Principles of individualized cancer rehabilitation, ESMO Handbook

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Cancer rehabilitation

Helping a person with cancer

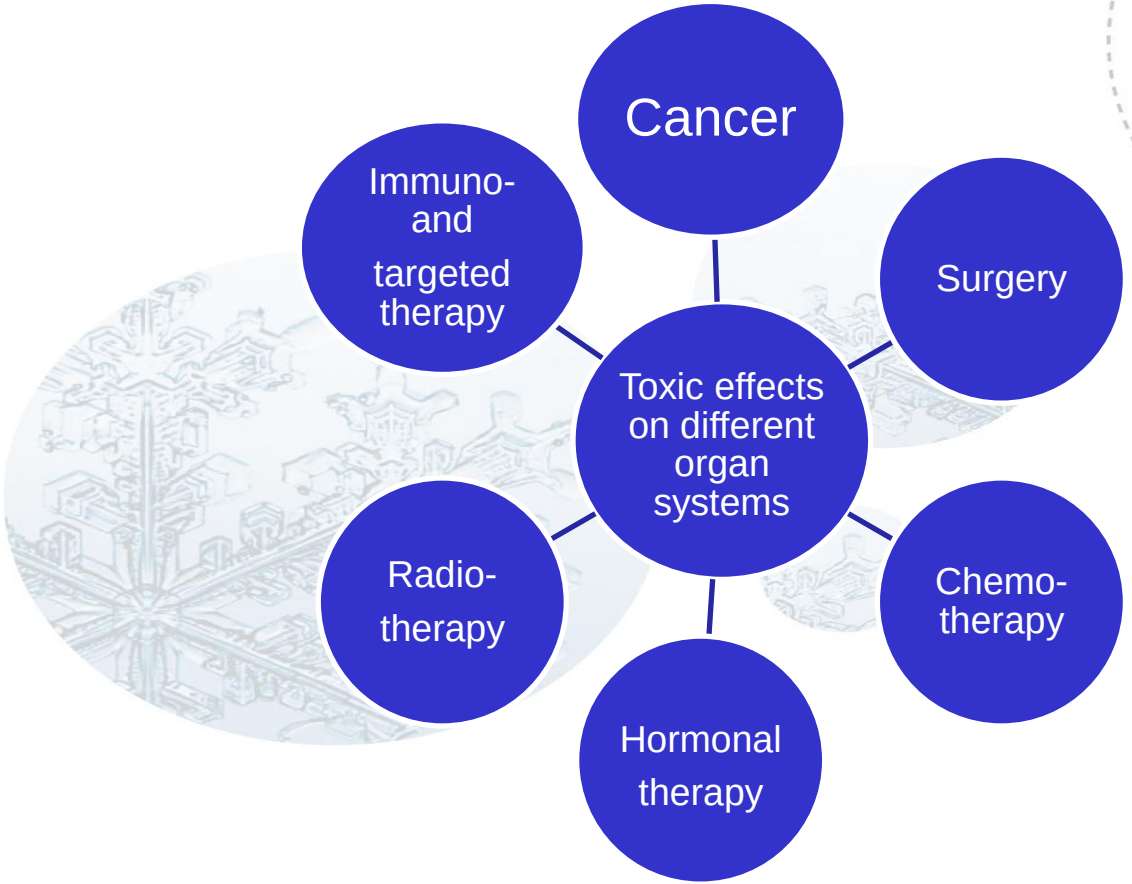
to help themselves in restoration of maximum function

