

Tools and Resources to Improve Care and Quality of Life for Cancer Survivors

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Disclosure

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Acknowledgments

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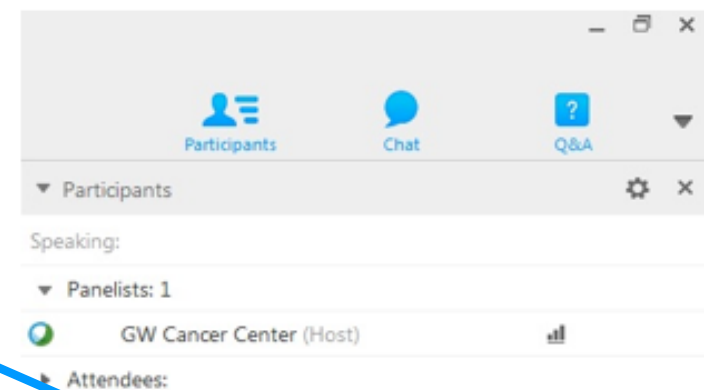
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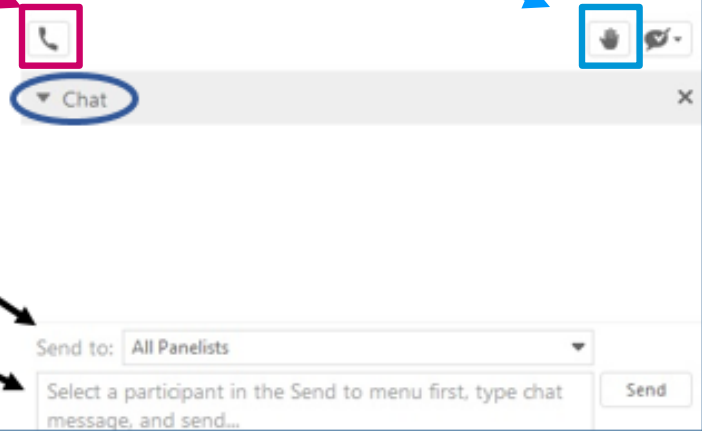
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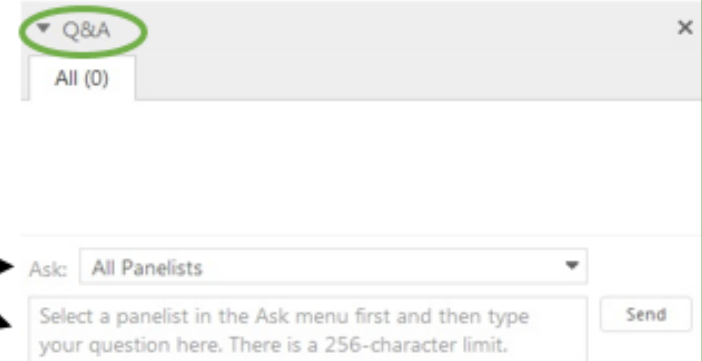
Chat Feature

1. Select **Send to: All Panelists** or **Send to: All Participants**
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Q&A Feature

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Poll Question

In which state do you primarily work?

Learning Objectives

- Describe current trends in cancer survivorship
- Discuss the need for survivorship care
- Explain characteristics and learning outcomes of the Cancer Survivorship E-Series

