Survivorship: What happens when treatment ends

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April 2023

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The start of the breast cancer journey

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Congratulations! You are a survivor!

NBC News

So….
Now what?

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Survivorship Defined: Who is a Cancer Survivor?

- NCCN's definition of a survivor, from the time of diagnosis and for the balance of life is now the norm for the cancer community and beyond. NCCS has expanded its definition of survivor to include family, friends, and caregivers.
  - *National Coalition for Cancer Survivorship*

- Survivorship care is a specific [illegible] addresses the long term needs of cancer survivors and includes monitoring for and managing long term and late effects, as well as health promotion.
  - *American Society of Clinical Oncology*

- In cancer, survivorship focuses on the health and well-being of a person with cancer from the time of diagnosis until the end of life. This includes the physical, mental, emotional, social, and financial effects of cancer that begin at diagnosis and continue through treatment and beyond. The survivorship experience also includes issues related to follow-up care (including regular health and wellness checkups), late effects of treatment, cancer recurrence, second cancers, and quality of life. Family members, friends, and caregivers are also considered part of the survivorship experience.
  - *National Cancer Institute*

Anyone who has ever been diagnosed with cancer

National Cancer Institute. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/survivorship
American Society of Clinical Oncology. https://www.asco.org/practice-policy/cancer-care-initiatives/prevention-survivorship/survivorship/survivorship
National Coalition for Cancer Survivorship. https://canceradvocacy.org/about/

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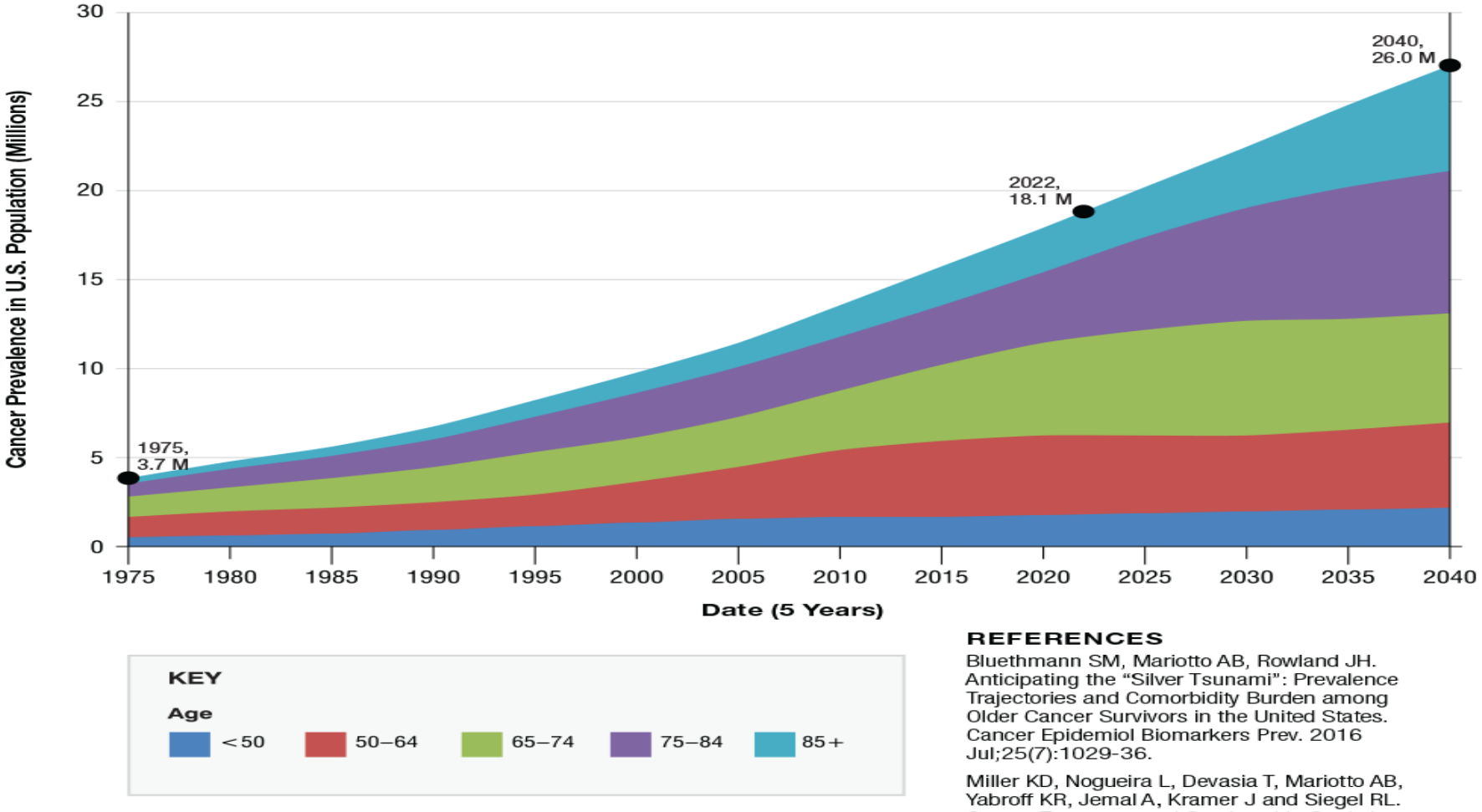
Survivorship Impact

