LIFE AFTER COLORECTAL CANCER: SURVIVORSHIP AND BEYOND

Mercy Medical Center Colorectal Conference
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Colon Cancer

NCCN Recommendations for follow-up:
Stage I – Colonoscopy at 1 year
If advanced adenoma, repeat in 1 year
If no advanced adenoma, repeat in 3 years and then every 5 years

Stage II and III – History and Physical every 3-6 months for 2 years, then every 6 months for 5 years
CEA every 3-6 months for 5 years
CT of the C/A/P every 6-12 months for a total of 5 years
Colonoscopy as above
Stage IV – History and physical every 3-6 months for 2 years, then every 6 months for five years
CEA as above
Colonoscopy as above, unless no preoperative colonoscopy, then repeat in 3-6 months
CT imaging as above
SURVIVORSHIP

• Who is a survivor?
• NCCN Definition:
  
  “An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life.”

  Family members, friends and caregivers are also affected
SURVIVORSHIP STANDARDS

- Prevention of new and recurrent cancers and other late effects
- Surveillance for cancer spread, recurrence of second cancers
- Assessment of late psychosocial and physical effects
- Interventions for consequences of cancer and treatment
  - Medical problems
  - Psychological distress
  - Symptoms
  - Financial and social concerns
SURVIVORSHIP STANDARDS

• Coordination of care between primary care providers and specialists

• Survivorship care planning
  – Summary of treatment received
  – Information regarding follow-up care and surveillance recommendations
  – Information on post-treatment needs
  – Delineation of the role of oncologists and primary care
  – Post treatment side effects
  – Healthy behavior recommendations
COLORECTAL CANCER SURVEILLANCE

Long term surveillance monitoring

Routine medical care and monitoring

Routine Health Care and Preventive Care

Routine CEA monitoring and routine CT scans are not recommended beyond 5 years.
SURVIVORSHIP CARE PLANNING

• Defined role of Oncologist and Primary Care Provider
  • Overall Treatment Summary
• Surgeries, Radiation and Chemotherapy received
• Description of possible expected time to resolution of acute toxicity
  • Long term side effects of treatment
• Anticipated possible late toxicity of treatment
• Appropriate timing of transfer of care from Oncologist to Primary Care provider
  • Health behavior modifications
MANAGEMENT OF LATE/LONG TERM EFFECTS

• Distress
• Pain
• Neuropathy
• Fatigue
• Sexual Dysfunction
• Chronic diarrhea/incontinence
CHRONIC DIARRHEA/INCONTINENCE

- Anti-diarrheal agents
- Bulk forming agents
- Diet manipulation
- Pelvic Floor rehabilitation
- Protective Undergarments
MANAGEMENT OF OSTOMY

Ostomy support group

Ostomy nurse follow-up

Distress related to body changes

Precautions with physical activity
OXALIPLATIN BASED NEUROPATHY

• Time frame of onset

• Cold sensitivity vs. non cold sensitivity induced

  • Medical management – Duloxetine

  • Non-pharmacological management
    • Acupuncture
    • Heat/Ice
    • Movement/stretching
HEALTHY LIFESTYLE AND WELLNESS

- Maintain a healthy body weight
- Preventive health screenings
- Adopt a physically active lifestyle
- Modifications may be required
  - Ostomy
  - Neuropathy
- Complete all age related cancer screenings
SURVIVORSHIP

Diet Recommendations

Healthy diet

Emphasis on Plant sources

May require modification due to bowel issues
SURVIVORSHIP

• Additional Recommendations

• Aspirin 325mg daily for secondary prevention (unless contraindicated)
  
  • Limit or avoid Alcohol
  • 1 or less per day for Women
  • 2 or less per day for Men

• Tobacco cessation
SURVIVORSHIP

• Screening for Second Cancers
• Spontaneous vs. Genetic Susceptibilities
  • Shared Exposures
  • Environmental
  • Smoking
• Mutagenic effects of cancer treatment
SURVIVORSHIP

• Second Cancers

• Overall cancer rate in Survivors is higher than overall population

• Treatment associated subsequent cancers
  – Vary with intensity of cancer treatment
  – Radiation Exposure
SURVIVORSHIP

- Screening shared between Oncology/Primary Care
  - Excess Radiation Exposure
    - Radiation exposure as treatment
    - Radiation exposure from imaging
  - Regular Updates of Family Cancer History
  - Consideration of referral for Genetic Risk Assessment
SURVIVORSHIP

• Routine Medical Assessment
  • Oncology/Primary Care

• Periodic assessment at least annually

• Weight and health behaviors to modify risk
SURVIVORSHIP

• Routine medical assessment
  • Current disease status
  • Functional/Performance status
• Medications – Prescriptions and OTC
• Comorbidities (weight, tobacco, alcohol)
• Prior cancer treatments and modalities
  • Family history
  • Psychosocial factors
SEXUAL DYSFUNCTION

- Treatment related impact
  - Surgery

- Body Image/Ostomy issues
  - Radiation effect

- Assess for signs of symptoms of Estrogen or Testosterone deprivation
SEXUAL DYSFUNCTION

• Appropriate Referrals

• Psychotherapy

• Sexual/couples counseling

• Gynecologic care

• Urology
SEXUAL DYSFUNCTION

• Males

• Assessment of morning Testosterone level

• Lifestyle modification (Alcohol, smoking, P.T.)

• Psychosocial evaluation

• Medications – SSRIs, PDE5 inhibitors, Anxiolytics, Clomipramine
SEXUAL DYSFUNCTION

- Females

- Menopause/Vasomotor symptoms

- Global symptoms – Anxiolytics, Antidepressants, Integrative therapy (yoga, meditation)

- Topical treatment, dilators, pelvic P.T.

- Topical anesthetics

- Counseling
SURVIVORSHIP

• Questions?

• Resources

• Disclosures: I have no interests or off label use of medications to disclose.