

# Palliative Care and Cancer Survivorship: They Work Together

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# Survivorship Issues

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15.5 million cancer survivors in the US today, representing 4.8% of the population

Many experience long-term effects from their cancer and treatment(s), that may be unrecognized/not addressed by the healthcare team

Recognizing those at highest risk for recurrence and second cancers is a priority.

Halpern & Argenbright, 2017; Pirschel, 2018; Tralongo et al., 2017

# Goals of Palliative and Survivorship Care

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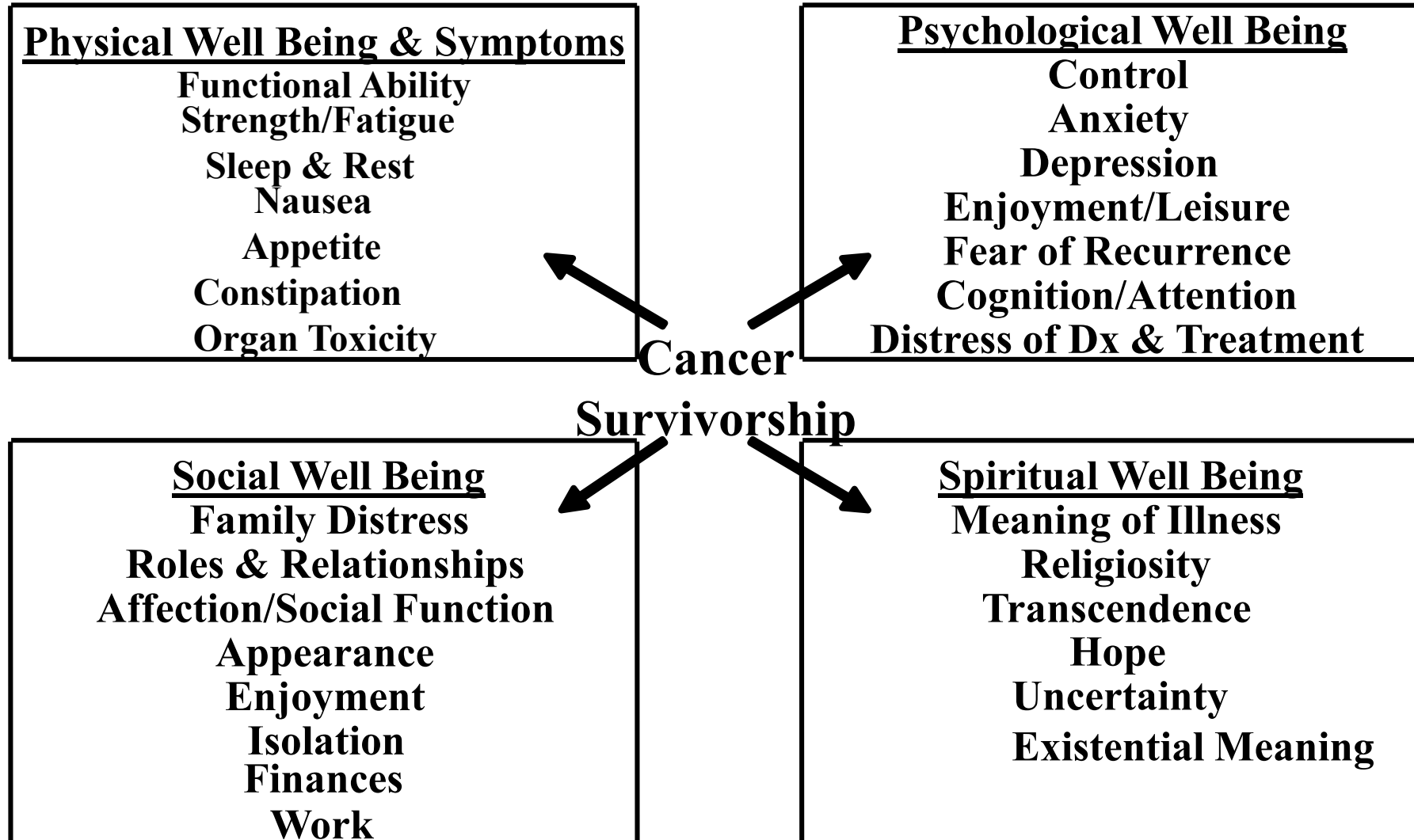
Palliative Care – focuses on quality of life and whole-person care. Includes planning for future care.