Cancer Prevalence and Projections in U.S. Population from 1975–2040



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Bluethmann SM, Mariotto AB, Rowland JH. Anticipating the "Silver Tsunami": Prevalence Trajectories and Comorbidity Burden among Older Cancer Survivors in the United States. Cancer Epidemiol Biomarkers Prev. 2016 Jul;25(7):1029-36.

Miller KD, Nogueira L, Devasia T, Mariotto AB, Yabroff KR, Jemal A, Kramer J and Siegel RL. Cancer Treatment and Survivorship Statistics. CA A Cancer J Clin. 2022.

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4 Key Areas of Survivorship Care

As outlined in Institute of Medicine (IOM) 2005 report:

Prevention of recurrent and new cancers and of other late effects

Surveillance for cancer spread, recurrence, or second cancers, and assessment of medical and psychological late effects

Intervention for consequences of cancer and its treatment

Coordination of care between specialists and primary care providers to ensure health needs are met

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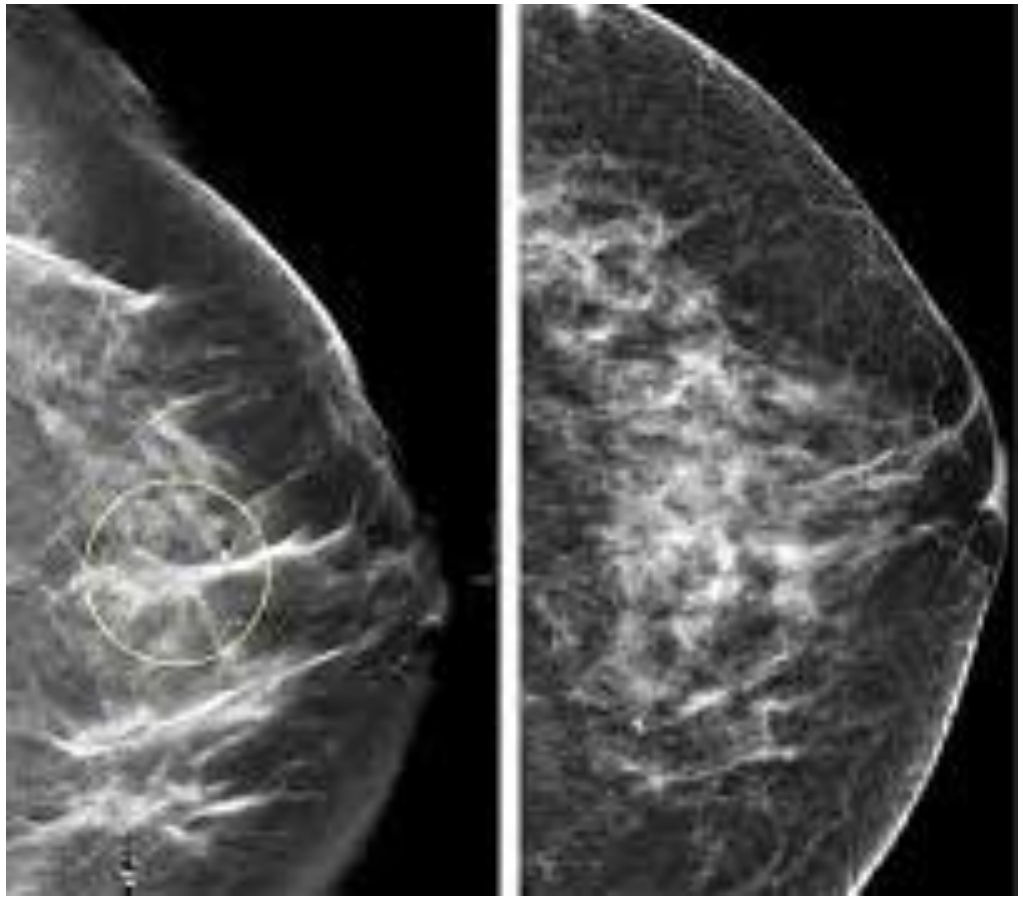
What happens at the survivorship visit

- Surveillance for recurrence
- Monitoring for and managing psychosocial and medical late effects
- Providing screening recommendations for second cancers
- Providing health education: diagnoses, treatment exposures, and potential late- and long-term effects
- Familial genetic risk assessment (as appropriate)
- Coordination of care with PCP, specialists and referral to necessary resources
- Empowering survivors to advocate for their own healthcare needs
- Providing resources to assist with financial and insurance issues
- Guidance about diet, exercise and health promotion activities

American Society of Clinical Oncology. https://www.asco.org/practice-policy/cancer-care-initiatives/prevention-survivorship/survivorship/survivorship

Monitoring for second breast cancer

- Mammograms if residual breast tissue
  - Diagnostic mammogram
  - Screening mammogram
- MRI breasts for those with certain gene mutations, familial high risk, or very dense breasts
- Physical exam every 6 -12 months by a physician



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What about imaging after mastectomies?