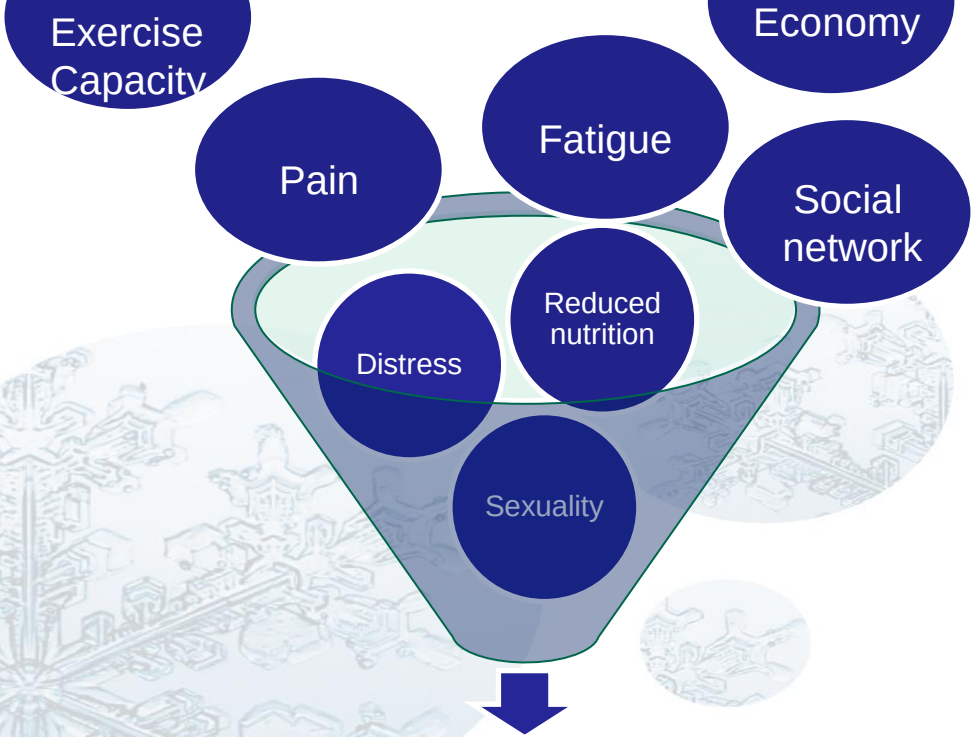
- Applies for all patients with cancer
- At any point of their disease

Cancer rehabilitation

- Over 12 million persons are diagnosed yearly with cancer
  - and more than 28 million are living with their personal history of cancer
- 50-60% of those diagnosed with cancer live for at least five years after the date of diagnosis

