# Advances in Cancer Care &

### Importance of Survivorship in Long-Term Wellness

### Sara A. Hurvitz, MD, FACP

Professor of Medicine
Head, Division of Hematology/Oncology,
University of Washington School of Medicine
Senior Vice President, Clinical Research Division,
Fred Hutchinson Cancer Center





### **DECLARATION OF INTERESTS**

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### **Review of current cancer statistics**

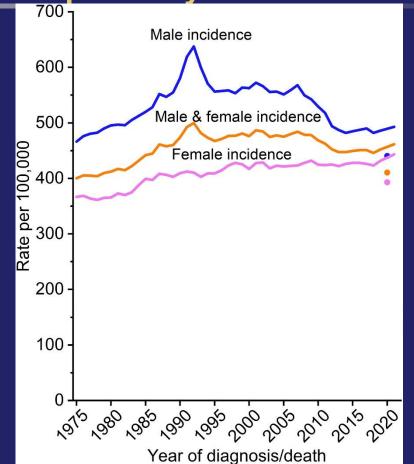
Trends in cancer incidence and mortality

2025: 2 million cancers will be diagnosed in the US (5600 per day)

			1000	<u>, , , , , , , , , , , , , , , , , , , </u>				
	Male				Female			
Cases	Prostate	313,780	30%		Breast	316,950	32%	
	Lung & bronchus	110,680	11%		Lung & bronchus	115,970	12%	
	Colon & rectum	82,460	8%		Colon & rectum	71,810	7%	
	Urinary bladder	65,080	6%		Uterine corpus	69,120	7%	
Na	Melanoma of the skin	60,550	6%		Melanoma of the skin	44,410	4%	
Estimated New	Kidney & renal pelvis	52,410	5%		Non-Hodgkin lymphoma	35,210	4%	
	Non-Hodgkin lymphoma	45,140	4%		Pancreas	32,490	3%	
ma	Oral cavity & pharynx	42,500	4%		Thyroid	31,350	3%	
sti	Leukemia	38,720	4%		Kidney & renal pelvis	28,570	3%	
	Pancreas	34,950	3%		Leukemia	28,170	3%	
	All sites	1,053,250			All sites	988,660		
	Male				Female			
	Lung & bronchus	64,190	20%		Lung & bronchus	60,540	21%	
	Prostate	35,770	11%		Breast	42,170	14%	
S	Colon & rectum	28,900	9%		Pancreas	24,930	8%	
Death	Pancreas	27,050	8%		Colon & rectum	24,000	8%	
					*		<b>FO</b> /	
De	Liver & intrahepatic bile duct	19,250	6%		Uterine corpus	13,860	5%	
pg De	Liver & intrahepatic bile duct Leukemia	19,250 13,500	6% 4%		Uterine corpus Ovary	13,860 12,730	5% 4%	
ated De					·	50		
timated De	Leukemia Esophagus Urinary bladder	13,500	4%		Ovary	12,730	4%	
Estimated Deaths	Leukemia Esophagus Urinary bladder Non-Hodgkin lymphoma	13,500 12,940	4% 4%		Ovary Liver & intrahepatic bile duct Leukemia Non-Hodgkin lymphoma	12,730 10,840	4% 4%	
Estimated De	Leukemia Esophagus Urinary bladder	13,500 12,940 12,640	4% 4% 4%		Ovary Liver & intrahepatic bile duct Leukemia	12,730 10,840 10,040	4% 4% 3%	