- In a meta-analysis of 16 studies in patients with prior breast cancer who underwent mastectomies (with or without reconstruction):
  - *Cancer detection rates with mammogram, ultrasounds, and MRI was each <1%*
  - *The majority of cancers detected on imaging were also detected on physical exam*
  - *Therefore, imaging after mastectomy is not recommended*

Smith et al. JAMA Netw Open. 2022;5

Monitoring for *distant* recurrence

- Routine scans (CT, bone scans) are NOT recommended for screening for metastatic disease
  - A 2005 meta-analysis compared regular follow up (physical exam and mammograms) with intensive surveillance (CT scans and labs) and there was no difference in overall survival or disease-free survival
  - Can lead to false positives.
- Similarly, tumor markers are NOT recommended (Ca 15-3, Ca 27-29)
- ctDNA (Signatera) is not yet recommended due to lack of data

Rojas et al. Cochrane Syst Rev. 2005

Symptoms to look out for

Make sure to follow up with your oncologist and call if:

- New shortness of breath
- Persistent cough
- Unexplained weight loss or loss of appetite
- Bone pain
- Persistent abdominal pain
- Persistent and/or severe headaches or vision changes

Any of the above would lead to more testing to evaluate for metastatic disease

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The Good News

90-97% of women with early stage breast cancer are cured

American Cancer Society, SEER

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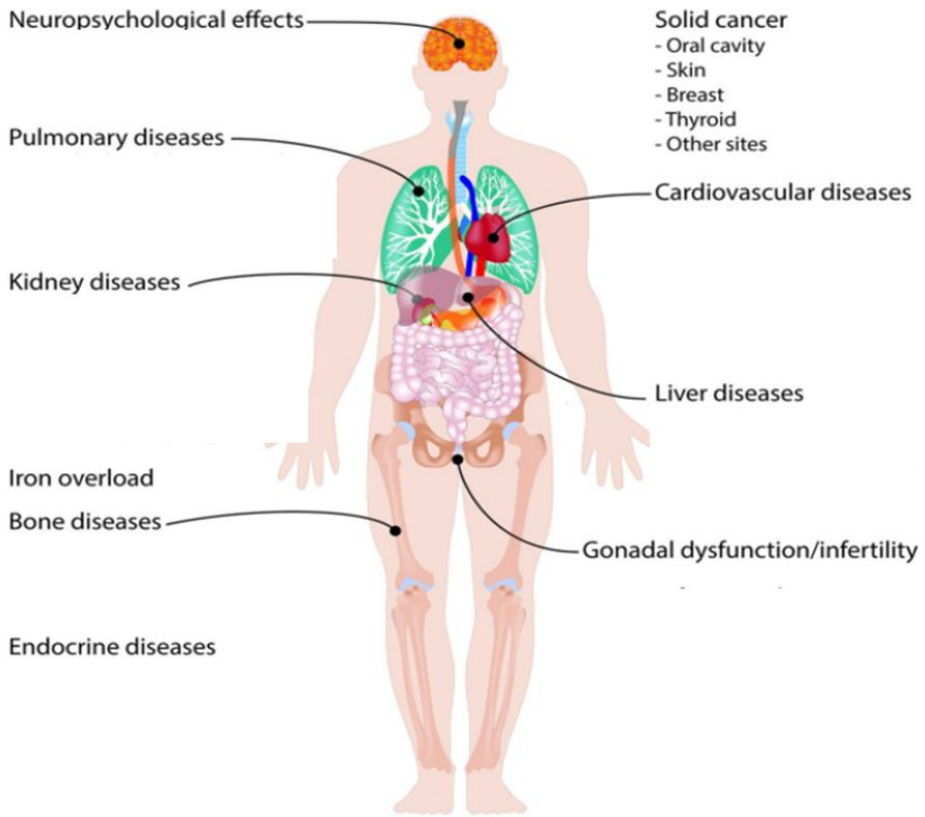
The bad news… side effects & late effects

- Late effect → Side effect that occurs/lasts months to years **after** cancer treatment
  - Chemotherapy
  - Immunotherapy
  - Radiation
  - Surgery



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Longterm symptoms and therapies

Neuropathy	• PT • Medications such as gabapentin
Lymphedema	• PT, compression
Fatigue	• Exercise, sleep hygiene
Joint/muscle aches from endocrine therapy	• acupuncture, exercise
Hot flashes	• Chili pillow and fans • Medications such as gabapentin, Effexor, ditropan

Sexual Health

Vaginal dryness and painful sex

- Try lubricants first such as coconut oil and Hyalogyn gel
- OK to use topical estrogen if necessary (prefer inserts over cream)

UTIs- usually due to thinning of vaginal tissue

- May need to see urologist

Body image

Don’t be afraid to talk to your doctor about this!