Wolff SN 2007, The burden cancer survivorship: A pandemic of treatment success

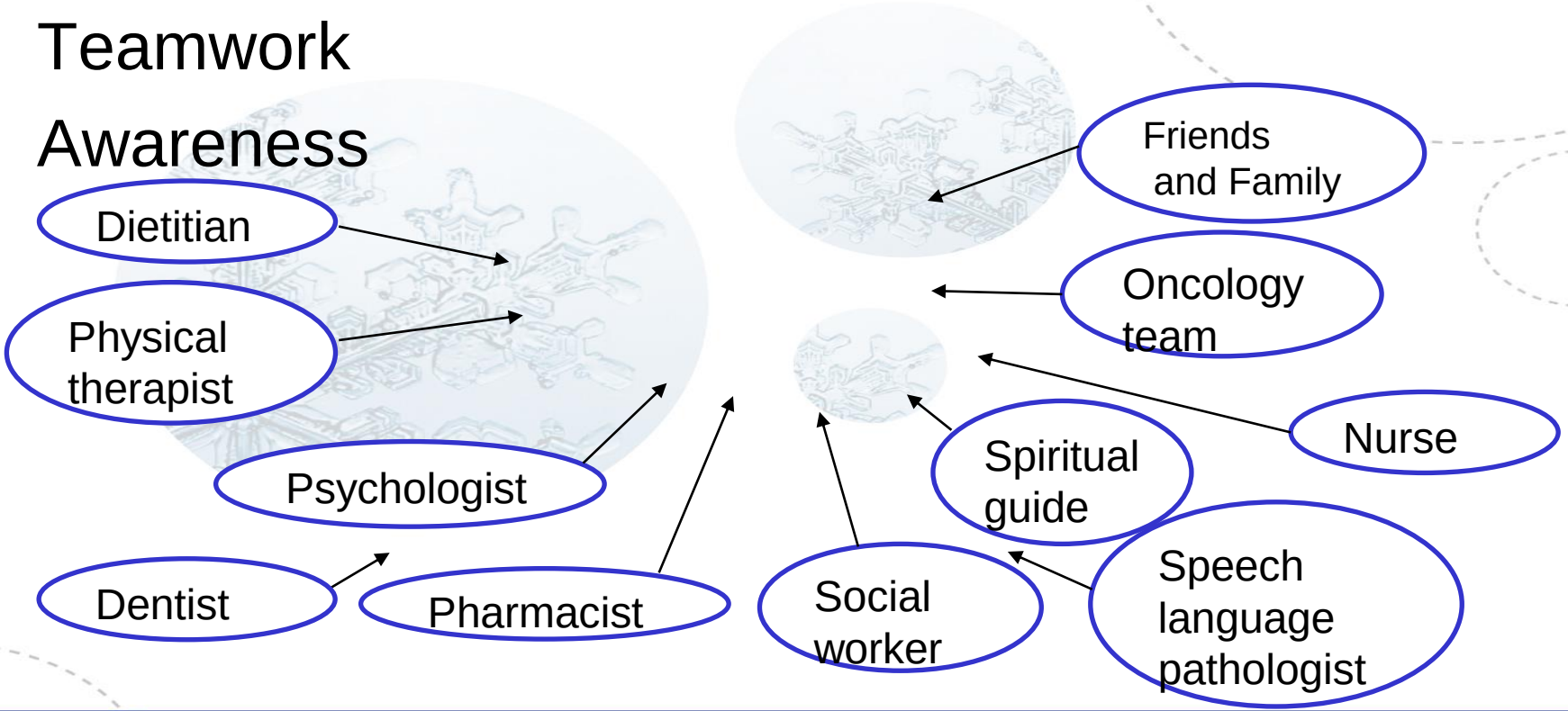

Cancer
Immuno- and targeted therapy
Surgery
Toxic effects on different organ systems
Radio- therapy
Chemo- therapy
Hormonal therapy



↓ Function
↓ Participation/empowerment
↓ Quality of life

How to achieve rehabilitation?

- Teamwork
- Awareness



Needs vary

- Time
  - Short time issues
  - Symptoms and conditions that last
  - Symptoms and conditions that develops after long time
- Disease
- Treatment
- Individual

ESMO handbook

- Section I:

How to deal with physical/psychological complaints during treatment and follow up

How to deal with physical/psychological complaints

- It gives an overview on management of the different complaints- and guides for further reading
- Most important take home messages:
  - Take a proper medical history
  - Do a proper work up
  - At first meeting, do not accept- “this is how it is to live with cancer”

How to deal with physical/psychological complaints

- Exercise
- Pain
- Fatigue
- Psychological Deterioration
- Mucocutaneous Changes
- Gastrointestinal and urological complications
- Sexuality/reproductive issues

Sexuality/reproductive issues

- 80% of cancer patients want more information
- 91% were afraid to talk to their physician
- 97% of doctors did not inform about possible sexual dysfunction

Sexuality/reproductive issues

- Physical limitations
  - Functional (mucosal, nerve, blood supply)
  - Stigma that alter body image (colostomy, scar etc.)
- Psychological limitations
  - Can be hard to differentiate
    - sequela, fatigue, depression

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- Section II:

How to deal with social network problems during treatment and follow-up

Social Issues

- Account for more than 1/3 of problems mentioned by patients

- 50% patients report social issues as problematic
  - Relationship with family, spouse, other close individuals

Social Issues

- 3/10 patients with prostate cancer could not confide in their spouse
- Friends disappear
  - And thus reinforces patients view as their life now just being a series of losses
- Clinicians report they address social issues more frequently than patients think they do

Social Issues

- Avoid loneliness and isolation

- Be aware of both patient and caregiver barriers
  - Communication is the pivotal point to improve social problems
  - Adequate information on diagnosis and prognosis

