

# Living Well After Cancer

## The Benefit of Recognizing Late and Long-term Effects of Cancer Treatment

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CANCER  
TREATMENTS

CHEMOTHERAPY

RADIATION

SURGERY

# Late and Long-Term Effects

## Medical Problems:

- Cardiovascular disease/cardiac failure
- Fatigue
- Pain
- Muscle and joint stiffness, weakness
- Osteoporosis / osteopenia
- Hypothyroidism
- Premature menopause
- Pulmonary function
- Lymphedema
- Urinary incontinence
- Infertility
- Neurologic problems (balance, neuropathy, memory)
- GI (bowels, bloating, acid reflux)
- Dental impairments
- Recurrence
- Increased risk of 2<sup>nd</sup> cancers
- Metabolic syndrome
- Accelerated aging

## Emotional and Functional Concerns

- Depression
- Anxiety
- PTSD
- Memory loss
- Restricted social and physical activities
- Fear of recurrence/living with uncertainty
- Sexual dysfunction
- Intimacy/relationship issues
- Distress and worry
- Job loss/Job lock
- Role changes at home
- School concerns
- Insurance problems
- Financial concern or crisis
- Sleep disorders
- Cognitive processing disruption

# Case Study

▶ **JC 30-year-old male**

- ▶ **DIAGNOSIS:** Ewing Sarcoma of the lumbar spine. Diagnosed at age 22.
- ▶ **CHEMOTHERAPY:** Vincristine, doxorubicin, cyclophosphamide, ifosfamide, etoposide.
- ▶ **RADIATION:** Lumbar spine and structures in radiation field
- ▶ **SURGERY:** Tumor resection from lumbar spine. Complicated port-a-cath removal
- ▶ **LONG TERM EFFECTS:**
  - ▶ **Cardiac:** Doxorubicin associated cardiomyopathy/heart failure.
  - ▶ **Gastrointestinal:** Nausea, anorexia, weight loss and low BMI. Chronic constipation
  - ▶ **Musculoskeletal:** Weakened chest muscle. Low back weakness/pain
  - ▶ **Neurologic:** Neuropathy
  - ▶ **Psychiatric:** Depression, Anxiety, PTSD
  - ▶ **Fear of recurrence**
  - ▶ **Self-Identity:** Loss of purpose/college. Loss of athleticism

# Cardiac

## ▶ WHAT

- ▶ Asymptomatic heart failure. Diagnosed routine ECHO two years after completion.
- ▶ Chemotherapy–induced cardiomyopathy
- ▶ AHA Stage C (A-D). NYHA functional class 3 (1-4)
- ▶ Residual fibrosis

## ▶ INTERVENTIONS

- ▶ Advanced Heart Failure Team
- ▶ BP medications, Heart failure medications, increasing exercise program
- ▶ Yearly ECHO and close follow-up with cardiology

## ▶ RESULTS

- ▶ NYHA functional class III->II
- ▶ Heart muscle normalized 51% -> 58%
- ▶ Daily work outs, increased energy. Pt reported improved stamina over pre-diagnosis

# Gastroenterology

## ▶ WHAT

- ▶ Underweight: 145->112 (BMI 17). Severe malnourishment .
- ▶ Fasting and food restriction: strategy to manage significant nausea and vomiting from chemotherapy. Continued for years.
- ▶ Disordered eating: Loss hunger cues
- ▶ Chronic severe constipation- failed bowel agents

## ▶ INTERVENTION

- ▶ Nutritionist
- ▶ Mirtazapine
- ▶ Dietary strategies for constipation, improved eating, exercise

## ▶ RESULTS

- ▶ Improved appetite.
- ▶ Normal stool function. Able to stop constipation meds
- ▶ Weight gain. Visible changes in appearance and clothes fitting

# Musculoskeletal

## ▶ WHAT

- ▶ Loss of muscle mass
- ▶ Back pain-aggravated by physical work
- ▶ Weakness in back
- ▶ Identity loss- related to loss of strength and endurance
- ▶ Visual signs of low muscle mass on face and upper body.