Pregnancy and fertility

- **POSITIVE** trial results San Antonio Breast Cancer Conference December 2022
  - Women age 42 or younger with stage I-III hormone positive breast cancer
  - Received endocrine therapy for 18-30 months and then stopped for 2 years to conceive and carry pregnancy -> resume endocrine therapy
  - No difference in recurrence rate
  - 74% achieved at least one pregnancy, and 64% at least one live birth, similar to rates of general public
  - 76% of patients resumed endocrine therapy

Partridge at al. SABCS 2022

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Contraception/ Hormone usage

Any hormones (including testosterone!) are CONTRAINDICATED in women who have had hormone positive breast cancer

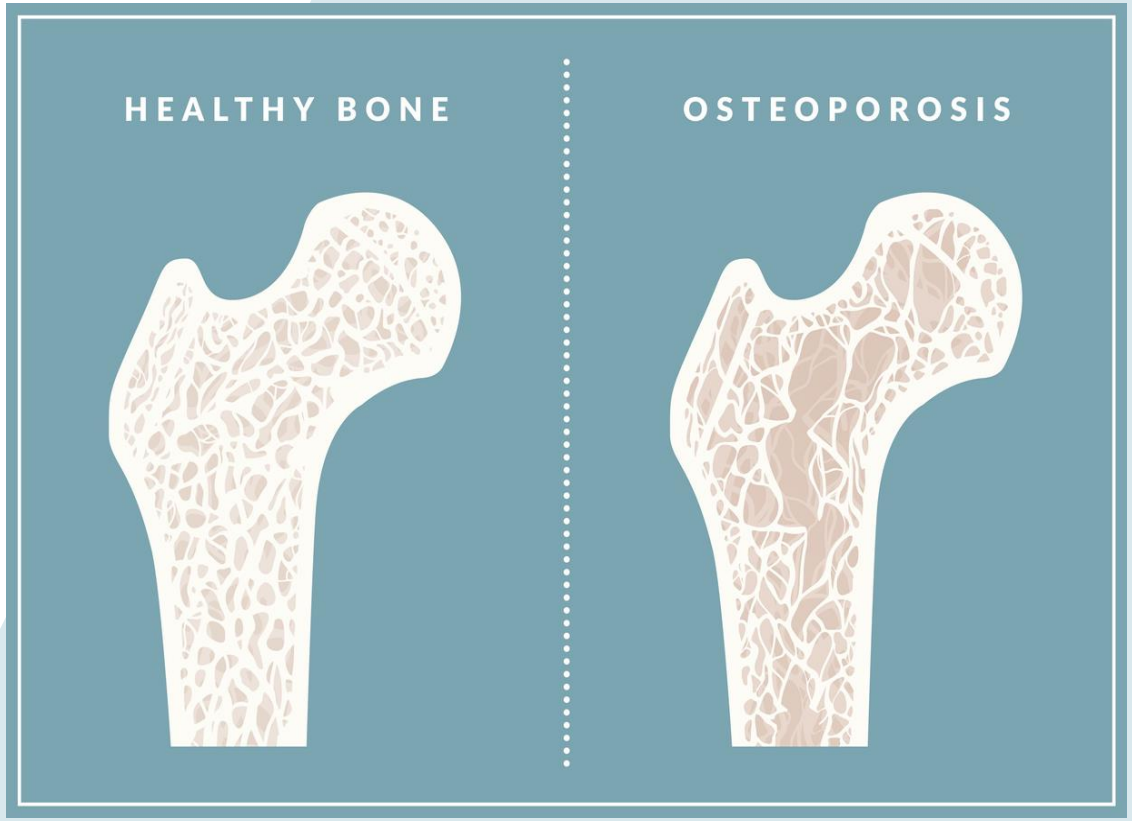
Therefore contraception must not include any hormones

- Condoms
- Tubal ligation
- Copper IUD
- Vasectomy

Important to not get pregnant on tamoxifen as it is teratogenic

Bone health

- Endocrine therapy (aromatase inhibitors) and chemotherapy can increase risk of osteoporosis; tamoxifen can increase bone density
- DEXA scans every 2 years
- Calcium carbonate – about 1000 mg daily
- Vitamin D3- about 1000 IU daily
- Weight bearing exercise
- Your doctor may suggest a medicine called a bisphosphonate to strengthen your bones



