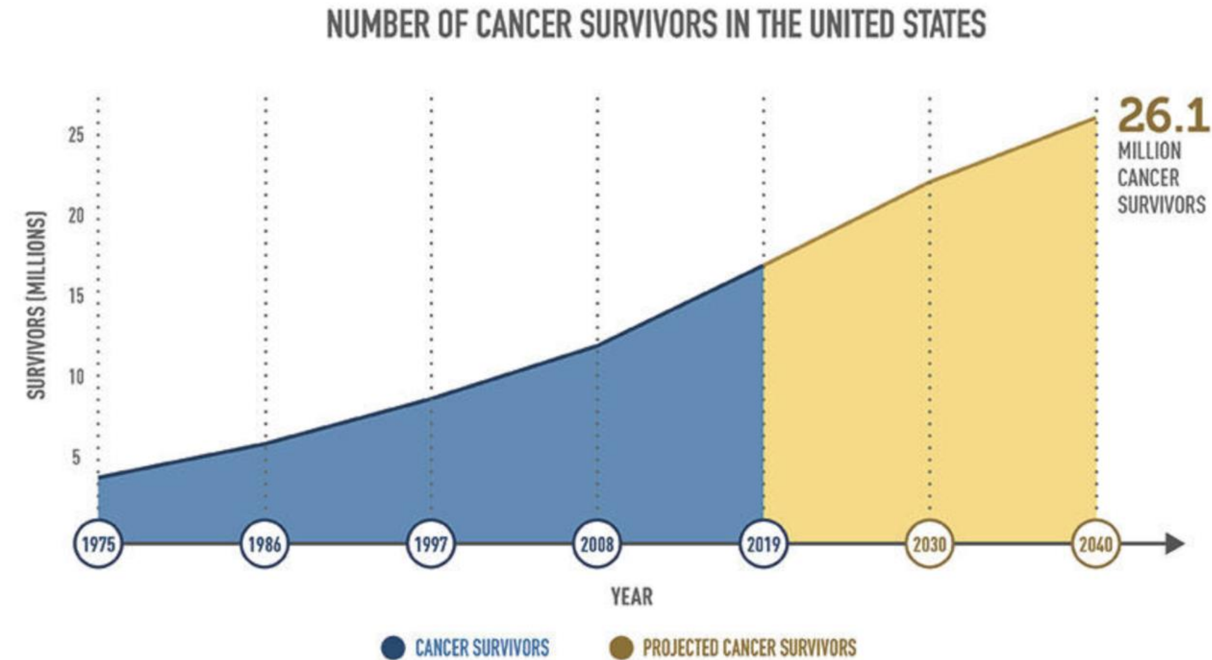
Survivorship in the United States

- 18 million cancer survivors are living in the United States

- Number of survivors continues to grow due to improvements in cancer screening, advances in treatment options



The number of cancer survivors in the United States is projected to grow to 26.1 million by 2040. NCI considers a person to be a cancer survivor from the time of diagnosis until the end of life.

Credit: NCI, 2019

Challenges for Survivors

Survivorship begins at diagnosis and includes initial treatment, cancer-free survival, chronic or intermittent disease, and end of life care

- Feeling lost in the transition after active treatment
- Lack of communication between oncologist and PCP
- Difficulty in restarting work/school
- Health implications of cancer and treatment

IOM report (2006)

Survivorship Planning

IOM report (2006) recommended patients completing treatment be provided with a **comprehensive care summary** and **follow-up care plan**.

Called the **Survivorship Care Plan (SCP)**.

The SCP is a summary of the patient's treatment, along with recommendations for follow-up care

Essential components of survivorship care

- Prevention of **recurrent** and **new** cancers
- Surveillance for recurrence
- Assessment of medical and psychosocial late effects
- Long term side effects of cancer and its treatment
- Coordination between primary and specialty care

Risk of cancer recurrence/Risk of new cancer

- Survivors are at risk for both **recurrence** and subsequent **new** primary cancer.
- Regular cancer screening in line with evidence-based practices
- Lifestyle interventions in select patients with certain treatment exposures and lifestyle habits.
- May fall upon several physicians/care teams