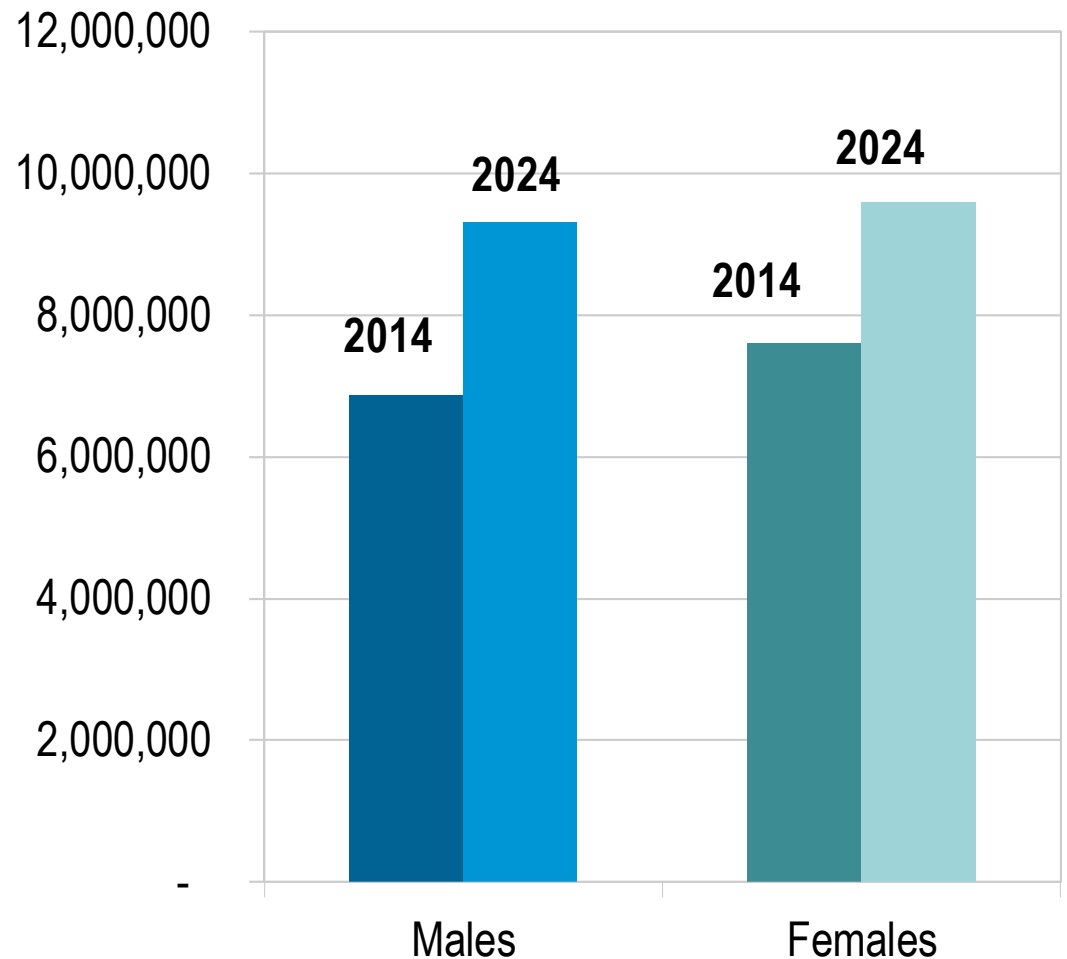
Poll Questions

1. How familiar are you with survivorship care and the needs of post-treatment cancer survivors?
2. To what extent have you participated in the Cancer Survivorship E-Series?
3. Have you shared the Cancer Survivorship E-Series or specific modules with others?

Background

It is estimated there are currently 15.5 million cancer survivors living in the U.S. today, and the number will continue to increase.