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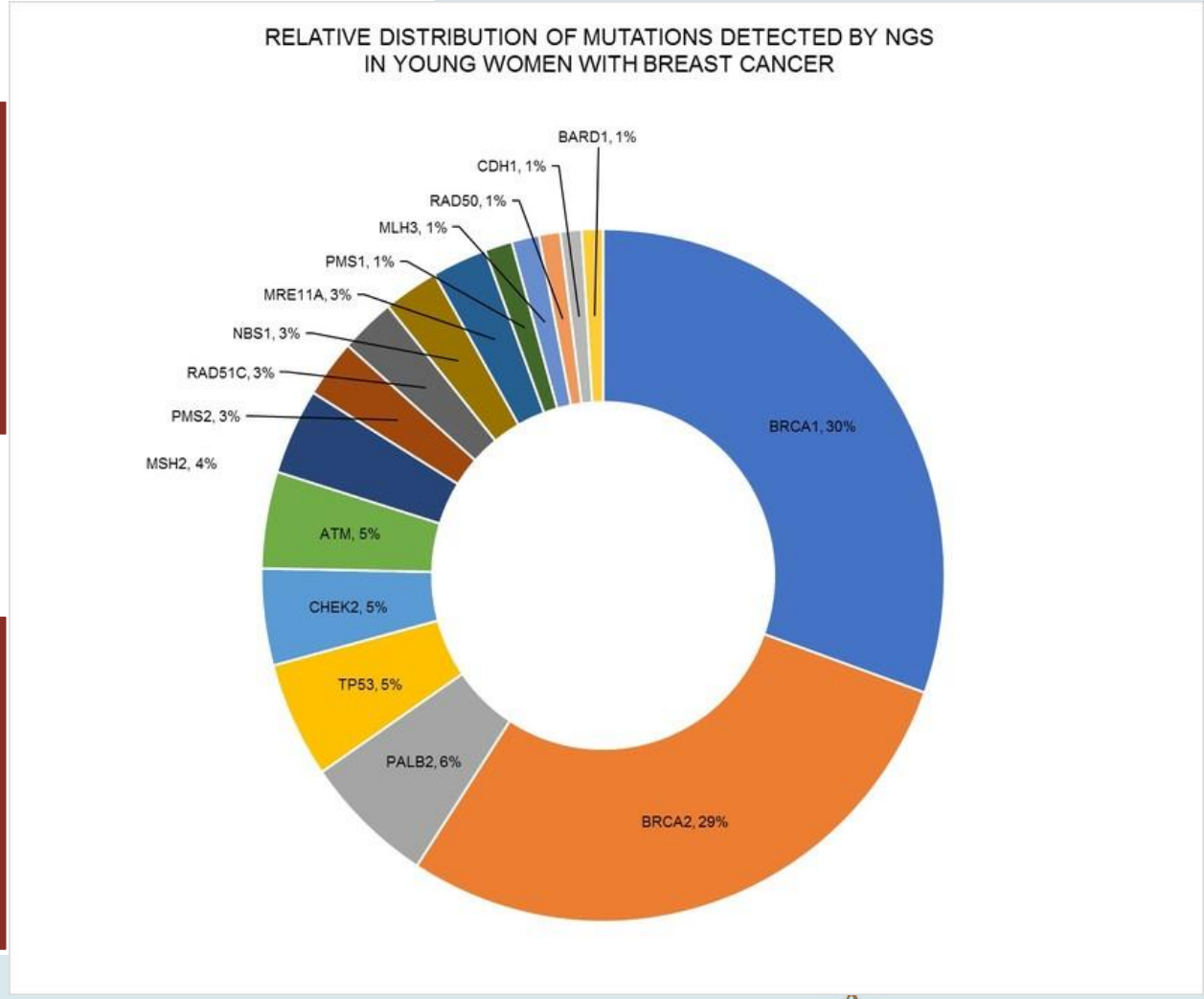
Genetic testing

Most women with breast cancer now qualify for genetic testing

If gene mutation is found, may impact cancer screening and risk of cancer in family members



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Risk of heart disease- #1 killer of women with breast cancer

Risk of diabetes and hypertension are increased in women with breast cancer

Aromatase inhibitors can increase cholesterol- important to have this checked by PCP

Important to exercise and maintain healthy weight

Medical Follow Up Plan, example

- History and physical with Medical Oncology every 3 months for 2 years, then every 6 months for 3 years.
- Imaging with mammogram annually
- Routine physical exam with Primary Care Provider at least annually with necessary lab including but not limited to cholesterol, thyroid and diabetes screening and monitoring.
- Immunizations may include:
  - *annual flu vaccine*
  - *Pneumococcal vaccine*
  - *TdaP once then boost with Td every 10 years*
  - *other vaccines as recommended – covid-19*

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Screening Recommendations, Female (example)

