Palliative Care and Cancer Survivorship: They Work Together

DENICE ECONOMOU, PHD, RN, CHPN
CITY OF HOPE
DUARTE, CA
Objectives

- Describe the goals of palliative and survivorship care.
- Identify the Domains of Palliative Care as applied to the components of Survivorship Care.
- Analyze the palliative care interventions that are appropriate to the needs of cancer survivors.
- Discuss the current models of care and the importance of the interdisciplinary team in providing both survivorship and palliative care.
Survivorship Issues

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

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

Palliative care is provided over time to patients based on their needs and not their prognosis
Dimensions of Quality of Life

Physical Well Being & Symptoms
- Functional Ability
- Strength/Fatigue
- Sleep & Rest
- Nausea
- Appetite
- Constipation
- Organ Toxicity

Psychological Well Being
- Control
- Anxiety
- Depression
- Enjoyment/Leisure
- Fear of Recurrence
- Cognition/Attention
- Distress of Dx & Treatment

Social Well Being
- Family Distress
- Roles & Relationships
- Affection/Social Function
- Appearance
- Enjoyment
- Isolation
- Finances
- Work

Spiritual Well Being
- Meaning of Illness
- Religiosity
- Transcendence
- Hope
- Uncertainty
- Existential Meaning

Cancer
Survivorship
Domains of Palliative Care

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

Coordination
between Patients,
Oncologists, Primary Care Physicians and Other
Health Care Providers

Treatment Summaries
Survivorship Care Plans

Prevention &
Detection

1. Promote Healthy Behaviors
   • Physical Activity
   • Diet
   • Tobacco Cessation
   • Sun Protection
2. Screening Procedures

Surveillance

• Assessment for recurrence
• Late effects

Interventions for Consequences Of Cancer and/or Treatment

• Physical
• Psychological
• Social
• Spiritual

Prevention and Detection

1. Promote Healthy Behaviors
   - Physical Activity
   - Diet
   - Tobacco Cessation
   - Sun Protection

2. Screening Procedures
Surveillance

- Assessment for recurrence
- Late effects
- Manage long term effects
Interventions for Consequences of Cancer or its Treatment

• Physical
• Psychological
• Social
• Spiritual
Physiologic Effects

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

- Bone and soft tissue
- Cardiovascular
- Dental/oral
- Endocrine
- Gastrointestinal
- Genitourinary
- Hematologic
- Hepatic
- Immune system
- Integumentary
- Musculoskeletal
- Nervous system
- Neurocognitive
- Ophthalmologic
- Pulmonary
- Renal
- Reproductive

M. McCabe, 2012
# Chemotherapy Agents
## Long-Term or Late Effects

<table>
<thead>
<tr>
<th>Agent</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actinomycin D (Dactinomycin)</td>
<td>Hepatic fibrosis, cirrhosis</td>
</tr>
<tr>
<td>BCNU (Carmustine)</td>
<td>Pulmonary fibrosis, ovarian failure, azoospermia</td>
</tr>
<tr>
<td>Bleomycin (Blenoxane)</td>
<td>Pulmonary fibrosis, hyperpigmentation, digital cutaneous ulceration</td>
</tr>
<tr>
<td>Chlorambucil (Leukeran)</td>
<td>Progressive germinal aplasia, azoospermia</td>
</tr>
<tr>
<td>Cisplatin (Platinol)</td>
<td>Hearing loss, peripheral neuropathy</td>
</tr>
<tr>
<td>Cyclophosphamide (Cytoxan)</td>
<td>Progressive germinal aplasia, azoospermia, ovarian failure, chronic hemorrhagic cystitis</td>
</tr>
<tr>
<td>Doxorubicin (Adriamycin)</td>
<td>Cardiomyopathy</td>
</tr>
<tr>
<td>Etoposide (VP-16)</td>
<td>Testosterone deficiency, peripheral neuropathy</td>
</tr>
</tbody>
</table>
# Chemotherapy Agents: Long-Term or Late Effects

<table>
<thead>
<tr>
<th>Drug</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Fluorouracil</td>
<td>Irreversible tear-duct fibrosis</td>
</tr>
<tr>
<td>Ifosfamide (Ifex)</td>
<td>Reduced bladder capacity, tubular dysfunction, chronic hemorrhagic cystitis, ovarian failure</td>
</tr>
<tr>
<td>Methotrexate (Mexate, Folex)</td>
<td>Hepatic fibrosis, cirrhosis, leukoencephalopathy, renal failure</td>
</tr>
<tr>
<td>Nitrogen mustard (Mustargen)</td>
<td>Azoospermia, oligospermia</td>
</tr>
<tr>
<td>Procarbazine (Matulane)</td>
<td>Azoospermia, oligospermia, ovarian failure</td>
</tr>
<tr>
<td>Steroids</td>
<td>Cataracts, osteonecrosis, avascular necrosis</td>
</tr>
<tr>
<td>Vincristine (Oncovin)</td>
<td>Peripheral neuropathy</td>
</tr>
<tr>
<td>Site</td>
<td>Effect</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Abdomen/Intestines</td>
<td>Adhesions, fibrosis, Fibrosis, cirrhosis</td>
</tr>
<tr>
<td>Liver</td>
<td>Stroke, blindness, myelitis, focal necrosis, peripheral neuropathy,</td>
</tr>
<tr>
<td></td>
<td>Leuko-encephalopathy, Neuro-cognitive deficits</td>
</tr>
<tr>
<td>CNS</td>
<td>Late fractures, osteonecrosis</td>
</tr>
<tr>
<td>Skeletal</td>
<td></td>
</tr>
</tbody>
</table>
# Radiation Therapy
## Long Term or Late Effects

<table>
<thead>
<tr>
<th>Site:</th>
<th>Effect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest</td>
<td>Breast cancer, soft tissue sarcomas, difficulty swallowing, pulmonary fibrosis</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>Hypothyroidism, hyperthyroidism, osteonecrosis of mandible, increased dental caries, alopecia, chronic otitis, hearing loss, xerostomia, hoarseness</td>
</tr>
<tr>
<td>Heart</td>
<td>Pericarditis, coronary artery disease, cardiomyopathy, pericardial effusion, myocardial infarction</td>
</tr>
</tbody>
</table>
# Radiation Therapy

## Long Term or Late Effects

<table>
<thead>
<tr>
<th>Site</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td>Fibrosis, necrosis, basal cell carcinoma,</td>
</tr>
<tr>
<td></td>
<td>hyperpigmentation</td>
</tr>
<tr>
<td>Bladder</td>
<td>Fibrosis, hypoplasia</td>
</tr>
<tr>
<td>Testicles</td>
<td>Oligospermia, azoospermia, testosterone</td>
</tr>
<tr>
<td></td>
<td>deficiency</td>
</tr>
<tr>
<td>Urinary</td>
<td>Fibrosis, strictures</td>
</tr>
<tr>
<td>Vagina</td>
<td>Fibrosis, decreased vaginal secretions</td>
</tr>
<tr>
<td>Ovaries</td>
<td>Ovarian failure, premature menopause</td>
</tr>
</tbody>
</table>
More Physiologic Effects

**Pulmonary** — fibrosis, pleural effusions, spontaneous pneumothorax

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

**Gastrointestinal** — transient liver enzyme elevations, bowel diversions, adhesions, obstruction, hepatic veno-occlusive 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

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

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

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.
"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

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**
Conclusion: Survivorship Issues

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?*


