CANCER SURVIVORSHIP
LONG-TERM AND LATE EFFECTS
Participants will be able to:

- Define common long-term/chronic and late effects
- Describe common assessments for long-term and late effects
- Describe evidenced based treatments for cancer survivors
- Name survivorship resources for clinical practice
WHAT

HOW
Side effects – a secondary, typically undesirable effect of a drug or medical treatment

Long-term/Chronic effects – these begin during treatment and continue after treatment

Late Effects – these begin after treatment
Chronic and Late Effects of Cancer Treatment

- **Physical/Medical** (e.g., second cancers, CVD, obesity, diabetes, lymphedema, bone loss, functional decline)

- **Psychological** (e.g., depression, anxiety, uncertainty, isolation, altered body image)

- **Social** (e.g., changes in interpersonal relationships, concerns regarding health or life insurance, job lock/loss, return to school, financial burden)

- **Existential and Spiritual Issues** (e.g., sense of purpose or meaning, appreciation of life)
Cancer Survivorship (and patient) Clinical Practice Guidelines

National Comprehensive Cancer Network
- By Topic:
  - Anxiety and depression
  - Cognitive function
  - Exercise
  - Fatigue
  - Immunizations and infections
  - Pain
  - Sexual function (female/male)
  - Sleep disorders

American Society of Clinical Oncology
- By Topic:
  - Neuropathy
  - Fatigue
  - Anxiety and depression
  - Fertility preservation
  - Breast cancer survivorship care guideline (ACS/ASCO)

American Cancer Society Survivorship Care Guidelines for Oncologists & PCPs
- By Topic:
  - Holistic:
    - Surveillance
    - Screening
    - Long-term and late effects
    - Health promotion
    - Care Coordination
    - Breast (ACS/ASCO), colorectal, head and neck and prostate
Assessment
THIS IS NURSE ROCHESTER, IF THERE'S ANYTHING WORRYING YOU SHE'S THE PERSON TO SHARE YOUR CONCERNS WITH SO THAT THEY GET RECORDED AND FILED PROPERLY.
Assessment

- Screening/Assess
- Review results
- Treat
  - In-house
  - Referral
- Follow-up
  - Re-assess
  - Adjust treatment plan

Screen/Assess
Review Results
Treat
  - In-house
  - Referral
Assessment

- Validated instrument with an evidence base of use (preferably in multiple settings)
- Validated cut-off (scoring) points
- Integrated into work flows
- Medical providers trained on interpretation of results, and treatment options
Psychosocial Screening

Distress
- NCCN Distress Management Guidelines Distress Thermometer and Problem Checklist

Depression/Anxiety
- Patient Health Questionnaire-2/Generalized Anxiety Disorder-2 (PHQ2-GAD2)

EFFECTIVE SCREENING IS ONLY THE FIRST STEP
Psychosocial Assessment

Depression
- Beck Depression Inventory (BDI)
- Center for Epidemiological Studies-Depression (CES-D)
- Geriatric Depression Scale (GDS, long and short-from)
- Patient Health Questionnaire for Depression (PHQ-9)

Anxiety
- Beck Anxiety Inventory (BAI)
- Generalized Anxiety Disorder (GAD-7)

Assessment instruments must be complemented with a clinical interview for a diagnosis.
Screening and Assessment – Depression in Adults with Cancer

Screen at pre diagnosis, other times, and as is relevant.

If at any time there is risk of harm to self and/or others:
- If YES > Referral for emergency evaluation. Facilitate safe environment. One-to-one observation. Initiate interventions to reduce risk of harm to self and/or others. (The presence of other symptoms, e.g., psychosis, severe agitation and confusion [delirium], may also warrant emergency evaluation).
- If NO > Continue with algorithm

2 item PHQ-9:
1) Little interest or pleasure in doing things (anhedonia)
2) Feeling down, depressed or helpless (depressed mood)

If patient reports a score of 0 or 1
- No Further Screening

If patient reports a score of 2 or 3
- Complete 7 remaining PHQ-9 items

None/Mild Symptomatology (Score 1-7)
Moderate Symptomatology (Score 8-14)
Moderate Severe Symptomatology (Score 15-19)
Severe Symptomatology (Score 20-27)

Identify pertinent history / specific risk factors for depression:
- History: Prior depressive disorder, with or without prior treatment
- History: Familial history of depression, with or without prior treatment
- History: Persons with other psychiatric disorders (e.g., GAD), including substance abuse
- Recurrent, advanced, or progressive disease
- Presence of chronic illness(es) in addition to other
- Single (single not married, widowed, divorced) vs. partnered
- Unemployed or lower socioeconomic status
- Female gender
NCCCP Cancer Psychosocial Care Assessment Tool
Modeled for Whole-Person Care

**Psychosocial Health Services** are those psychological and social services that enable cancer survivors, their families, and health care providers to optimize biomedical health care and to manage the psychological/behavioral and social aspects of cancer and its consequences so as to promote better health.