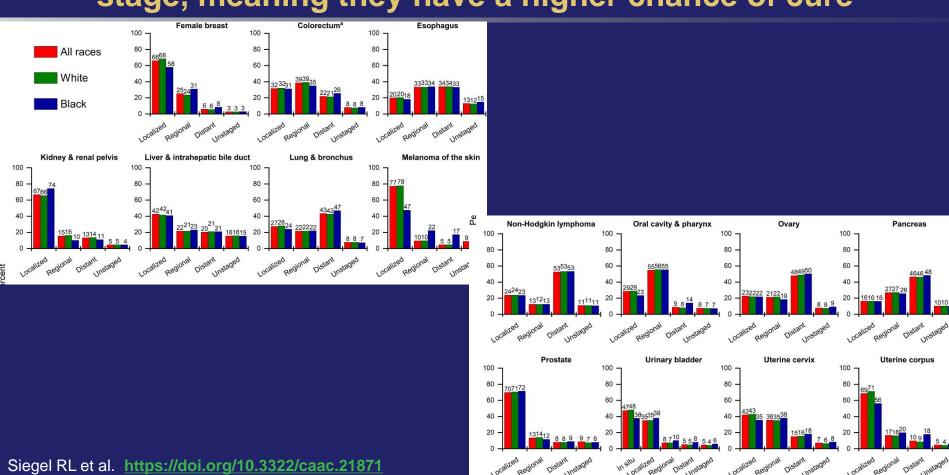
Siegel RL et al. https://doi.org/10.3322/caac.21871

How many cancers have been diagnosed annually in the past 50 years in the US?

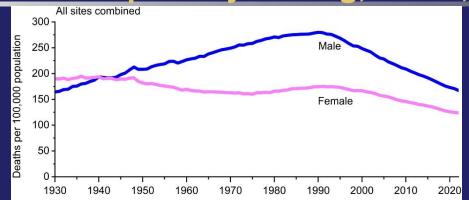


Siegel RL et al. https://doi.org/10.3322/caac.21871

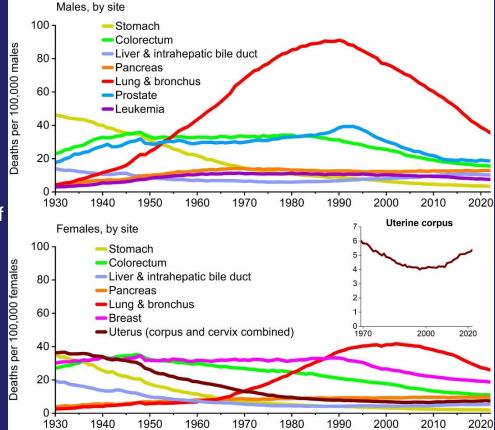
# Most cancers are diagnosed at an early (local/regional) stage, meaning they have a higher chance of cure



# Mortality is improving! Especially in lung, colon, breast and prostate cancer



- Death rate rose (driven by males) during most of the 20<sup>th</sup> century due to smoking
- Since its peak in 1991 has dropped 34%
- Translates to 4.5 million fewer cancer deaths from 1991-2022 than if death rate remained at its peak.
- In the past ~decade, death rate dropped by 1.7% annually

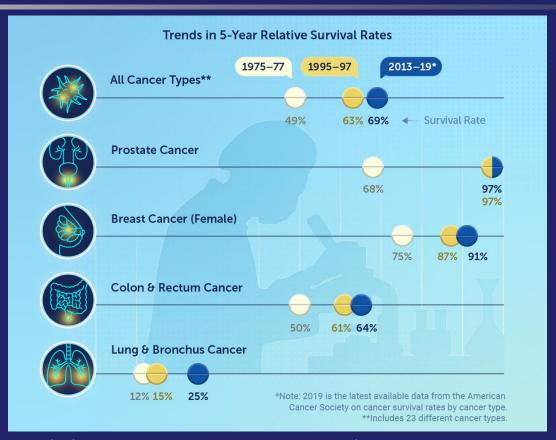


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Siegel RL et al. https://doi.org/10.3322/caac.21871

https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acs.pdf

### **Cancer Survival Improving**



### **Focus on Cancer Survival**

- In recent years, the 5-year (relative) survival for all cancers combined is 69%
- Since the 1960s, 5-year survival increased from:
  - 39% to 70% for White people
  - 27% to 65% for Black people
- As a result, more than 18 million people in the US have a personal history of cancer

## Why is mortality improving?

### Reasons for Improved Survival

- Better (and smarter) screening and early detection
  - -Breast, cervical, colon cancer, prostate cancer
  - -Lung cancer screening for high risk individuals
- Decrease in smoking!!
- Better treatment!!