Survivorship Care- focuses on quality of life and whole-person care. Includes planning for future care.

They approach care the same around the domains of quality of life

PC is Provided over time to patients based on their needs and not their prognosis

# Dimensions of *Quality of Life*



# Domains of Palliative Care

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Structure and processes

Physical aspects of care

Psychological and psychiatric aspects of care

Social aspects of care

Spiritual, religious, and existential aspects of care

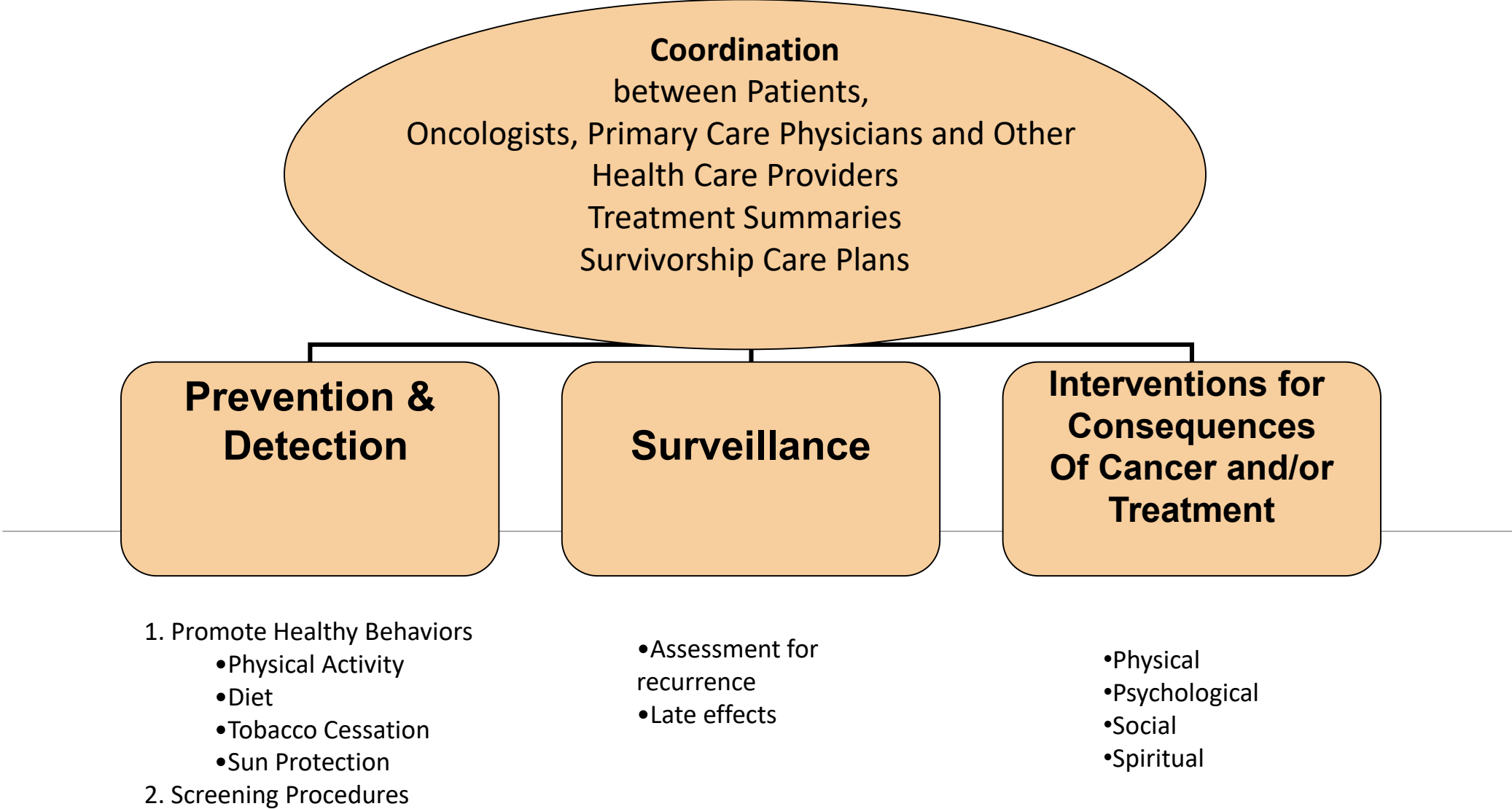
Care of the patient nearing end of life

Cultural aspects of care

Ethical and Legal aspects of care

National Consensus project for Quality Palliative Care. Clinical practice guidelines for quality palliative care. 4<sup>th</sup> Ed. [www.nationalcoalitionhpc.org](http://www.nationalcoalitionhpc.org)

# IOM Components of Survivorship Care



# Prevention and Detection

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## 1. Promote Healthy Behaviors

- Physical Activity
- Diet
- Tobacco Cessation
- Sun Protection

## 2. Screening Procedures

# Surveillance

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- Assessment for recurrence
- Late effects
- Manage long term effects



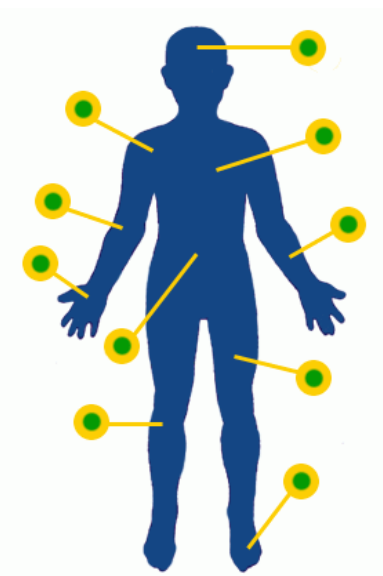
# Interventions for Consequences of Cancer or its Treatment

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- Physical
- Psychological
- Social
- Spiritual

# Physiologic Effects

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Recurrence of disease

Second malignancies

Functional changes — lymphedema, neuropathies, fatigue, loss of stamina