Multidimensional culturally informed psychosocial health needs screening to include:

- **Emotional/Mental Health Needs** (ie: anxiety, depression, coping, sexuality)
- **Practical Problems** (ie: concrete needs and illness-related concerns - financial, transportation, housing)
- **Social Problems** (ie: lack of social support/resources, vocational impact, insurance)
- **Support Needs** (ie: personal, social, medical, spiritual)

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<th>3. Identifies psychosocial health needs of cancer survivors</th>
<th>Data collection method</th>
<th>Not systematically done; reliance upon survivors to volunteer information or provider to observe or inquire during clinical conversations</th>
<th>Random/inconsistent screening conducted</th>
<th>Screening consistently conducted using a standardized method with all survivors upon initial encounter/treatment initiation</th>
<th>Level 3 plus when positive screen, a comprehensive assessment is also conducted</th>
<th>Level 4 plus reassessments covering defined timeframes from diagnosis throughout follow-up</th>
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Assessing Fatigue

**Screening and Assessment – Fatigue in Cancer Survivors**

1. Routinely screen for fatigue
2. Use a numeric rating scale as clinically indicated and at least annually.

**Education and Counseling**
- All patients should be offered specific education about fatigue following treatment (e.g., information about the difference between normal and cancer-related fatigue, persistence of fatigue post-treatment, and causes and contributing factors). All patients should be offered advice on general strategies that help manage fatigue (e.g., maintaining physical activity) and guidance on self-monitoring of fatigue levels.

**Comprehensive and Focused Assessment**
(for patients who report moderate to severe fatigue)
Fatigue measures

- Brief Fatigue Symptom Inventory
- Fatigue Symptom Inventory
- Multi-dimensional Fatigue Symptom Inventory (Long and Short Form)
- PROMIS and Neuro-QOL measures
Comprehensive and Focused Assessment
(for patients who report moderate to severe fatigue)

History and Physical
1) Perform a focused fatigue history, including:
   - Onset, pattern, duration
   - Change over time
   - Associated or alleviating factors

2) Evaluate disease status by:
   - Evaluate risk of recurrence based on stage, pathologic factors, and treatment history
   - Perform review of systems to determine if other symptoms substantiate suspicion for recurrence

3) Assess treatable contributing factors:
   - Comorbidities (e.g., cardiac dysfunction, endocrine dysfunction, pulmonary dysfunction, renal dysfunction, anemia, arthritis, neuromuscular complications, sleep disturbances, pain, emotional distress)
   - Medications (consider persistent use of sleep aids, pain medications, or antiemetics)
   - Alcohol/substance abuse
   - Nutritional Issues
     - Weight/caloric intake changes
   - Deconditioning

As a shared responsibility, the clinical team must decide when referral to an appropriately trained professional (e.g., cardiologist, endocrinologist, mental health professional, internist, etc.) is needed.

Laboratory Evaluation
- Consider performing laboratory evaluation based on presence of other symptoms, onset, and severity of fatigue

DRG with differentials
Evidenced based treatment

- Guideline based
- Risk factors/risk assessment
- Intervention intensity varies by severity of symptom
GEM – Grid-Enabled Measures Database

- Search for Measures by name or construct
- Read and rate measures for use in various settings
- Download publicly available measures

Relevant workspaces: Assessment of Cancer Patients Symptoms and Needs, Distress Measurement, Survivorship Care Planning
Evidenced-based treatments resources

- Depression and Anxiety
- Fatigue
- Pain, including Chemotherapy Induced Peripheral Neuropathy
Evidenced-based Treatment: Fatigue

- Treat contributing factors
  - Medical and substance induced factors

- Physical activity
  - Walking and other aerobic strength, may need rehabilitation evaluation

- Psychosocial interventions
  - Cognitive-behavioral therapy, psycho-education

- Mind-body interventions
  - Mindfulness, yoga, acupuncture

- Pharmacologic interventions
  - Psychostimulants
Resources

- ASCO Survivorship and Supportive Care Guidelines
- Articles, pdfs, and powerpoints with algorithms for screening assessment and care
- NCCN Guidelines
- GEM Grid-Enables Measures Database
- [www.gem-measures.org](http://www.gem-measures.org)
- Oncology Nursing Society (ONS) Putting Evidence Into Practice (guidelines and implementation)
Summary

- **Guidelines and tools** are available to help implement evidence based care.
- A well-developed and integrated process is necessary to effectively screen, assess, treat, follow-up
- Don’t reinvent the wheel
- Establish referral relationships with collaborative disciplines.