

WHAT IS “CANCER SURVIVORSHIP”?

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This is a comprehensive term to basically define and address all concerns related to **living with cancer or living with a history of cancer.**

There are 15 million cancer survivors in the United States and 32 million cancer survivors worldwide. This number is constantly growing due to improvements in cancer screening, increase in life expectancy following definitive cancer treatment and finally due to the increasing age of the population in general. There were 3 million people diagnosed with cancer in the 1970s and this number has now increased to 15 million in 2016.

With this dramatic increase in the number of people that are afflicted, or will be afflicted by this disease, and the increasing number of people living longer with the disease, it has become exceedingly important to integrate the general well-being of an individual parallel to their cancer management.

This disease and its associated treatments, depending on the type of cancer, can have far reaching effects on the psychosocial well-being, chronic symptoms related to the disease or treatment, fiscal well-being, fertility and parenthood. Therefore, cancer survivorship focuses on the health and life of a person with cancer, from the time of diagnosis, through active treatment or ongoing long-term treatment, post completion of treatment until the end of life.

The **actual transition from active treatment to post treatment care is critical to long-term health of cancer patients.** There are **several concerns surrounding this transition including:**

- 1. Risk and surveillance of recurrence:** The timing and patterns of recurrence certainly vary by tumor type and stage of cancer at the time of diagnosis. In most instances, routine surveillance to evaluate for distant recurrent disease should NOT be performed in otherwise asymptomatic cancer survivors. HOWEVER, breast cancer survivors, should continue routine screening mammography and colon cancer survivors should continue routine screening colonoscopies as recommended by their gastroenterologists for evaluation of second primary breast and colon malignancies.
- 2. Risk of secondary cancers from prior treatment with chemotherapy or radiation:** Chemotherapy induced leukemias can occur 2-5 years following treatment with certain drugs. On the other hand, radiation induced secondary malignancies could have a longer latency period and are dependent upon the cumulative dose, field of radiation, and age at treatment. The most common radiation induced cancers are breast and thyroid cancer. The incidence of radiation induced malignancies have also decreased over time due to decreased recommended radiation dosing over time, different modalities and improved equipment in radiation therapy delivery.
- 3. Monitoring of long-term side effects of cancer treatment:** Some of these late and possibly long-term side effects include cardiotoxicity from certain chemotherapy drugs, peripheral neuropathy, and premature menopause. Any prolonged symptoms are an important aspect of communication between the patient, their PCP and oncologist to ensure appropriate evaluation and intervention to allow for the best possible quality of life for the patient.

- 4. Psychosocial well-being:** Cancer survivors can often experience a large gamut of intangible hardships that can affect their quality of life long-term. Some of these difficulties include depression, anxiety, unexplained fatigue, sleep disturbances, and sexual dysfunction. Again it is important to address any of these ongoing issues to implement the best intervention.
- 5. Fiscal well-being:** Unfortunately, cancer survivorship can result in a significant financial burden resulting in an additional stressor for the patient and their family, even years after the diagnosis. It is important to address any financial needs with the assistance of social workers and case managers available through any given institution.
- 6. Fertility and Parenthood:** Cancer therapy may put male and female survivors at risk for infertility. It is important to discuss fertility preservation prior to initiation of active cancer treatment and address any concerns in regards to getting pregnant, achieving a successful pregnancy outcome, and any fears in regards to an adverse impact on offspring post treatment.
- 7. Preventative care/Life-style modifications:** Healthy diet and exercise can improve the quality of life of cancer survivors and preclude development of additional comorbidities. Cancer survivors are at increased risk of developing subsequent cancers. Survivors that continue to smoke are at even higher risk of developing subsequent malignancies; therefore, it is prudent to provide patient with smoking cessation interventions.
- 8. Genetic predisposition for cancer:** Patients are routinely inquired about family history of cancer at the time of diagnosis and this information is updated during the course of treatment and follow-up. Patients with a personal or family history of any potential familial cancer syndromes would be referred for specific testing or genetic counseling.

With knowledge of all of these concerns surrounding the transition from active cancer treatment to post treatment care, it is important to delineate the roles and responsibilities of survivorship care, for both patients and their providers, including their PCP and specialists.

As a provider at AndrewsPatel Hematology/Oncology, our goal is to integrate all of these aspects of cancer survivorship as a part of a discussion on routine surveillance/post-treatment visits to ensure the best quality of life for our patients.

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