Cosmetic changes — ostomies, amputations, hair loss or thinning

Neurologic — neuropathies, delayed radiation necrosis, neuralgias

Cardiovascular — cardiomyopathy, pericardial effusion, arterial and venous obstruction or occlusion

# Medical Sequelae of Cancer and its Treatment

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Integumentary

Bone and soft tissue

Cardiovascular

Dental/oral

Endocrine

Gastrointestinal

Genitourinary

Hematologic

Hepatic

Immune system

Musculoskeletal

Nervous system

Neurocognitive

Ophthalmologic

Pulmonary

Renal

Reproductive

# Chemotherapy Agents Long-Term or Late Effects

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Actinomycin D (Dactinomycin)

Hepatic fibrosis, cirrhosis

BCNU (Carmustine)

Pulmonary fibrosis, ovarian failure, azoospermia

Bleomycin (Blenoxane)

Pulmonary fibrosis, hyperpigmentation, digital cutaneous ulceration

Chlorambucil (Leukeran)

Progressive germinal aplasia, azoospermia

Cisplatin (Platinol)

Hearing loss, peripheral neuropathy

Cyclophosphamide (Cytoxan)

Progressive germinal aplasia, azoospermia, ovarian failure, chronic hemorrhagic cystitis

Cardiomyopathy

Testosterone deficiency, peripheral neuropathy

Doxorubicin (Adriamycin)

Etoposide (VP-16)

# Chemotherapy Agents

## Long-Term or Late Effects

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5-Fluorouracil

Ifosfamide (Ifex)

Methotrexate (Mexate, Folex)

Nitrogen mustard (Mustargen)

Procarbazine (Matulane)

Steroids

Vincristine (Oncovin)

Irreversible tear-duct fibrosis

Reduced bladder capacity, tubular dysfunction, chronic hemorrhagic cystitis, ovarian failure

