Beyond Cancer: Integrating Primary Care in Survivorship

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Learning Objectives

Upon conclusion of this program, participants should be able to:

- Review survivorship and survivorship plans.
- Discuss the unique primary care issues patients are likely to face during survivorship.
- Identify evidence-based treatments of the common issues patients face during survivorship.
- Outline an evidence-based surveillance plan for cancer survivors.
- Describe strategies for preventative screening, physical activity, diet, and weight management for survivors.

DISCLOSURE Speaker(s)

No Relevant Financial Relationship(s)

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Survivorship Definition

- Begins at diagnosis
- Continuing to receive treatment
- **After finishing treatment**

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Survivorship Rates

- Improved due to:
 - Earlier diagnoses
 - More effective treatments
 - Prevention
 - Decreases in mortality

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Standards for Survivorship Care

- Prevention
- Surveillance
- Assessment
- Intervention
- Coordination of care
- Planning

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Survivorship Care Plans

- Institute of Medicine
 - Individualized survivorship care plan
 - Guidelines
 - Vary based on institution
- Options
 - ASCO (American Society of Clinical Oncology)
 - OncoLife
 - Minnesota Cancer Alliance
 - Other local resources

Survivorship Plan Details

- Type of cancer
- Procedures/Surgeries
- Medications (chemotherapy)
- Radiation therapy
- Ongoing surveillance
- Late effects (acute, late, long-term)
- Support for psychosocial concerns
- Healthy lifestyle tips

Case 1 – Infertility

- History
 - 29 year old male, GME
 - Recurrent kidney stones
- Past Medical History
 - Wilm's Tumor, Kidney age 1
 - Nephrectomy
 - Chemotherapy: vincristine, dactinomycin
 - No radiation
 - Remission < year later

Case 1 - Infertility

- Social
 - Non-smoker
- Physical Examination
 - Otherwise normal
 - Scar line at kidney
- Of note, wife mentions they are interested in having children in future

Causes Infertility

- Alkylators
 - Cyclophosphamide (Cytoxan)
 - Ifosfamide
 - · Nitrogen mustard
 - Procarbazine
 - Melphalan
 - Busulfan
 - Chlorambucil
 - Lomustine (CCNU)

- Carmustine (BCNU)
- Thiotepa
- Dacarbazine (DTIC)
- Temozolamide
- Carboplatin
- Cisplatin
- Radiation
- Surgery

Monitoring

- Yearly physical
 - Bloodwork
 - FSH, LH, Testosterone
 - Low testosterone
 - Replacement therapy
 - Gel, skin patch, injections
- Referral

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Semen Analysis

- Azoospermia
 - Radiation
 - Return of sperm production unlikely
 - Chemotherapy
 - Variable (months, years, permanent)
 - Options
 - · Surgical harvesting of sperm
 - Another disorder
 - Sperm Donor (with IUI or IVF)
 - Adoption

Semen Analysis

- Low Sperm Count
 - Repeated several times
 - Options
 - Artificial insemination or in-vitro fertilization (IVF)
- Abnormal
 - · Candidate for hormones
 - Testicular biopsy
- Normal
 - No further testing

Bearing Children

- No specific guidelines for trying to have a child after finishing cancer treatment
- Patients may have grief and anger
 - support them as they cope
- Genetic counseling

Case 2: Cardiotoxicity

- History
 - 54 year old female, GME
 - Knee pain

- Past Medical History
 - Breast cancer
 - Surgery
 - Lobectomy
 - Chemotherapy
 - Anthracycline
 - Radiation
 - Chest

Physical Examination

- Otherwise normal
 - Scar line at left breast

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Cardiotoxicity

- Toxicity that affects the heart
 - Acute or subacute
 - Up to 2 weeks
 - Chronic
 - Within 1 year
 - Late Cardiotoxicity
 - More than 1 year

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Cardiotoxicity

- Reduction of LVEF
- Symptoms or signs associated with heart failure
- Reduction in LVEF from baseline

