Cancer Survivors Care
Follow-up guidelines

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Goals of cancer care

Adding years to life

&

Adding life to years
General Principles

- Surveillance for recurrence of primary cancer
- Screening for development of a second primary malignancy
- Long-term physical effects of treatment
- Psychosocial consequences of treatment and fear of recurrence
- Maintain wellness
Cancer prevalence estimates in Italy
De Angelis et al. Tumori

- About 1.700.000 persons are estimated to live with a past diagnosis of cancer

- The rate of increase is impressive: 4% in women and 3% in men, about twice the values attained in 1990 (1850 e 1455 / 100.000 respectively in 1990)
The highest dynamics was observed for prostate cancer and breast cancer. This growth is mainly attributable to:

- Incidence dynamics (+21%)
- Survival improvements (+14%)
- Population aging (13%)
Cancer prevalence estimates in Italy
De Angelis et al. Tumori

- The 2-year prevalent cases were estimated to be **20% of all cancer survivors**
- 21% between **2 and 5 years** from the diagnosis,
- 23% between **5 and 10 years**
- 36% surviving for **more than 10 years**
- Prevalence proportion was **very high in the elderly** (12.6% for 75-84 years and 8% for 60-74 years).
Follow-up – I problemi

- Attività crescente

- Poco considerato negli studi clinici
  (pochi evidenze – alta eterogeneità)

- Sbilanciato sulla diagnosi precoce della recidiva rispetto agli effetti tardivi dei trattamenti e riabilitazione

- Insostenibile (giusta allocazione delle risorse)
Follow-up – Caratteristiche

– Basso impatto sulla sopravvivenza

– Alto numero di prestazioni con basso numero di eventi

– Necessità della multidisciplinarietà (specialistica e primaria)
Risorse

- American Society of Clinical Oncology (ASCO)
- National Comprehensive Cancer Network (NCCN)
- European Society of Medical Oncology (ESMO)
- Associazione Italiana Oncologia Medica (AIOM)
Perché le Linee Guida AIOM

www.aiom.it

- Fonte autorevole di evidenza
- Impatto sui comportamenti con miglioramento della appropriatezza
- Strumento di confronto con altre società
- Possibile impatto medico-legale
International and National Cancer Survivor Initiative

- To understand the needs of those living with & beyond cancer
- To develop models of care to meet their needs
- To design evidence-based sustainable services to accommodate the increasing numbers of cancer survivors in the future
Principles

- **Risk Stratified pathways of care** rather than one size fits all

- Dynamic **personal care plan** which arises from an assessment of the disease, the treatment, and the individuals personal circumstances

- **Information provision** should meet individual needs and should be timely, accessible and promote confidence, choice, and control

- Individuals should be **encouraged to self manage with support and rapid access to appropriate professional when problems arise**
Prototype Testing Hypothesis

By introducing risk stratified levels of care for those living with and beyond cancer there will be a measurable difference in:

- The patient experience of care
  - Have all the information and advice required to manage their condition
  - Who know who to contact
  - Who have been offered a care plan

- At least a 50% reduction in outpatient attendances, and a 10% reduction in unplanned admissions
Which management?

- Self management education/training programmes
- Skills development for professionals
- Institutional support for service redesign
Breast Cancer Survivors

- Increase incidence and prevalence
- Increased risk second primary cancer
- Most recurrences within 5 years following treatment – but threat persists 20+ years
Cancer Surveillance Guidelines

- Interval history and physical exam every 6 months for 5 years, then every 12 months

- Annual mammography of preserved tissue

- More intensive surveillance (labs, bone scans, CXR, tumor markers) does not improve survival or quality of life
Cancer Surveillance Guidelines

• Women on Tamoxifen: annual gynecologic assessment every 12 months if uterus present

• Women on an aromatase inhibitor or who experience ovarian failure secondary to treatment should have monitoring of bone health with a bone mineral density determination at baseline and periodically thereafter
Lifestyle change more important for cancer survivors than others

- **Obesity**
- **Dietary fat intake**
- **Exercise**
- **Smoking**
History and Physical Examination

- Weight loss, persistent cough, bone pain
- Breast or chest wall changes, adenopathy
- Yearly pelvic examination
- Depression
- Lymphedema
Complications of treatment