## **Improved Treatments**



### Alexandra (Sandy) Levine, MD



#### **Original Contributions**



## Retrovirus and Malignant Lymphoma in Homosexual Men

Alexandra M. Levine, MD; Parkash S. Gill, MD; Paul R. Meyer, MD; Ronald L. Burkes, MD; Ronald Ross, MD; Ruth D. Dwoi

### Rectal Lymphoma in Homosexual Men

Ronald L. Burkes, MD; Paul R. Meyer, MD; Parkash S. Gill, MD; John W. Parker, MD; Suraiya Rasheed, PhD; Alexandra M. Levine, MD Arch Intern Med—Vol 146, May 1986

Evolving characteristics of AIDS-related lymphoma



Alexandra M. Levine, Lasika Seneviratne, Byron M. Espina, Amy Rock Wohl, Anil Tulpule, Bharat N. Nathwani, and Parkash S. Gill

Acquired Immunodeficiency Syndrome-Related Lymphoma

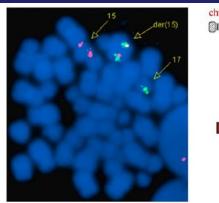


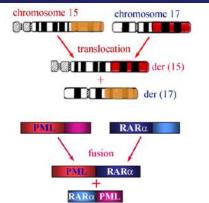
f Los Angeles. Significant mographic profile of padiagnosed ARL have ocearliest time period (1982-1986), to 53/dL in the last time period from 1995 to 1998 (P = .0006). The pathologic spectrum of dis-

### **Acute Promyelocytic Leukemia**

- Aggressive leukemia characterized by a mistake in the DNA during cell division where two genes (PML and retinoic acid receptor, RAR) become fused together
- Rapid course, severe bleeding
- All efforts until 1970s were chemo based which targets cells that are rapidly proliferating
- These cells characterized by inability to mature and die in a natural way (the cells became immortal)







### **Acute Promyelocytic Leukemia**

- When studying how to manage APL, Chinese scientists in Shanghai (Zhen-yi Wang, et al) reflected on a famous analect of Confucius:
  - If you govern the people with laws and control them by punishment, they will avoid crime, but have no personal sense of shame. If you govern them by means of virtue and control them with propriety, they will gain their own sense of shame, and thus correct themselves.
- Translating into a philosophy of managing this cancer, they sought to educate the cancer cells (coaxing them to differentiate) rather than killing them
- Tested a form of vitamin A (all trans retinoic acid) that showed promise in the laboratory



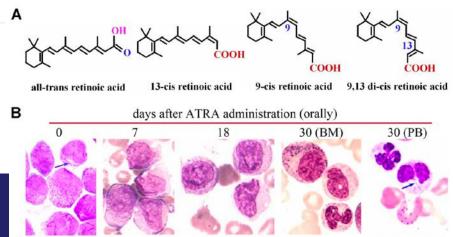


Volume 72, Issue 2, 1 August 1988, Pages 567-572

**ARTICLES** 

### Use of All-Trans Retinoic Acid in the Treatment of Acute Promyelocytic Leukemia

 $\frac{\text{Huang Meng-er, }\underline{\text{Ye Yu-chen, Chen Shu-rong, Chai Jin-ren, Lu Jia-Xiang, Zhoa Lin, }\underline{\text{Gu Long-jun, }}}{\text{Wang Zhen-yi}} \\ \frac{\text{Number Meng-er, }\underline{\text{Ye Yu-chen, Chen Shu-rong, Chai Jin-ren, Lu Jia-Xiang, Zhoa Lin, }\underline{\text{Gu Long-jun, }}}{\text{Mung Zhen-yi}} \\ \frac{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}}{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}} \\ \frac{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}}{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}} \\ \frac{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}}{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}} \\ \frac{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}}{\text{Number Meng-er, }} \\ \frac{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}}}{\text{Number Meng-er, }} \\ \frac{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}}{\text{Number Meng-er, }} \\ \frac{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}}}{\text{Number Meng-er, }} \\ \frac{\text{Number Meng-er, }\underline{\text{Number Meng-er, }}}{\text{Number Meng-er, }} \\ \frac{\text{Number Meng$ 