Number of Cancer Survivors



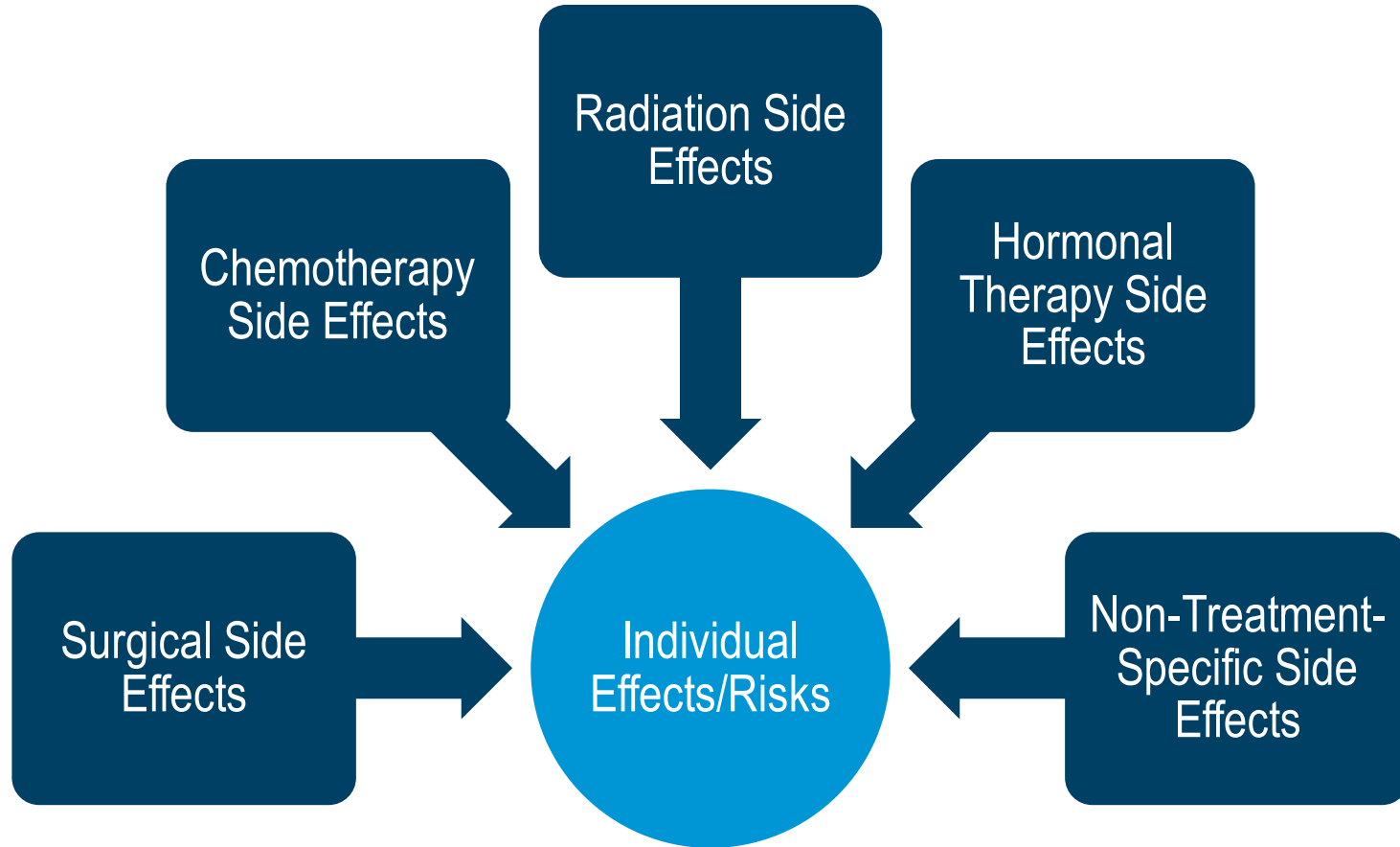
Siegel, Miller & Jemal, 2016.

Background

- In recent years, there has been an increased focus on ensuring coordinated care for survivors to address these and other issues
- Post-treatment cancer survivors are at increased risk for a variety of issues due to cancer and its treatment including long-term and late effects

(American College of Surgeons, 2011; Andersen et al., 2014; Cohen et al., 2016; El-Shami et al., 2015; Seeff, 2010; Runowicz et al. 2015; Skolarus et al. 2014)

Impacts of Cancer Treatment



Patient Perspectives: Impact of Cancer and Its Treatment

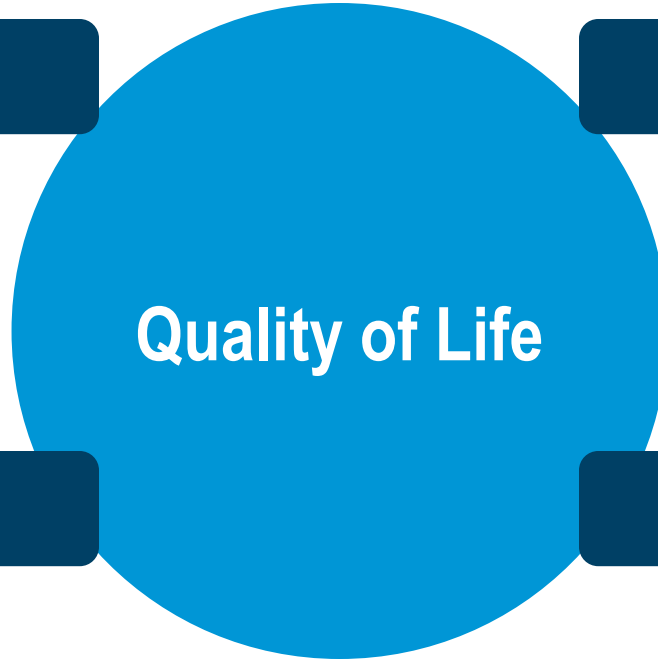
Kristin's Experience:
Long-term and Late
Effects from Colorectal
Cancer Treatment



Sam's Experience:
Long-term and Late
Effects from Head and
Neck Cancer Treatment



Cancer Survivor Needs



Physical Well-Being

- Functional status
- Fatigue and sleep
- Overall physical health
- Fertility
- Pain



Psychological Well-Being

- Control
- Anxiety
- Depression
- Fear of recurrence
- Cognition/attention



Social Well-Being

- Family distress
- Roles and relationships
- Affection/sexual function
- Appearance
- Isolation
- Finances/employment



Spiritual Well-Being

- Meaning of illness
- Religiosity
- Transcendence
- Hope
- Uncertainty
- Inner strength

Ferrell & Hassey Dow, 1997.