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Causes

- Chemotherapy:
 - Anthracyclines
 - Doxorubicin
 - Daunorubicin
 - Idarubicin
 - Epirubicin
 - Mitoxantrone

- HER-2
 - Trastuzumab
- Fluoropyrimidines
 - Fluorouracil
 - Capecitabine
- Radiation
 - Chest

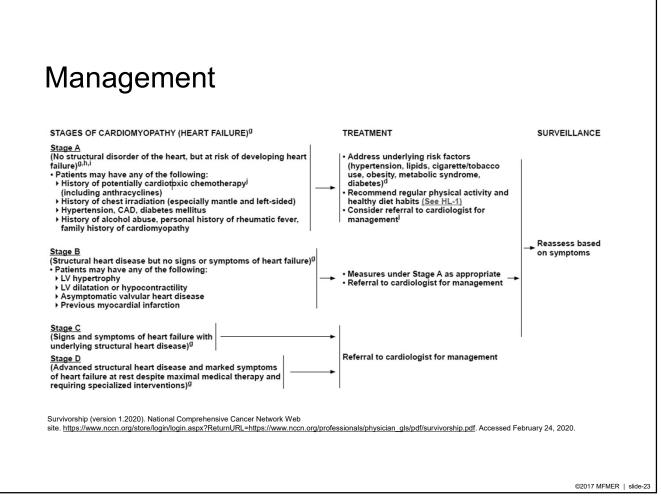
Causes

- Risk factors
 - Hypertension
 - Coronary Artery Disease (CAD)
 - Diabetes
 - Smoker
 - Obesity
 - Physical Inactivity

- History
 - Alcohol Abuse
 - Rheumatic Fever
 - Family History
 - Cardiomyopathy

Cardiotoxicity Questions

- Do you have shortness of breath or chest pain after physical activities (e.g. climbing stairs) or exercise?
- Do you have shortness of breath when lying flat, or wake up at night needing to get air?
- Do you have persistent leg swelling?



Case 3: Peripheral Neuropathy

- History
 - Hands tingling
- Past Medical History
 - Acute Lymphocytic Leukemia
 - Vincristine, corticosteroid, anthracycline
- Physical Examination
 - Good strength
 - Sensation to light touch
 - abnormal bilateral hands

Symptoms

- Deficits in sensory, motor, and autonomic
- Symptoms:
 - Numbness
 - Tingling
 - Altered touch sensations
 - Impaired vibration
 - Paresthesia and dysthesias

- Pain
- Muscle weakness
- Mechanical/thermal allodynia or hyperalgesia
- Constipation
- Dizziness

Causes

- Cancer itself
- Radiation Therapy
- Chemotherapy
 - Platinum based neoplastic
 - Oxaliplatin
 - Cisplatin
 - · Vinca alkaloid
 - Vincristine
 - Vinblastine
 - Epothilones
 - Ixabepilone

- Taxanes
 - Paclitaxel
 - Docetaxel
- · Proteasome inhibitors
 - Bortezomid
- Immunomodulatory drugs
 - Thalidomide

Timeline

- Acute
- Transient thermal sensations
- Permanent changes
 - Chronic pain
 - Irreversible nerve damage

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Preventative Screening

- No different from the general population
- Age/risk-appropriate recommended:
 - i.e. Breast, Cervical, Colon, Lung
 - Dental
 - Vision
- Genetic Testing

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Healthy Lifestyle

- Stop Smoking
- Physical Activity
 - 150 minutes weekly of moderate aerobic
 - resistance (strength) training
 - two or three days per week

- · Weight management
- Healthy Sleep
- Osteoporosis
- Sun Protection

Healthy Lifestyle

- Diet
 - Reduce alcohol intake (limit to 1 drink daily for women or 2 drinks daily for men)
 - Increased fruits and vegetables (2.5 cups daily)

- Whole grains instead of refined
- Limit processed foods, excess sugars, fried foods
- Low-fat foods
- Reduce red meat

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