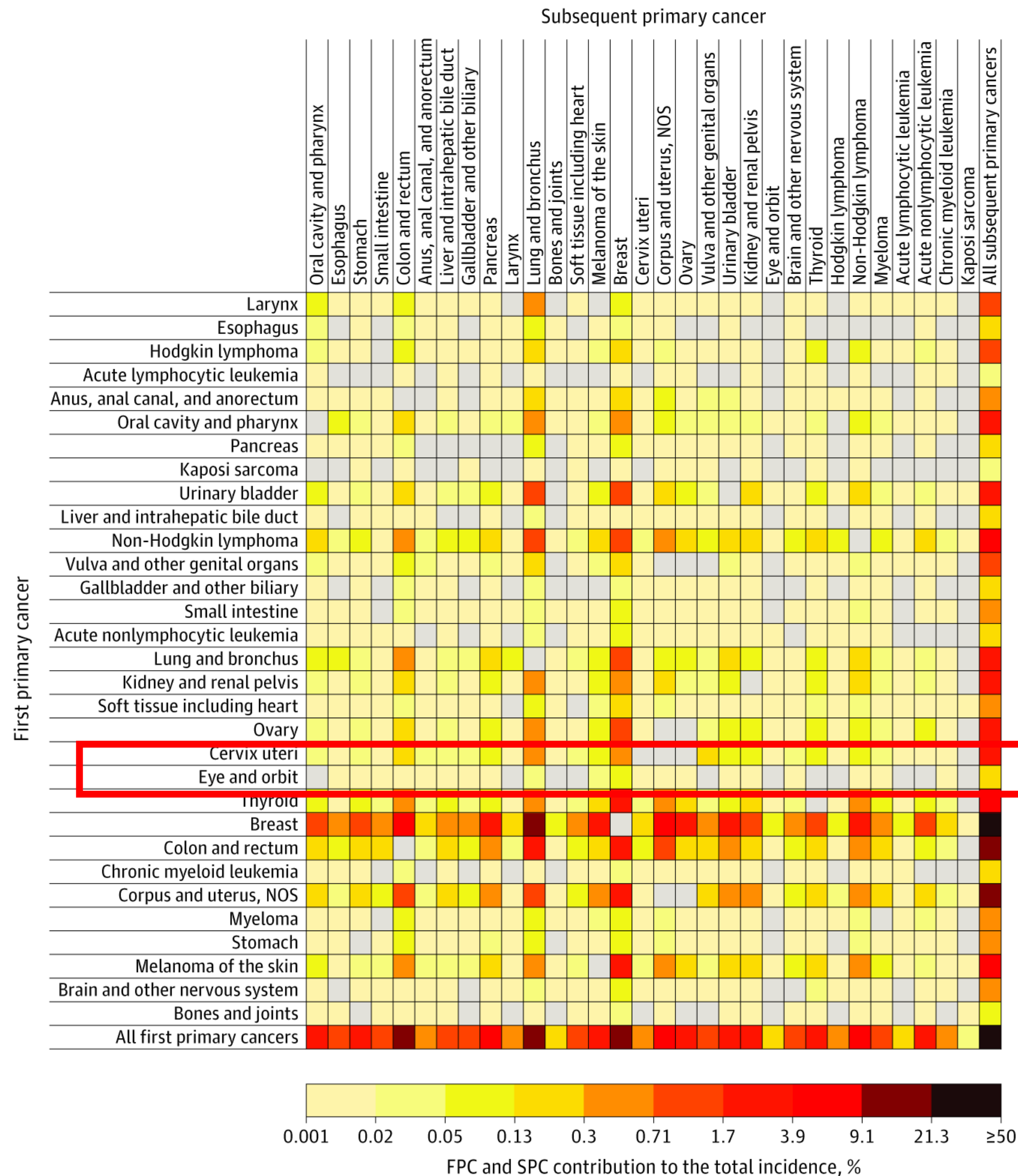
"In colon cancer survivors, 60% of colon cancer survivors received care not in line recommendations from the American Society of Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN)"

- Cooper et al. (2008) Cancer.

Risk of Developing Subsequent Primary Cancers Among 5-Year Female Cancer Survivors

Increased Cancer Risk by Treatment Type

- Radiation: Breast, colon, sarcoma, lung, skin cancers depending on exposed tissue
- Chemotherapy, PARP - related leukemia



Sung et al. 2020. JAMA.