Primary Care Providers' Role in Cancer Survivorship Care

- PCPs should play an active role in the care coordination of cancer survivors by:
 - Promoting healthy behaviors
 - Assisting in the surveillance for cancer recurrence and second primary cancers
 - Assessing and managing physical and psychosocial long-term and late effects
 - Clarifying care roles when needed with other members of the cancer treatment team

Reach of E-Learning Series



Walk-through of the Training

Cancer Survivorship E-Learning Series for Primary Care Providers

A program of the National Cancer Survivorship Resource Center*



GW Cancer Center

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bit.ly/PCPE-Learning

Is the E-Learning Series Effective?

N=730

April 2013 –
October 2016

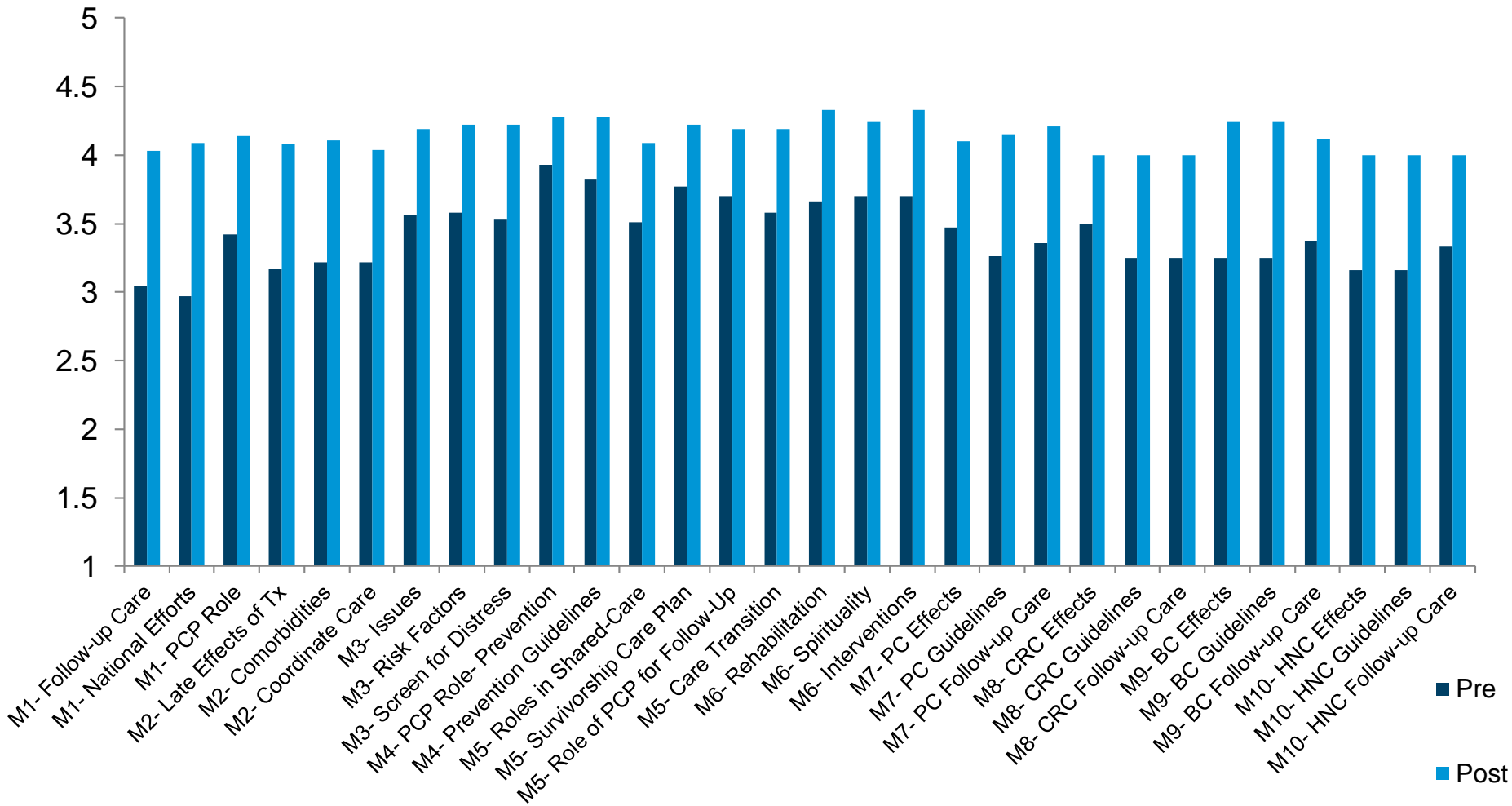
Tests for significance were conducted at 95% confidence for each bivariate analysis ($\alpha=0.05$).

