Caring for Cancer Survivors: Managing Late Effects of Cancer Treatment

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Survivorship Program
Estimated Number Cancer Survivors in the United States from 1971 to 2002
Estimated Number of Persons Alive in the U.S. Diagnosed With Cancer by Site (N = 10.1 M)
Estimated Number of Persons Alive in the U.S. Diagnosed With Cancer by Current Age*
*(Invasive/1st Primary Cases Only, N=10.1M survivors)
Current Focus on Survivorship

- Rapidly growing population of survivors due to advances in diagnosis and treatment
- Greater emphasis on patient-centered issues by the medical community—quantity AND quantity of life
- Increasing expectations by patients for good quality of life
Survivorship Challenges

- Increasing expectations for good quality of life after cancer
- Increasing identification of life challenges
  - Late effects
    Occur after treatment has been completed
  - Long term effects
    Effects that persist after completion of treatment
Transition Challenges
Post Treatment

• Transition from “Sick Role” to “Well Role”
• Uncertainty about future
• Diminished sense of control and predictability
• Social isolation/loneliness
• Adjustment to sequelae of treatment
National Direction for Cancer Survivorship Initiatives
• Implement survivorship care plan
• Build bridges between oncology and primary care
• Develop and test models of care
• Develop national guidelines, institute quality assurance, strengthen professional education
• Make better use of psychosocial and community support services
• Address employment and insurance issues
• Invest in survivorship research

## The Cancer Control Continuum

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<tr>
<th>Prevention</th>
<th>Early Detection</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Survivorship</th>
<th>End-of-Life Care</th>
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<td>Tobacco Control</td>
<td>Cancer screening</td>
<td>Oncology consultations</td>
<td>Chemotherapy</td>
<td>Long-term follow-up/surveillance</td>
<td>Palliation</td>
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<tr>
<td>Diet</td>
<td>Awareness of cancer signs and symptoms</td>
<td>Tumor staging</td>
<td>Surgery</td>
<td>Late-effects management</td>
<td>Spiritual issues</td>
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<td>Physical activity</td>
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<td>Patient counseling and decision making</td>
<td>Radiation therapy</td>
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<td>Sun exposure</td>
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<td>Adjuvant therapy</td>
<td>Coping</td>
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<td>Virus exposure</td>
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<td>Symptom management</td>
<td>Health promotion</td>
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<td>Alcohol use</td>
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<td>Chemoprevention</td>
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Source: *From Cancer Patient to Cancer Survivor: Lost in Transition;* page 24, Box 2-2.
Survivorship Care
Usual Practice

• Follow-up by oncologists is routine
• Patients find it reassuring
• Duration of follow-up is variable
• Follow-up guidelines are limited and recent
• Follow-up care focused on surveillance for recurrence
• Limited transfer of knowledge and information to primary care provider
Survivorship Model

- Research
- Medical
- Psychosocial
- Patient Services
- Education & Information
- Medical
- Psychosocial
MSKCC Survivorship Initiative

• Develop and evaluate new models of follow-up care
  – Connect survivors to already existing resources
  – Establish new clinical programs addressing greatest need

• Expand the survivorship research community
  – Medical
  – Behavioral
  – Epidemiology

• Develop education and training programs
  – Health professionals
    • MSKCC and nationally
  – Survivors and families
The Survivorship Journey

• “It isn’t accomplished by knowing every curve in the road ahead. Instead, the headlights shine a light on what’s immediately in front of us – that’s all. And that’s what’s necessary – shining a light on the few feet ahead, and then the next few feet, and on and on... and before we know it we have traveled the whole trip in the dark.”