- 5 year old girl in Shanghai in 1985
- Dying after chemotherapy failed her. In critical condition with fever, hemorrhaging from skin and mucosa, blood infection
- Parents ready to place her on hospice
- Agreed to try ATRA.
- After 1 week of oral ATRA, fever resolved
- After 3 weeks, no detectable leukemia
- As of age 26, healthy and fully functional

## **Human Epidermal Growth Factor-2 (HER2)**



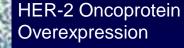
HER2 Oncogene Amplification



**Breast Cancer** 



Dennis Slamon, MD, PhD





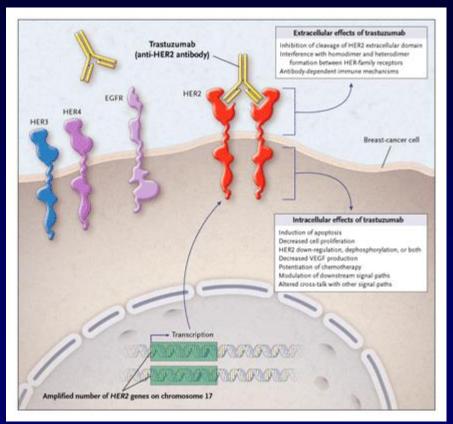
**Shortened Survival** 

#### Median Survival from First Diagnosis

HER-2 overexpressing 3 yrs HER-2 normal 6 - 7 yrs

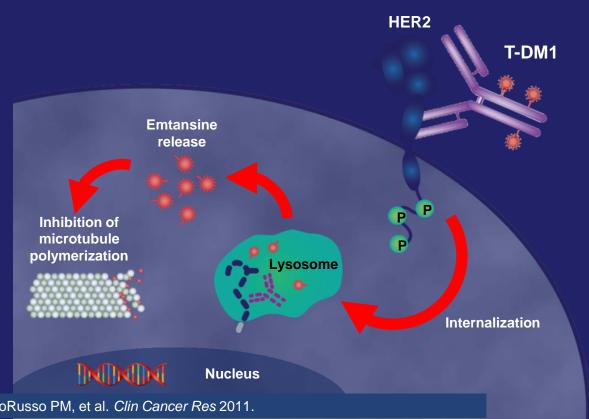


# Second Approval of Monoclonal Antibody to Target Cancer: Trastuzumab (1998)



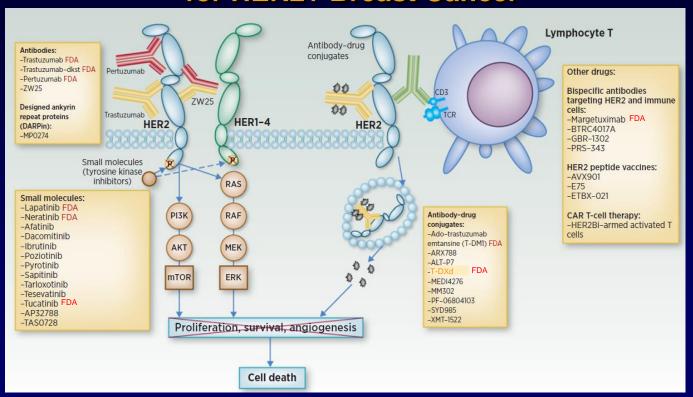
Median OS (95% CI) (months by year of diagnosis of MBC							
2008	39.1 (36.2-46.5)						
2009	42.1 (38.2-50.8)						
2010	39.4 (35.9-45.4)						
2011	41.1 (35.5-48.3)						
2012	50.8 (45.0-55.5)						
2013	58.0 (52.0-68.4)						
2014	NR (50.6-NR)						
2015	NR (55.7-NR)						
2016	NR (NR-NR)						

### **Trastuzumab Emtansine (T-DM1):** Mechanism of Action of An Antibody Drug Conjugate



Adapted from LoRusso PM, et al. Clin Cancer Res 2011.