- Pre-test and post-test responses within each group (self-assessment) were conducted with **paired samples t-tests** and Wilcoxon Signed Rank tests.

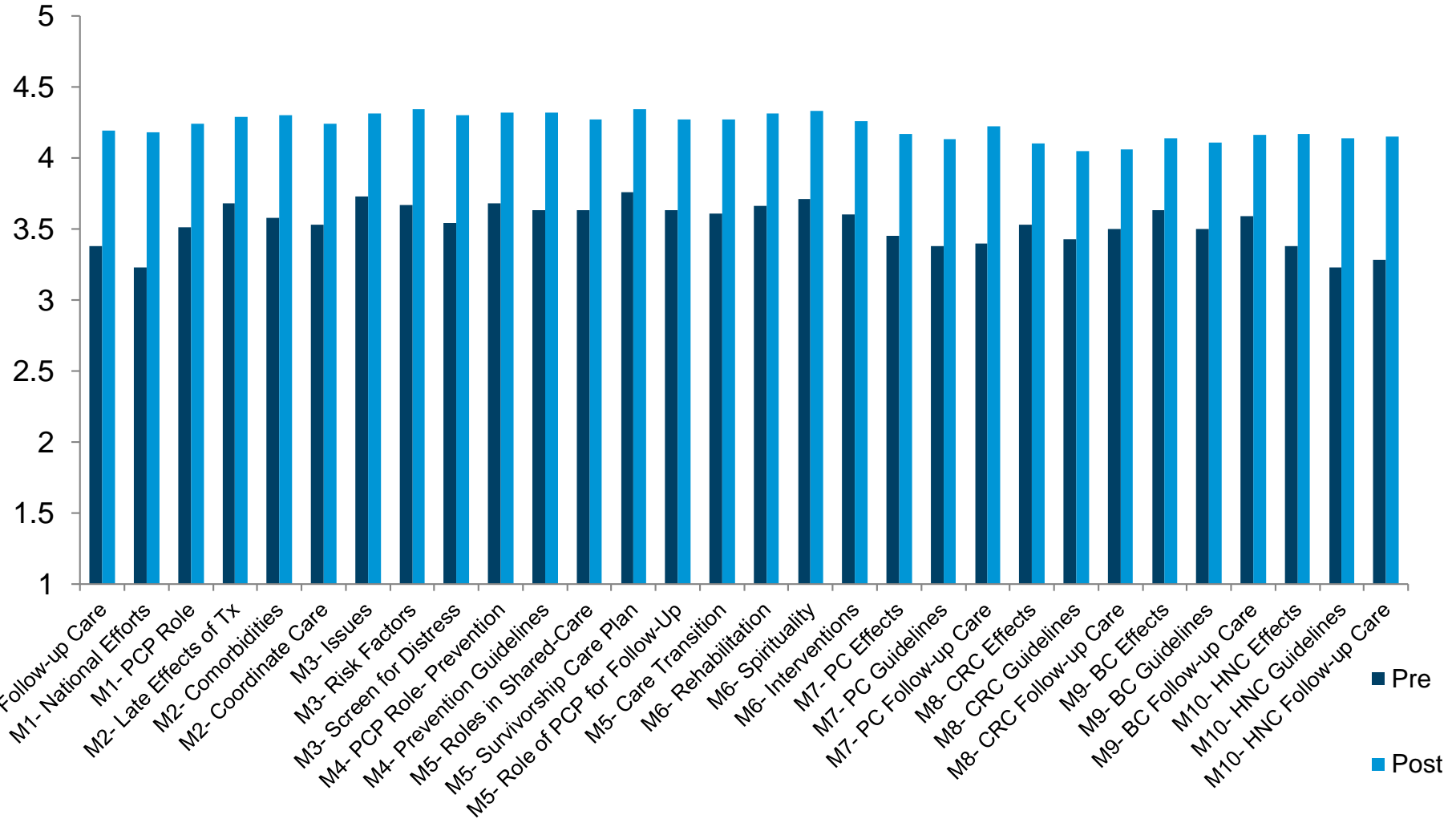
Learner Demographics

	Oncology (n=593)	Primary Care (n=137)
Female	95.4%	81.0%
40-59 Years Old	58.7%	52.5%
White	83.9%	76.9%
Not Hispanic or Latino	88.7%	84.6%
Serve Primarily Rural Community	13.6%	14.2%
Physician	0.6%	35.7%
Nurse	67.7%	19.7%
Nurse practitioner	11.3%	24.8%
Previously participated in other training (yes)	44.1%	22.6%