Financial Issues

- The financial burden of cancer is substantial
  - Loss of income
  - Increased expenses
- Nearly 1/3 of cancer survivors report cancer related financial burden
- 33.8% cancer survivors unemployed vs 15,2%

Financial Issues

	Return to work		Employment	
Factor	Effect	Level of evidence	Effect	Level of evidence
Age	↓	Weak	↓	Strong
Gender	↓	Moderate	↓	Inconsistent
Education	↓	Weak	↓	Strong
Income	↓	Insuficcient	↓	Strong
Martial status	↓	Inconclusive	↓	Inconsistent
Working hours	↑	Insufficent	↑	Weak
Occupational class	↓		↓	Weak
Physical exertion	↓	Strong		
Surgery only	↑	Weak		
Chemotherapy	↓	Strong	↓	Inconclusive
Radiotherapy		inconclusive		inconclusive

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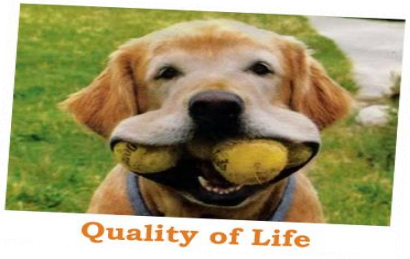
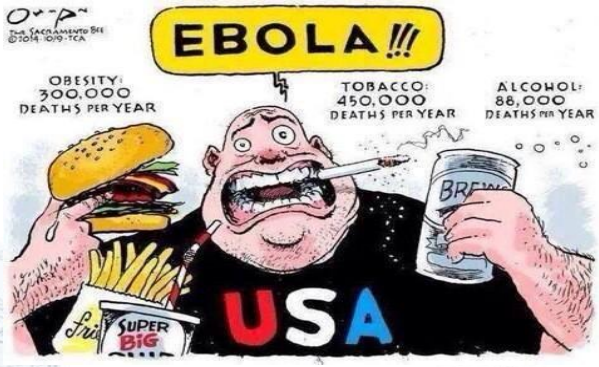
- Section III:

How to improve quality of life during follow-up?



Lifestyle changes



- Unhealthy lifestyle

  contribute to 50-75% of cancer
- After cancer is diagnosed, lifestyle changes could contribute to reduce risk of
  - Second malignant neoplasm
  - Reduce cardiovascular risk
  - Reduce diabetes
  - Improve HRQoL

Lifestyle changes

- Recovering from cancer diagnosis is a «teachable moment»
  - But often no changes occur:
    - 15.1% current smokers
    - 27,5% obese
    - 31,5 % had not exercised the last 30 days

US estimates 2009 (dietandcancerraport.org)

Goals

- Nutritional
  - Food (not supplementations)
  - Reduce intake of salt, sugar, read meat and processed meat
  - Increase intake of plant foods and fish
- Physical activity
  - 30 minutes moderately physical activity
- Quit smoking
- Drink less alcohol
- Keep weight low within the healthy range

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- Section IV:

How to merge the patients' regular cancer surveillance and rehabilitation plan?

Survivorship Care

- Focus on rebuilding lives and maximising function and quality of life

- Many patients feel «abandoned» after end of cancer treatment
- There is a need for coordination of care

Survivorship Care plan

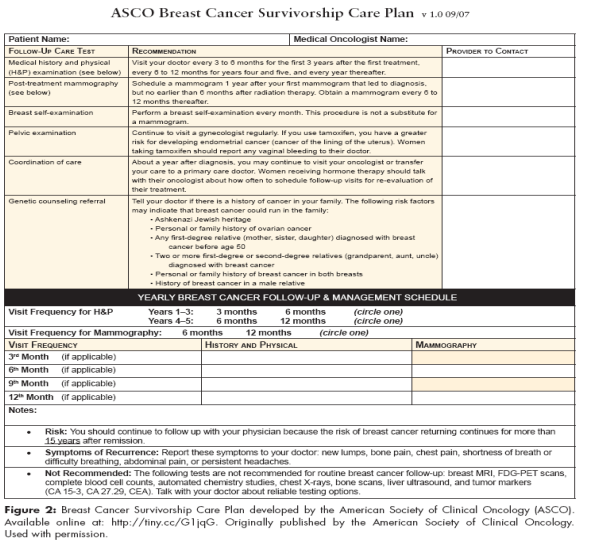
- Help and prepare patients for transition from active treatment to post-treatment phase