Mammogram every 12 months

Monthly self breast/chest wall exam

Clinical breast exam every 6 months

Colonoscopy every 10 years beginning at age 45. Repeat every 10 years. Frequency may change based on personal or family history as well as previous colonoscopy findings

Bone density (DEXA) scan every 2 years

Skin exam annually

Pelvic exam and pap smear every 3 years. Frequency may change based on personal history and prior exam findings

Dental exam and cleaning every 6 months

Ophthalmology exam every 12 months

Annual low dose CT for lung cancer screening - if personal history of smoking and meets criteria

Additional screening recommendations as needed

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Ways to Promote Healthy Living

- Avoid smoking, tobacco, second-hand smoke exposure
- Exercise regularly
- Protect skin from sun exposure
- Limit alcohol consumption
- Do not use illegal drugs
- Eat a healthy diet high in fiber and plants
- Get recommended vaccinations
- Maintain BMI (body mass index) that is “normal for you”
- Get regular cancer screening

Healthy Living: Limit alcohol

CDC recommends:

- Excessive alcohol consumption can increase risk for:
  - Cancer/Cancer Recurrence
  - Depression
  - Epilepsy
  - Stroke
  - Osteoporosis
  - Cirrhosis, *Fatty liver or liver dysfunction, especially after total-body/cranial radiation*
  - *Chemotherapy-related heart dysfunction*

Nathan PC, et al. *J Clin Oncol*, 2009.

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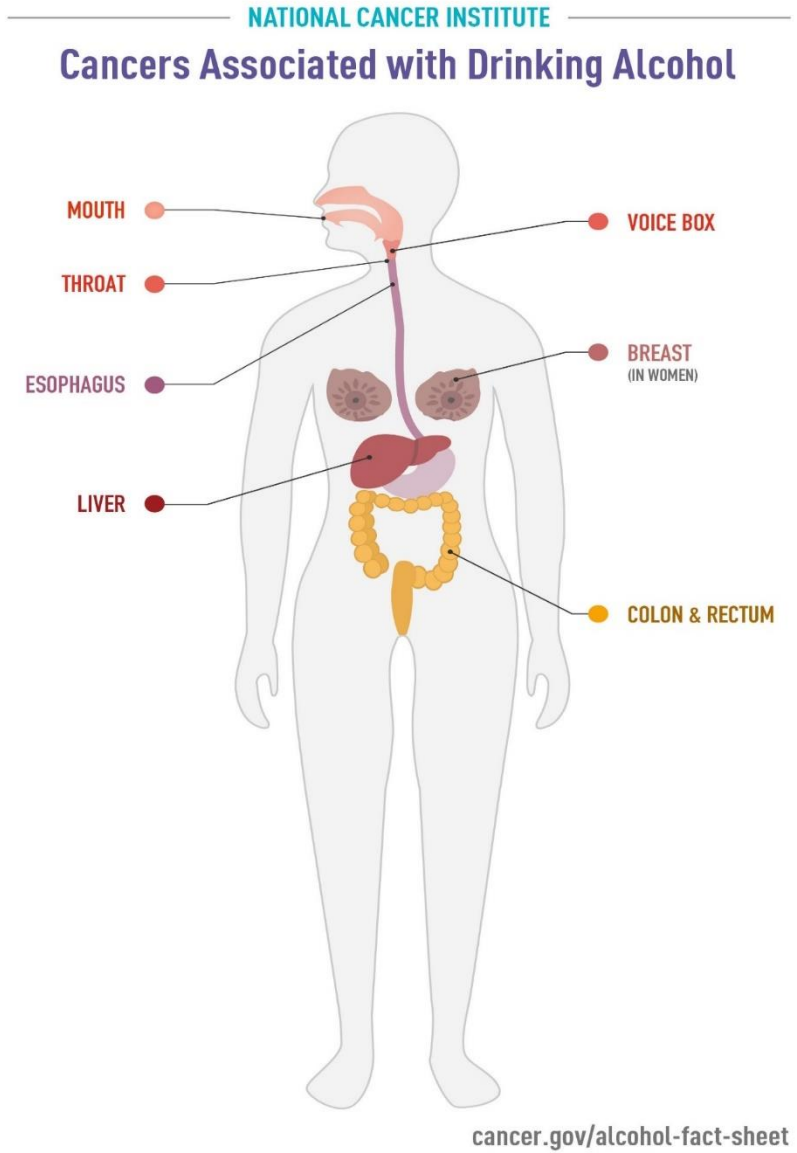
Healthy Living: Limit alcohol



Cancer Type	Moderate drinker	Heavy drinker
Oral Cavity	1.8-fold risk	5-fold risk
Larynx	1.4-fold risk	2.6-fold risk
esophageal	1.3-fold risk	5-fold risk
liver	--	2-fold risk
Breast	1.23-fold risk	1.6-fold risk
Colorectal	1.2-fold risk	1.5-fold risk