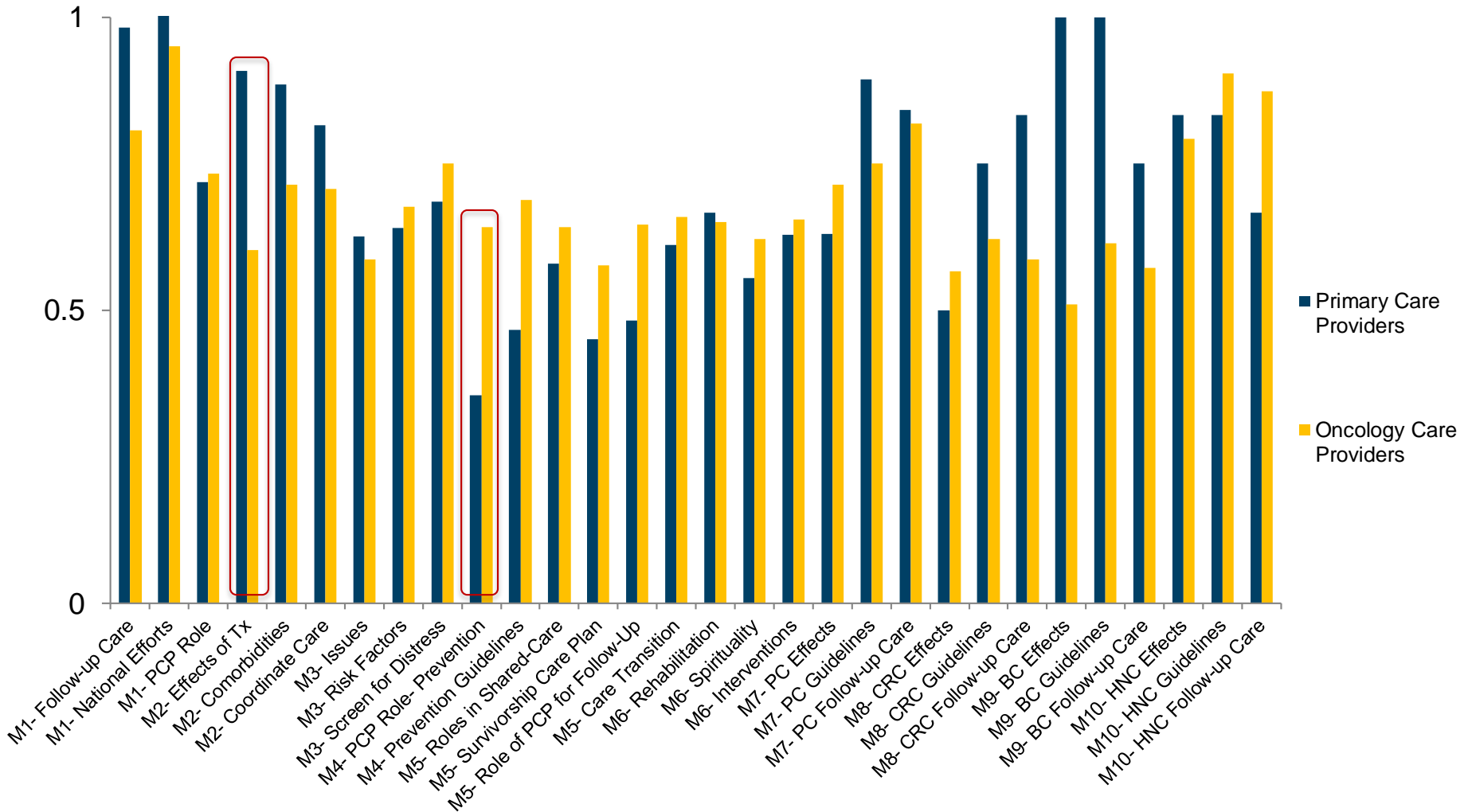
Primary Care Providers Pre/Post Means



Oncology Care Providers Pre/Post Means



Comparing Change Scores of Primary Care and Oncology Providers

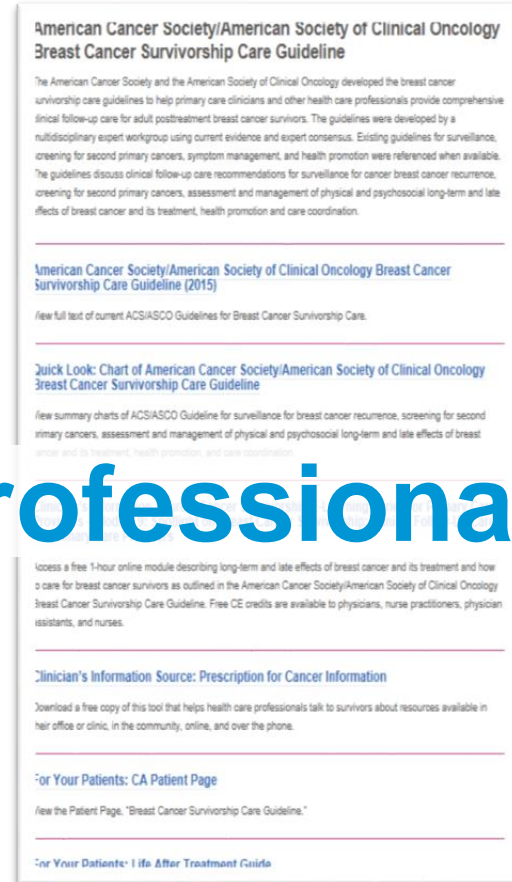
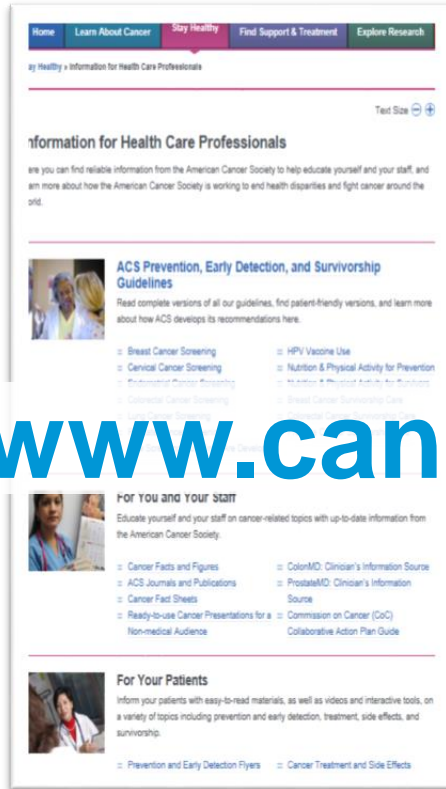


Is the E-Learning Series Effective?



- Positive learning gains seen among both primary care and oncology providers.
- For most learning objectives, primary care and oncology providers had statistically equivalent gains from pre to post.
- Results indicate the E-Learning Series is effective in improving providers' confidence around meeting the needs of survivors and engaging in recommended care practices.
- **There is a need for continued dissemination among providers, particularly those in primary care.**