- Aim to empower and inform survivors and primary care practitioners of follow-up

Survivorship Care Plan

Components:

- Information about follow up
- Identification of late effects
- Healthy living recommendations
- Information on benefits of returning to work
- Referral to specialist
- Family and caregiver support



ASCO Breast Cancer Survivorship Care Plan v 1.0 09/07

Patient Name:	Medical Oncologist Name:	
Follow-Up Care Test	Recommendation	Provider to Contact
Medical history and physical (H&P) examination (see below)	Visit your doctor every 3 to 6 months for the first 3 years after the first treatment, every 6 to 12 months for years four and five, and every year thereafter.	
Post-treatment mammography (see below)	Schedule a mammogram 1 year after your first mammogram that led to diagnosis, but no earlier than 6 months after radiation therapy. Obtain a mammogram every 6 to 12 months thereafter.	
Breast self-examination	Perform a breast self-examination every month. This procedure is not a substitute for a mammogram.	
Pelvic examination	Continue to visit a gynecologist regularly. If you use tamoxifen, you have a greater risk for developing endometrial cancer (cancer of the lining of the uterus). Women taking tamoxifen should report any vaginal bleeding to their doctor.	
Coordination of care	About a year after diagnosis, you may continue to visit your oncologist or transfer your care to a primary care doctor. Women receiving hormone therapy should talk with their oncologist about how often to schedule follow-up visits for re-evaluation of their treatment.	
Genetic counseling referral	Tell your doctor if there is a history of cancer in your family. The following risk factors may indicate that breast cancer could run in the family: • Ashkenazi Jewish heritage • Personal or family history of ovarian cancer • Any first-degree relative (mother, sister, daughter) diagnosed with breast cancer before age 50 • Two or more first-degree or second-degree relatives (grandparent, aunt, uncle) diagnosed with breast cancer • Personal or family history of breast cancer in both breasts • History of breast cancer in a male relative	

YEARLY BREAST CANCER FOLLOW-UP & MANAGEMENT SCHEDULE

Visit Frequency for H&P — Years 1–3: 3 months 6 months *(circle one)*; Years 4–5: 6 months 12 months *(circle one)*

Visit Frequency for Mammography: 6 months 12 months *(circle one)*

Visit Frequency	History and Physical	Mammography
3rd Month (if applicable)		
6th Month (if applicable)		
9th Month (if applicable)		
12th Month (if applicable)		

Notes:

- **Risk:** You should continue to follow up with your physician because the risk of breast cancer returning continues for more than 15 years after remission.
- **Symptoms of Recurrence:** Report these symptoms to your doctor: new lumps, bone pain, chest pain, shortness of breath or difficulty breathing, abdominal pain, or persistent headaches.
- **Not Recommended:** The following tests are not recommended for routine breast cancer follow-up: breast MRI, FDG-PET scans, complete blood cell counts, automated chemistry studies, chest X-rays, bone scans, liver ultrasound, and tumor markers (CA 15-3, CA 27.29, CEA). Talk with your doctor about reliable testing options.

Figure 2: Breast Cancer Survivorship Care Plan developed by the American Society of Clinical Oncology (ASCO). Available online at: http://tiny.cc/G1jqG. Originally published by the American Society of Clinical Oncology. Used with permission.

Rehabilitation - Are we good enough?

- Patient centred?
- Evidence based?
- Well coordinated and team based?
- Are the patients well informed on what we can - and can not achieve?
- Do all patients get the same possibilities?

Personalised medicine

- Not only pharmacological targeted therapy

Behind every cancer diagnosis there is a unique person who deserves personal guidance through his/hers life

ref: Henk van Halteren

- Survival is of course not enough

Thank you for the attention

Trondheim University Hospital