Hepatic fibrosis, cirrhosis, leukoencephalopathy, renal failure

Azoospermia, oligospermia

Azoospermia, oligospermia, ovarian failure

Cataracts, osteonecrosis, avascular necrosis

Peripheral neuropathy

# Radiation Therapy Long Term or Late Effects

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Site:

Abdomen/Intestines

Liver

CNS

Skeletal

Effect:

Adhesions, fibrosis

Fibrosis, cirrhosis

Stroke, blindness, myelitis, focal  
necrosis, peripheral neuropathy,  
Leuko-encephalopathy,  
Neuro-cognitive deficits

Late fractures, osteonecrosis

# Radiation Therapy

## Long Term or Late Effects

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Site:

Chest

Effect:

Breast cancer, soft tissue sarcomas, difficulty swallowing, pulmonary fibrosis

Head and Neck

Hypothyroidism, hyperthyroidism, osteonecrosis of mandible, increased dental caries, alopecia, chronic otitis, hearing loss, xerostomia, hoarseness

Heart

Pericarditis, coronary artery disease, cardiomyopathy, pericardial effusion, myocardial infarction

# Radiation Therapy

## Long Term or Late Effects

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Site:

Skin

Bladder

Testicles

Urinary

Vagina

Ovaries

Effect:

Fibrosis, necrosis, basal cell carcinoma,  
hyperpigmentation

Fibrosis, hypoplasia

Oligospermia, azoospermia,  
testosterone deficiency

Fibrosis, strictures

Fibrosis, decreased vaginal secretions

Ovarian failure, premature menopause



# More Physiologic Effects

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**Pulmonary** — fibrosis, pleural effusions, spontaneous pneumo-thorax

**Urologic** — nephritis, tubular atrophy, cystitis, urinary diversions

**Gastrointestinal** — transient liver enzyme elevations, bowel diversions, adhesions, obstruction, hepatic venoocclusive disease

**Sexual/reproductive** — sterility, impotence, testicular atrophy, premature menopause, changes in sexual response times

**Musculoskeletal** — late fractures, muscle atrophy

# Palliative Care Principles in Cancer Survivorship

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Comprehensive assessments to guide survivors through transitions of their disease for both patient and their family

Communicate with patient and family regarding their disease prognosis and effects.

Support patient's and family's in finding meaning and hope

Provide ongoing psychological and social care as needed

Manage late and long term side effects

# Care Needs of Survivors

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Beyond symptom management additional services include ongoing need for information about their cancer depending on disease and stage.

Monitoring for recurrence or progression

Multidisciplinary interventions as needed.

Survivors may be receiving curative treatment, in active monitoring or living with incurable disease.



# Advancing Models of Care

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Care needs to be planned based on prognosis and need

Reorienting services that are directed at individual survivors' specific needs and tailoring their care appropriately.

# CoC Guidelines for Palliative and Survivorship Care

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“Standard 4.6 Palliative Care Services – refers to patient and family-centered care that optimizes quality of life. Beginning at the time of diagnosis and being continuously available throughout treatment and surveillance, and, when applicable, during bereavement.”

“Standard 4.9 Survivorship Program – refers to cancer survivors as an on-going activity to meet individual patient needs and provide appropriate interventions to mitigate the complications of patients’ cancer and treatment toxicities.”

CoC/ACS May 16, 2019 DRAFT Revised Standards

# Palliative Care makes sense for Cancer Survivors

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Comprehensive assessment –domains of quality of life-Physical, Psychological, Social and Spiritual

Communication needs of patients and families.

Advanced care planning- this may include the treatment summary and surveillance needs specific to the cancer survivor

\*\*Prognosis and Needs

# Survivorship Issues

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Palliative care interventions **early** in the follow-up of unrelieved symptoms in cancer survivors will improve the quality of life of these patients.

Coordinated palliative care and survivorship programs can improve long-term outcomes including social support, nutritional, rehabilitative and fertility preservation

Halpern & Argenbright, 2017; Tralongo et al., 2017

***Does your cancer setting provide a coordinated program of both palliative care and survivorship programs to improve care to those surviving cancer?***