Cancer Survivorship Care Guidelines



www.cancer.org/professionals

National Cancer Survivorship Resource Center Toolkit

PROSTATE CANCER SURVIVORSHIP: LONG-TERM AND LATE EFFECTS SUMMARY	
Long-term Effects Start during treatment and persist	Late Effects Start after treatment ends
Surgery Effects (radical prostatectomy: open, laparoscopic, robotic-assisted)	
Urinary dysfunction <ul style="list-style-type: none"> Urinary incontinence (stress) Urinary symptoms (urgency, frequency, nocturia, dribbling) Urethral stricture formation (scarring at the urethra) Sexual dysfunction <ul style="list-style-type: none"> Erectile dysfunction (ED) Lack of ejaculation Ejaculum changes (without erection, associated with incontinence) Penile shortening 	<ul style="list-style-type: none"> Disease progression
Pelvic Radiation Therapy Effects	
Urinary dysfunction <ul style="list-style-type: none"> Urinary incontinence Dysuria, urgency, frequency, nocturia, dribbling Hematuria Urethral stricture 	Urinary dysfunction <ul style="list-style-type: none"> Urethral stricture Hematuria due to small blood vessel changes
Hormone Therapy Effects (androgen deprivation therapy)	
Sexual dysfunction <ul style="list-style-type: none"> Loss of libido ED Other <ul style="list-style-type: none"> Hot flashes/sweats Weight gain, abdominal obesity Change in body image Excessive emotional reactions and frequent mood changes Depression Fatigue/decreased activity Gynecomastia Anemia Body hair loss Dry eyes 	<ul style="list-style-type: none"> Chondrocytes, fractures Metabolic syndrome Cardiovascular disease (possible increased risk of myocardial infarction) Diabetes; decreased sensitivity to insulin and oral glycemic agents Increased cholesterol Increased fat mass and decreased lean muscle mass/muscle wasting Venous thromboembolism Vertigo Cognitive dysfunction Disease progression

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<http://bit.ly/NCSRCToolkitFull>

AMERICAN CANCER SOCIETY COLORECTAL CANCER SURVIVORSHIP CARE GUIDELINE SUMMARY Assessment and Management of Long-term and Late Effects	
SEXUAL FUNCTION AND FERTILITY <ul style="list-style-type: none"> Discuss urogenital dysfunction/sexual dysfunction (U), vaginal dryness (U), ovarian failure (U), premature menopause (U), gonadotropin (U) Discuss ejaculatory problems (U), erectile dysfunction (U) and sexual dysfunction (M) with survivors of rectal cancer For women with vaginal dryness or dyspareunia recommend vaginal moisturizers and water or silicone-based lubricants during intercourse 	BOWEL/GI FUNCTION <ul style="list-style-type: none"> Discuss chronic diarrhea (M), frequency and/or urgency of bowel movements (U), loose bowels (U), bowel function and symptoms Assess for rectal discomfort (U) and/or bleeding (U), rectal emptying problems/recurrence (U), incisional hernia with constipation (U), sphincter dysfunction (U), rectal urgency and frequency (U) Refer survivors with persistent rectal symptoms (e.g. bleeding, sphincter dysfunction, rectal urgency and frequency) to the appropriate specialist
URINARY FUNCTION <ul style="list-style-type: none"> Assess for stress and urge urinary incontinence (U), hematuria (U) Discuss frequency for and overuse of urinary incontinence (U) Recommend Kegel exercises for stress incontinence unless denervation occurred during surgery Recommend anticholinergic drugs for stress incontinence Recommend antispasmodic drugs for urge or mixed incontinence Patients with hypogastric bladder may require catheterization Refer patients with prolonged urinary retention post-operatively to urologist Recommend limited caffeine and fluid intake and avoiding foods that irritate the bladder such as citrus and tomatoes for irritative symptoms Refer patients who received radiation with persistent hematuria to a urologist for cystoscopy to investigate secondary causes 	FATIGUE <ul style="list-style-type: none"> Assess for long-term (after 7 years) and short-term (within 3 years) fatigue (M) with individualized treatment Individualized support interventions for fatigue Refer survivors with fatigue to Cancer Survivorship and Supportive Care Refer survivors with fatigue to appropriate specialty services For chronic fatigue, refer to rehabilitation
NEUROPATHY <ul style="list-style-type: none"> Assess for neuropathy (M) Focus on prevention; strong evidence for therapy is lacking Treat with duloxetine (moderate recommendation) No evidence to support tricyclic antidepressants, gabapentin or topical gel containing baclofen, amitriptyline HCL and ketamine, but these therapies have been used for other neuropathic pain conditions Refer to rehabilitation and pain management as needed Higher risk criteria: <ul style="list-style-type: none"> Patients who receive a cumulative dose of oxaliplatin > 900mg/m² Patients with pre-existing neuropathy, alcoholism and diabetes mellitus 	

High prevalence >50% (H), Mid Prevalence 21-49% (M), Low Prevalence <20% (L), Unknown Prevalence (U)

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Thank you!

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Evaluation Poll