## ▶ INTERVENTION:

- ▶ Regular exercise. Needed to address and work on trauma first

## ▶ RESULTS

- ▶ Increased motivation, self confidence
- ▶ Decreased depression and anxiety symptoms

# Emotional/Functional

## ▶ WHAT

- ▶ Loss of Identity: athlete; exercise
- ▶ Depression: caused by loss of identity and self-confidence; low mood and motivation
- ▶ Anxiety: health anxiety; fear of recurrence.
  - ▶ severe episodes -> physical symptoms; continuous anxiety ->periodic worrying throughout the day
- ▶ Insomnia: anxiety prevents falling asleep
- ▶ PTSD: cancer treatment and diagnosis traumatic to the patient.
  - ▶ lying in bed reminds of hospital bed.
  - ▶ hypervigilance (distrust of most people, needs his back against the wall in public),
  - ▶ chemo not cleared from body; can often "taste the chemo"
- ▶ "Everything that he's dealt with since treatment is because of treatment."

# Emotional/Functional

## ▶ INTERVENTIONS

- ▶ Counseling (social work MSW): Cognitive behavioral therapy, trauma and recovery, mindfulness, supportive counseling. Challenging Core Beliefs, Affirmation/Positive Self-Statements.
- ▶ Psychiatry: mirtazapine
- ▶ Exercise: 5 days/wk. Precursor – addressing trauma
- ▶ Nutrition: hunger cues, body image, nutrition education

## ▶ RESULTS

- ▶ Improved sleep, appetite, weight, constipation, energy
  - ▶ Improved mood, self-confidence and feeling capable
  - ▶ Rebuild identity. Regain/exceed where he was physically prior to treatment Excited/optimistic regarding exercise/physical condition
  - ▶ Imagine potential growth and future
  - ▶ Increase in mood lately, which he attributes to a consistent exercise regimen over the past couple of weeks. He says he is "excited" and cautiously optimistic regarding new exercise routine. Increase in mood and accomplishment after exercise
- ▶ Enrolled in school program he is very excited about!

# Care Team

- ▶ Primary Care
- ▶ Oncologist
- ▶ Cardiologist
- ▶ Gastroenterologist
- ▶ Nutritionist
- ▶ Psychiatrist
- ▶ Counselor
  
- ▶ Procedures
  - ▶ ECHO
  - ▶ Pulmonary function testing
  - ▶ CT and MRI scans

"I FEEL BETTER THAN EVER,  
BETTER THAN I DID PRIOR TO  
MY CANCER DIAGNOSIS"

# Other considerations

Infertility

Secondary cancers

sarcoma, skin, bladder, heme malignancies

Osteoporosis

Radiation effects

# Fred Hutch Cancer Center Survivorship Program



**WHAT IT IS**



**HOW TO SCHEDULE**

# Fred Hutch Cancer Center: Survivorship Clinic

- ▶ The mission of the Survivorship clinic is to provide a personalized cancer treatment summary and care plan to promote lifelong health and wellness for cancer survivors and to address persisting symptoms and late effects from their cancer treatment
- ▶ Cancer survivors are best served when they have the support of both primary care and their oncology team after they complete treatment
- ▶ The Survivorship Clinic supports patients as they move from the acute treatment phase into day-to-day living as a cancer survivor, and can help guide health care providers to best meet the needs of cancer survivors

# Who is a survivor?

- ▶ National Coalition for Cancer Survivorship (NCCS) definition:
  - ▶ Defines someone as a cancer survivor from the time of diagnosis and for the balance of life
  - ▶ The mission is to advocate for quality cancer care for all people touched by cancer.
  - ▶ <https://www.canceradvocay.org>

# Fred Hutch Survivorship Clinic

## ▶ Patient eligibility

- ▶ Anyone who has received treatment for a cancer diagnosis, once their treatment has been completed, no matter how when that treatment occurred.
- ▶ May be still receiving maintenance or hormonal therapy
- ▶ May be living with cancer as a chronic condition
- ▶ Any diagnosis, any location of oncology treatment
- ▶ May be referred by Oncologist, primary care provider or self-referred
- ▶ A survivorship consult is billed and reimbursed as a level 5 oncology follow up.
- ▶ Usually covered by insurance and Medicare, but please consult your insurance or patient financial services for more information on your coverage.

# Fred Hutch Cancer Center Survivorship

Fred Hutch Cancer Center homepage

<https://www.fredhutch.org/en.html>

Survivorship program

<https://www.fredhutch.org/en/research/patient-treatment-support/survivorship-program.html>

The Survivorship Clinic video

<https://www.seattlecca.org/treatments/survivorship/survivorship-clinic>