Sex	Moderate drinking	Heaving drinking
Female	1 drink or less/day	4+ /day or 8+ /week
Male	2 drinks or less/day	5+ /day or 15+ /week

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Healthy Living: Exercise

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Healthy Living: Exercise

Regular, moderate intensity exercise has proven to protect against:

- Osteoporosis
- High blood pressure
- Diabetes
- Cardiovascular disease

CDC recommends: 150 total minutes per week

- 30 min+ moderate-intensity exercise 5+days/week
- 20 min+ vigorous exercise 3+ days/week

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Exercise can change outcomes

- ***Exercise decreases risk of recurrence and improves cancer-related survival in breast cancer survivors***
  - ***Vigorous is not better but***
  - ***More is (probably) better***
  - ***Independent of BMI!***

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Healthy Living: Avoid Tobacco

- Smoking harms nearly every organ in the body.
- Among cancer survivors, smoking ↑ organ damage associated with treatment exposures (radiation, pulmonary-toxic chemo)
- Tobacco use is crucial to avoid in the cancer survivor
- Survivors who smoke are less likely to participate in moderate-intensity exercise

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Nathan PC, et al. J Clin Oncol, 2009

Healthy Living: Eating Well

The American Cancer Society Guideline for Diet and Physical Activity for Cancer Prevention defines a healthy, cancer-preventive diet as one that is:

- Rich in vegetables, fruits, legumes, and whole grains
- Limits or does not include red and processed meats
- Limits sugar-sweetened beverages
- Limits highly processed foods and refined grain products.

Several eating patterns can meet this definition, including the Mediterranean diet, the DASH diet, and vegetarian diets.

No particular diet has been shown to decrease risk of recurrence- but survivors with healthy weight have decreased risk of recurrence (hormone positive BC)

Resources:

American Dietetic Association: eatright.org

American Institute for Cancer Research (AICR): www.aicr.org

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Healthy Living: Emotional/ Mental Wellbeing

- Lean into your social support systems
- Establish a “Self Care Plan” that is fluid and easily modified
- Establish a coping skills “toolbox”
- Practice mindfulness and meditation
- Engage and talk to someone who is not family about your feelings and experience
- Balance in person and online supports
- Create space for all your feelings
- Know the signs and symptoms of emotional distress
- Be open to and seek out professional support

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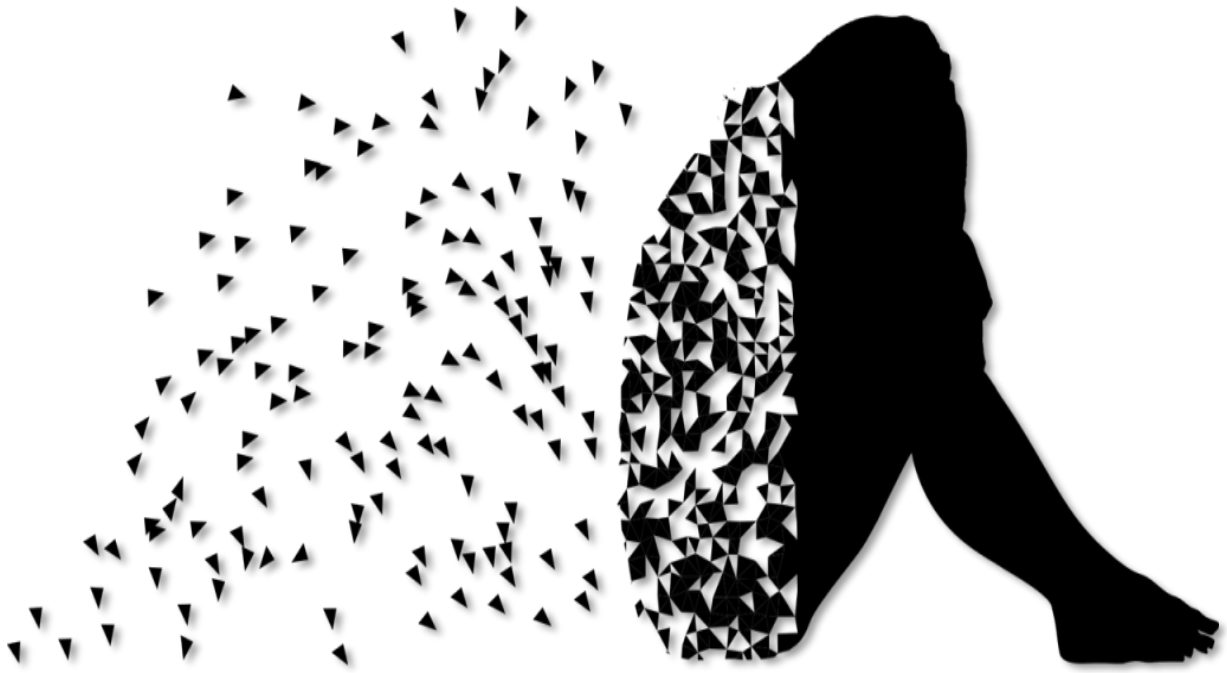
Emotional Distress