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Psychosocial Effects

- Survivors experience high rates of anxiety, depression related to treatment, surveillance

- Screen all patients at diagnosis and throughout treatment (especially with changes in disease or treatment status)

- Failure to identify and treat anxiety and depression in patients can have long-lasting effects

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Long Term Side Effects

Awareness for patient and physicians for what to expect/manage

- Fatigue
- Cognitive limitations
- Sleep problems
- Sexual dysfunction
- Chronic Pain
- Financial Challenges

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Medical Plan Coordination

Delineates specific needs for patient based on treatment and history

#. Invasive ductal CA of the right breast, T1cN0M0, highly ER+/PR+
-Follows with Dr. Reed, last seen 12/12/18.
-Currently on tamoxifen

vs.

#. Non-Hodgkins lymphoma, diagnosed 1975, s/p chemoradiation
#. Cancer survivorship
-Anthracycline (450mg cumulative dose), cyclophosphamide (6.3gm cumulative dose)
-Also vincristine and MTX (intrathecal) for some time
-CNS radiation (brain) with 5870 rads, R clavicle radiation with 2400 rads
-Needs EKG and ECHO annually (done 12/2020)
-TSH (12/2020), lipid panel (12/2020), CBC w/ diff (12/2020), CMP (12/2020)
-Annual dermatologic exam (follows with Dr. Sulewski)
-Dental exam bi-annually
-Baseline DEXA showed normal BMD in 12/2017
-Monitor for mood disorder and secondary cancers

Credit: Rachael Schmidt, Survivorship & Cancer Risk/Prevention (UNMC)

ovarian cancer **survivorship plan**

Patient Name:

DOB: **Medical Record Number:**

Diagnosis: **Stage:**

Cancer Histology: *(squamous, melanoma, adenocarcinoma, etc.)*

Pathology:

Genetic Testing:
The National Comprehensive Cancer Network recommends that patients with certain types of ovarian cancer (as well fallopian tube and primary peritoneal cancer) undergo further genetic evaluation for possible hereditary syndromes that may increase the risk of ovarian and other cancers. Talk to your oncology health care provider about your need for genetic counseling and testing.

Molecular Diagnostics: *(results of IHC MMR screening)*

Your Treatment Team
List relevant provider names and contact information (Gyn Onc, Rad Onc, Med Onc, Navigator, Physician Assistant, Nurse Practitioner, Oncology Nurse, Social Worker)

Treatment Summary
Below is a personalized treatment summary and care plan for you and your health care providers to use as a reference from this point forward with regards to the cancer care you received, what to expect, and the future follow-up visits and tests you are going to need. Include the following if relevant: surgical procedure name, date; residual disease status; if clinical trial participant, name of trial and study agent(s); chemotherapy agents, doses, number of cycles, starting and ending dates; CA-125 at diagnosis and at completion of treatment; toxicities of treatment; recurrence risk (low/high; treatment on clinical trial (provide specifics)

Potential Common Side Effects of Treatment

Some common side effects of treatment may include **post-surgical pain, fatigue, lymphedema, menopause, changes in sexuality, pain with intercourse, vaginal dryness, depression/anxiety, and numbness/tingling.** If you experience these, please talk to your health care providers about available therapies that may help your symptoms.

Leg swelling: Minimal to pronounced lower leg swelling can occur. Symptom control with compression hose, lymphedema massage or specialized physical therapy can improve these symptoms.

Sexual intimacy issues: Vaginal dryness, tightening and scarring at the top of the vagina causing discomfort can occur. Use of a lubricant and dilator can help prevent or improve vaginal symptoms.

Emotional Health: Emotional health is important to your overall well-being. Many women who are treated for cancer express concern of body image and intimacy following treatment. We encourage you to contact the support team at your cancer center for ways to improve these feelings.

Follow-Up Care Plan for Ovarian Cancer

Routine follow-up care and monitoring for problems after ovarian cancer will be provided by your primary oncology team (gynecologic oncologist, medical oncologist, surgical oncologist, and/or radiation oncologist). You should work with your oncology team to keep current with your follow-up care.

Have a medical history and physical exam that is focused on detecting signs of cancer recurrence or of new cancers, including a detailed pelvic exam (speculum, pelvic and rectovaginal; however, a routine Pap test is not recommended for routine cancer follow up).

If you had ovarian cancer once, there is a chance that it may come back or spread to other parts of your body. The risk is highest in the first two to three years after treatment, but continues for at least five years. After five years, it is recommended that you have a careful history and physical including pelvic exam (check-up) every 12 months for the rest of your life.