- Premature menopause
- Neurocognitive changes – “chemo brain”
- Osteopenia/Osteoporosis
- Psychological distress
- Altered body image
- Changes in sexuality
- Lymphedema
Treating the Family

- 5-10% caused by mutations in cancer-susceptibility genes
- BRCA 1 and 2 most common
- Genetic counseling
Colon Cancer Survivors

- Recurrence highest first 5 years after resection

- Careful H&P + CEA q 3 mos for first 2 years, then every 6 mos for next 3 years

- Elevated CEA precedes symptoms by 3-8 mos

- Colonoscopy 12 mos post-op, then 3 years, then q 5 years

- No routine CXR’s
Complications of Treatment

- Fecal incontinence
- Abdominal adhesions
- XRT → diarrhea, radiation proctitis
- Ostomies – altered body image, sexuality. Consider ostomy therapist for guidance
Treating the Family

- Sporadic  60%
- Familial  30%
- Hereditary  10%

FAP 100% risk of colorectal cancer
HNPCC – also endometrial (30-60%),
small bowel, ureter and renal

Genetic counseling
Fear of Recurrence / Secondary Cancer

- Remember to ask about it
- Don’t forget to ask the family too
- Empower the patient
- Refer early – psychoncologist
Simultaneous Care Model

Curative therapy

Presentation

Palliative care

Hospice

Death


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Highest correlations with suffering

- **Physical problems**
  - Fatigue
  - Pain
  - General malaise
  - Drowsiness
  - Nausea

- **Social-relational concerns**
  - Social isolation

- **Psychological difficulties**
  - Anxiety
  - Depression
  - Loss of interest/pleasure
  - Hopelessness
  - Desire of death

- **Existential issues**
  - Loss of resilience
  - Loss of dignity
  - Loss of control
Infermiere Medico (specialista – ass. primaria)  
Fisioterapista Psicologo  
Assistente sociale Volontario  
Assistente spirituale ...

"... Le Cure Palliative richiedono un approccio d’équipe, che riconosca il ruolo dei vari membri coinvolti. Il personaggio preminente del gruppo può variare a seconda delle necessità del paziente ..."

OMS - Organizzazione Mondiale della Sanità.  
Collana Rapporti Tecnici 804 - Ginevra 1990

COMPLEMENTARIETÀ’  
INTERAZIONE  
COORDINAMENTO
Incidence of pain due to cancer type.


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Health care professional responsible for treating or managing patient pain.


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Patient beliefs about their pain treatment from their health care provider (HCP)—global survey results (n = 573).

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage of Patients (%)</th>
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<tbody>
<tr>
<td>HCP does not consider patient QoL to a great extent</td>
<td>50</td>
</tr>
<tr>
<td>HCP does not recognise pain as a problem</td>
<td>12</td>
</tr>
<tr>
<td>HCP treats cancer rather than pain</td>
<td>38</td>
</tr>
<tr>
<td>HCP does not have time to discuss pain</td>
<td>33</td>
</tr>
<tr>
<td>HCP does not know how to control pain</td>
<td>26</td>
</tr>
<tr>
<td>HCP does not always ask about pain</td>
<td>27</td>
</tr>
</tbody>
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Pattern and quality of care of cancer pain management. Results from the Cancer Pain Outcome Research Study Group

G Apolone et al. (G: Azzarello, co-investigator) on behalf of the Cancer Pain Outcome Research Study Group (CPOR SG) Investigators

“…results suggest that the recourse to WHO third-level drugs still seems delayed in a substantial percentage of patients. This delay is probably related to several factors affecting practice in participating centres and suggests that the quality of cancer pain management in Italy deserves specific attention and interventions aimed at improving patients' outcomes”.
FIGURE 1: Contributors to fatigue in cancer patients
Evidenze a supporto dei differenti approcci terapeutici

Cortisonici/progestinici
Antidepressivi
Psicostimolanti
Altre forme di supporto

Trattamento anemia
Esercizio fisico
Supporto psicologico
Conclusions...we need to move forward...

"Which road do I take? she asked.

- It depends: Where do you want to go?" (Alice in Wonderland)

WE NEED TO GO TOWARDS HARMONIZATION AS MUCH AS WE CAN