- Distress, anxiety and depression are common among long term cancer survivors
- Grief
- “new normal” with new priorities
- Chronic Pain
- Fear of recurrence/death
  - “Scanxiety”
- Isolation/Resocialization
- Body Changes
- Sexuality & Intimacy
- Relationship challenges

Survivorship Resources

- TXO Social Workers
- TXO Support Groups
- Texas Oncology Foundation
- Cancer*Care*'s Hopeline
  800-813-HOPE (4673)
- ASCO Survivorship Resources
- Psychology Today
- Cancer Survivors Network
- National Comprehensive Cancer Network
- National Cancer Institute
- Children's Oncology Group
- Passport for Care

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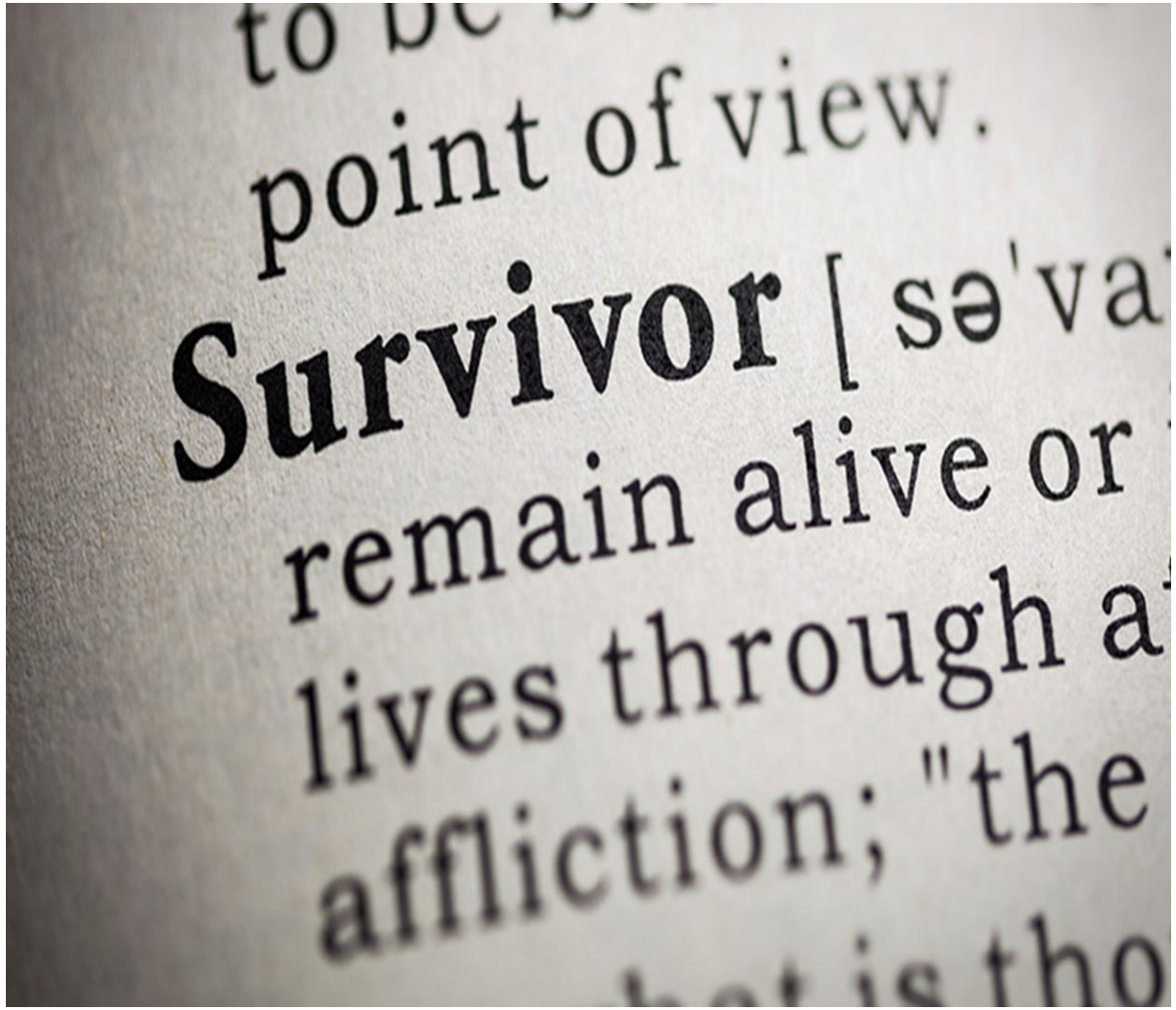
To beat the odds, one with great courage and strength, a true inspiration



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