



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 immunizations and infections

DISCLOSURE

Speaker(s)

No Relevant Financial Relationship(s)

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Survivorship Definition

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

Survivorship Rates

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

Standards for Survivorship Care

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

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

- History
 - 78-year-old male, GME
- Past Medical History
 - Prostate Cancer
- Social
 - Non-smoker
- Physical Examination
 - Otherwise, normal

Causes Sexual Dysfunction

- Diagnosis
- Treatment
- Estrogen/Androgen
- Medical Conditions
- Medications

Treatment

- Psychotherapy
- Counseling
- Gynecology
- Urology
- Sexual Health

Male

- Erectile Dysfunction
- Libido
- Ejaculation
- Orgasm
- Psychological

Female

- Menopause
- Libido
- Pain
- Orgasm
- Psychological

Case 2

- History
 - 52-year-old female
- Chief Complaint
 - Fatigue
- Past Medical History
 - Lung Cancer
 - Surgery
 - Chemo
 - Radiation
- Social:
 - Previous Tobacco Smoker
 - Alcohol, Socially
- Physical Examination
 - Scar line wrapping around left chest
 - Absent breath sounds left lower lobe

Fatigue

- Definition

“distressing, persistent, subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning. Fatigue is a subjective experience”

- Timeline

Causes

Predisposing

- Chemotherapy
- Radiation
- Endocrine
- Targeted Therapies
- Cellular Therapies
- Surgery

Contributing

- Comorbidities
- OTC medications
- Anxiety
- Depression
- Sleep
- Pain
- Nutrition
- Physical Activity

Evaluation

- CBC
- Comprehensive Metabolic Panel
- Endocrine
- Other testing

Treatment

- Contributing Factors
- Counseling
- Physical Activity
- Psychosocial
- Nutrition
- Acupuncture
- Light Therapy
- Massage
- Pharmacologic

Case 3

- History
 - 45-year-old female
- Chief Complaint
 - Swelling
- Past Medical History
 - Breast Cancer
 - Lobectomy
 - Radiation
- Physical Examination
 - Scar line at the left breast
 - Erythematous patch along left breast at prior radiation site
 - Left wrist pitting edema 1+, arm girth is larger compared to right

Lymphedema

- Stage 0
 - Latent/Subclinical
- Stage 1
 - Spontaneously Reversible
- Stage 2
 - Irreversible
- Stage 3
 - Lymphostatic Elephantitis

Causes

- Surgery or Radiation
 - Axillary
 - Supraclavicular
 - Cervical
 - Inguinal
- Sentinel node biopsy
- Obesity

Evaluation

- Recurrence
- Lymphedema Therapist/Clinic

Treatment

- Compression Garments
- Lymphatic Drainage
- Physical Therapy
- Resistance Training
 - Under supervision

Case 4

- History
 - 65-year-old female
- Chief Complaint
 - Memory Concerns
- Past Medical History
 - Lymphoma
- Physical Examination
 - Otherwise normal

Cognitive Function

- History
 - Onset
 - Age
 - Time
 - Treatment
 - Medications
 - Education
 - Caregiver
- Exam
 - Neurological deficits

Evaluation

- Reversible Factors
 - Medications
 - Emotions
 - Symptoms
 - Comorbidities
 - Alcohol
 - Vitamin Deficiencies
- Imaging

Treatment

- Validation
- Reassurance
- Support
- Treat
 - Cognitive rehab
 - Psychotherapy
 - Physical activity
 - Medications

Case 5

- History
 - 55-year-old male
- Chief Complaint
 - Yearly Physical
- Past Medical History
 - Colorectal Cancer
- Physical Examination
 - Otherwise, normal

Risks

- Smoking
- Hypertension
- Hyperlipidemia
- Obesity
- Diabetes
- Physical Inactivity
- Radiation
- Chemotherapy

Treatment

- A
- B
- C
- D
- E

Immunizations

- Inactivated Vaccines
 - Influenza
- Purified Antigens
 - Pneumococcus
- Bacterial components
 - Diphtheria-tetanus-pertussis
- Genetically Engineered Recombinant Antigens
 - Hepatitis B
- Live Vaccines - AVOID
 - MMR

Infection Risk Factors

- Underlying disease
- Post-splenectomy
- Prior chemotherapy
- Monoclonal antibodies
- Prior radiation
- Corticosteroids
- Prior cellular therapies
- Exposure
- Blood transfusion history

Infection Prevention

- **Pet care**
- **Travel precautions**
 - <https://wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers>
- **Gardening precautions**
- **Proper hand hygiene**

Supplements

- Not recommended

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