After cancer treatment, if you feel that something is not right with your body, see your regular doctor, physician assistant or nurse practitioner. **Symptoms to report to your health care team include vaginal bleeding, rectal bleeding, bloating, weight loss without effort, new and persistent pain, new and persistent fatigue, new leg swelling, new masses (i.e., bumps in your neck or groin), new and persistent cough, new and persistent nausea and vomiting and any other concerns.**

Follow Up Recommendation Intervals

	Time from completion of primary therapy			
	0-2 Years	**2-3 Years**	**3-5 Years**	**>5 Years**
Symptom review and examination	3-4 months	4-6 months	6 months	Yearly
Pap test/ cytology	Not indicated			
CA-125 (tumor marker)	Optional, may be useful if initially elevated			
Radiographic Imaging	Insufficient data to support routine use			
Recurrence Suspected	Imaging (CT or PET CT scan), CA-125			

Recommended Screening Tests

Recommendations for screening for other medical problems and other cancers should be a shared responsibility between you, your oncology team, and your primary care provider. Talk to your health care providers about who will be performing which screening tests and make sure that you stay current with your recommended screening tests.

Breast cancer: For the average risk patient, screening for breast cancer with a mammogram and clinical examination is recommended every 1-2 years beginning at age 40. If you undergo genetic testing and are found to be positive for a gene that increases your personal risk of breast cancer, your provider will discuss screening options with you.

Colorectal cancer: For the average risk patient, screening for colon cancer is recommended beginning at age 50. Talk to your health care provider about the various screening strategies (colonoscopy, sigmoidoscopy, stool testing for blood, etc) to determine the best option for you.

Osteoporosis: Bone mineral density testing is typically recommended after age 65 or in younger women with medical conditions or use of medications associated with low bone mass or bone loss. Talk to your health care provider to determine when you should have your bone density tested.

Recommended Wellness and Preventive Health

Healthy behaviors and attention to wellness is important after cancer treatment.

See your primary care health care provider at least once a year. Continue all standard non-cancer related health care with your primary care provider as recommended. Call your health care provider if new problems or symptoms persist for more than 2 weeks.

Nutrition: Eat a variety of healthy foods. Strive to have 2/3 of your plate be vegetables, fruits, whole grains and beans, while 1/3 or less should be an animal product. Choose whole grains, poultry, fish, nuts, beans, and low-fat dairy products when possible; limit intake of high fat foods, sugary desserts, alcoholic beverages, processed meat, or red meat.

Exercise: Strive to exercise at least 30-45 minutes 5 or more days per week, adjusting the intensity of exercise to your tolerance.

Maintain a healthy body weight. Talk to your health care provider if you are overweight or underweight. Obesity is associated with cancer recurrence and can cause other illnesses including but not limited to diabetes, sleep apnea, and heart disease.

Sun safety: Use sunscreen with SPF 30 or higher.

Get a **flu vaccine** every year.

Emotional Distress: Many patients experience emotional distress after the diagnosis and treatment of cancer. Please talk with your health care provider if you are experiencing any issues with anxiety, depression or any changes in your emotions.

Practical Issues: A cancer diagnosis may impact finances and work or school. In addition, many people can have issues with insurance after a diagnosis of cancer. Discuss any concerns regarding practical issues due to your cancer diagnosis with your health care provider.

Smoking cessation: Discuss strategies to help you quit smoking or using tobacco products with your health care provider.

Calcium: Food sources of calcium are ideal, but if unable to meet daily requirements through diet, a supplement can be taken to total 1200 mg per day. Calcium citrate supplements are preferred for patients who also take stomach acid-lowering medicines. Take these supplements with food to enhance absorption. Dietary and supplementation doses of calcium should not exceed 2000 mg daily.

Vitamin D: The recommended dose of Vitamin D is 800-1000 IU daily. Food sources of vitamin D are ideal, but few choices exist. Vitamin D 400 IU is commonly found in combination with calcium supplements, or within a multivitamin. Vitamin D is also available by itself in the form of cholecalciferol or "D3" (preferred) or ergocalciferol "D2". All sources of dietary and supplemental vitamin D should not exceed 5,000 IU daily.

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SGO developed these resources as an outgrowth of the paper "An update on post-treatment surveillance and diagnosis of recurrence in women with gynecologic malignancies: Society of Gynecologic Oncology (SGO) remommendations." The paper was published in the July 2017 issue of *Gynecologic Oncology*.

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Survivorship Care Planning

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