## Flash Forward: We Have an Expanding Armamentarium of Agents for HER2+ Breast Cancer



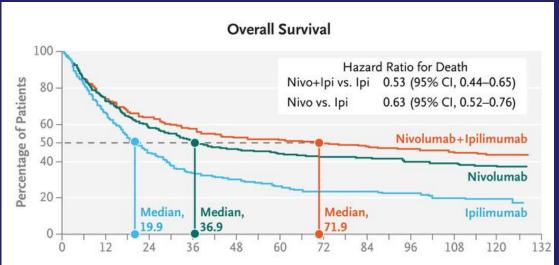
PI3K = phosphoinositide-3 kinase; AKT = a serine/threonine kinase; mTOR = mammalian target of rapamycin. Meric-Bernstam F, et al. *Clin Cancer Res.* 2019;25:2033-2041.

# Long term survivorship after cancer has spread is becoming an increasingly common reality



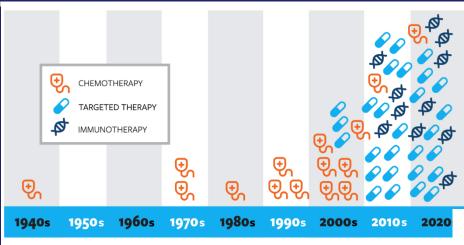
Jimmy Carter diagnosed at age of 90 with metastatic melanoma to the brain. Lived to 100 thanks to immune therapy (longest living president in history)

 Prior to introduction of immune therapy, median survival for metastatic melanoma was 6-9 months (Knight A et al. Cancers 2023)

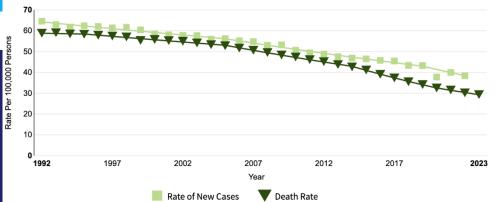


https://pubmed.ncbi.nlm.nih.gov/39282897/

## As New Therapies Become Available, Survival For Lung Cancer Increases



History of lung cancer treatment advances (updated 10/23)



https://seer.cancer.gov/statfacts/html/lungb.html

## Survivorship

The What and The Why

## Survivorship

- Survivorship begins with a cancer diagnosis of <u>any</u> <u>stage</u>
- Some survivors are living with known active cancer, others are living cancer free
- Life after a cancer diagnosis is forever different, requiring those affected to find a "new normal"

### **Late Effects of Cancer Treatment**

- Bone loss
- Gastrointestinal problems
- Brain/cognitive effects
- Sexual side effects
- Thyroid dysfunction
- Early menopause
- Fertility effects
- Eye and hearing problems
- Neuropathy

- Heart problems
- Lung problems
- Lymphedema
- Dental issues
- Skin/hair changes
- New cancers
- Post traumatic stress

## **Common Experiences of Survivors**

- Fear, anxiety about recurrence or worsening of disease
- Emotional distress during and after active therapy
- Feeling untethered after active therapy ends
- Cancer = Loss of Control



# Survivorship Care Can Help Patients Regain Sense of Control

- Follow Up/Survivorship Care Plan (SCP)
  - Summary of treatment with recommendations for cancer care
  - Including what symptoms to report
  - Tests/surveillance needed
  - Long-term consequences of treatment
  - Support group referral
  - Measures to reduce risk of recurrence
- SCP in isolation have not been shown to improve outcomes, possibly because the plan is not implemented

# Survivorship Team Comprised of Many Individuals (different for all patients)

- Primary care provider
- Subspecialists
- Nurses/APPs
- Social worker, psychologist, mental health professionals
- Physical therapist
- Nutritionist
- Palliative care
- Spiritual care

# What is the best model for survivorship??

This is not well defined!

Many ways to do this...

### Disparities in Survivorship

### Disparities in Health and Quality of Life after a Cancer Diagnosis

Several segments of the population are disproportionately affected by cancer- and cancer treatment-related health complications that adversely affect health and quality of life after a cancer diagnosis. Examples of these disparities include the following:

### TWO-FOLD

**INCREASED RISK** 

African American women had a **two-fold increased risk of breast cancer- related lymphedema** (swelling in the arms that can cause pain and problems in functioning) compared with white women.

23%
MORE LIKELY

Cancer survivors who lived in rural areas were **23 percent more likely to report psychological distress** compared with those in urban areas.

**50%**MORE LIKELY

Colorectal cancer survivors who had low socioeconomic status were **50 percent** more likely to report clinically significant anxiety and depression compared with those who had high socioeconomic status.



## **Regaining Control**

What can cancer survivors do to help their outcomes?

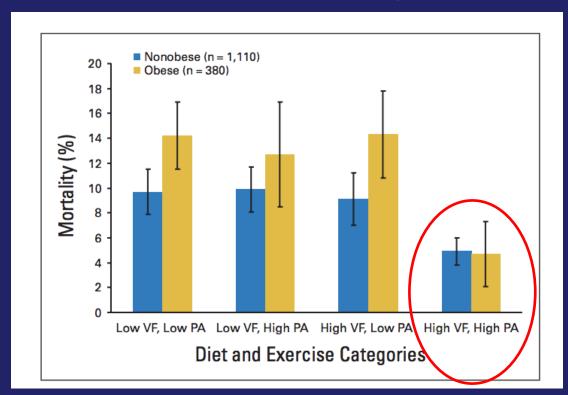
### **ACS/ACSM Survivor Recommendations:**

- Maintain a healthy weight
  - Attempt weight loss if overweight or obese
- Activity
  - >30 minutes of moderate to vigorous activity 5+days/week
  - Strength training or resistance training 2x/week
- Consume a healthy diet
  - >5/day servings of fruits and vegetables
  - limited ingestion of processed foods and red meats.
- Limit alcohol  $\leq$  1/day for women and  $\leq$  2/day for men
- Quit smoking
- Stay up to date with screenings and vaccination with primary care provider
- Use sunscreen

### Physical Activity Reduces Risk of Breast Cancer-Specific Death

		Hazard Ratio		Hazard Ratio
Study or Subgroup	Weight I	IV, Random, 95% CI	Year	IV, Random, 95% CI
Holmes et al. 2005	17.8%	0.60 [0.40, 0.89]	2005	
Holick et al. 2008	12.2%	0.49 [0.27, 0.89]	2008	
Irwin et al. 2008	5.6%	0.65 [0.23, 1.85]	2008	
Sternfield et al. 2009	12.2%	0.87 [0.48, 1.58]	2009	
Irwin et al. 2011	14.2%	0.61 [0.36, 1.03]	2011	-
Bradshaw et al. 2014	13.1%	0.27 [0.15, 0.47]	2014	
Williams 2014	24.8%	0.76 [0.63, 0.93]	2014	
Total (95% CI)	100.0%	0.59 [0.45, 0.78]		•
Heterogeneity: Tau² = 0 Test for overall effect: Z	i de la compania del compania del compania de la compania del la compania de la compania del la compania d	0.2 0.5 1 2 5 Favours High PA Favours Low PA		

# Good Diet and Physical Activity: lowers mortality in breast cancer survivors, regardless of obesity



### What does activity look like?















### **Benefits of activity:**



- Fun
- Gives us energy
- Improves mood & sleep
- Counteracts side effects
- Helps Weight management
- Decreases risk of
  - -Breast cancer recurrence
  - Heart disease
  - Diabetes

### **Questions & Discussion**

