

THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



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# Diagnosis to Survivorship- The Spectrum of Cancer Care from a Family Physician Perspective: Part 2

## Cognitive and Psychosocial Impacts for Cancer Survivors

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MIGS | SGIM



# Presenter Disclosure

- **Faculty:** Alexandra Ginty
- **Relationships with financial sponsors:**
  - **Speakers Bureau/Honoraria:** OH-CCO RPCL Cancer Screening stipend, speaker honorarium PriMed 2021

# Presenter Disclosure

- **Faculty:** Anna Wilkinson
- **Relationships with financial sponsors:**
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  - **Other:** CPAC - travel to meetings

# Presenter Disclosure

- **Faculty:** Sian Shuel
- **Relationships with financial sponsors:**
  - **None**
- **Other:** Employed by BC Cancer's Family Practice Oncology Network

# Presenter Disclosure

- **Faculty:** Genevieve Chaput
- **Relationships with financial sponsors:**
  - None
- **Other:** None

# Presenter Disclosure

- **Faculty:** Nureen Sumar
- **Relationships with financial sponsors:**
  - **None**
- **Other:** Employee of Alberta Health Services - Departments of Family Medicine (Palliative Care) and Medical Oncology (GPO)

# Learning Objectives

- Support patients in their fear of recurrence
- Prepare patients for the impact of cancer treatment on sexuality
- Describe cancer-related cognitive impairment to patients in survivorship
- Implement a back to work plan

# The Patient's Perspective...

## Top concerns are:

1. Fear of recurrence
2. Sexuality after treatment
3. Cancer-related cognitive impairment
4. Fatigue
5. Mood disorders
6. Back to work

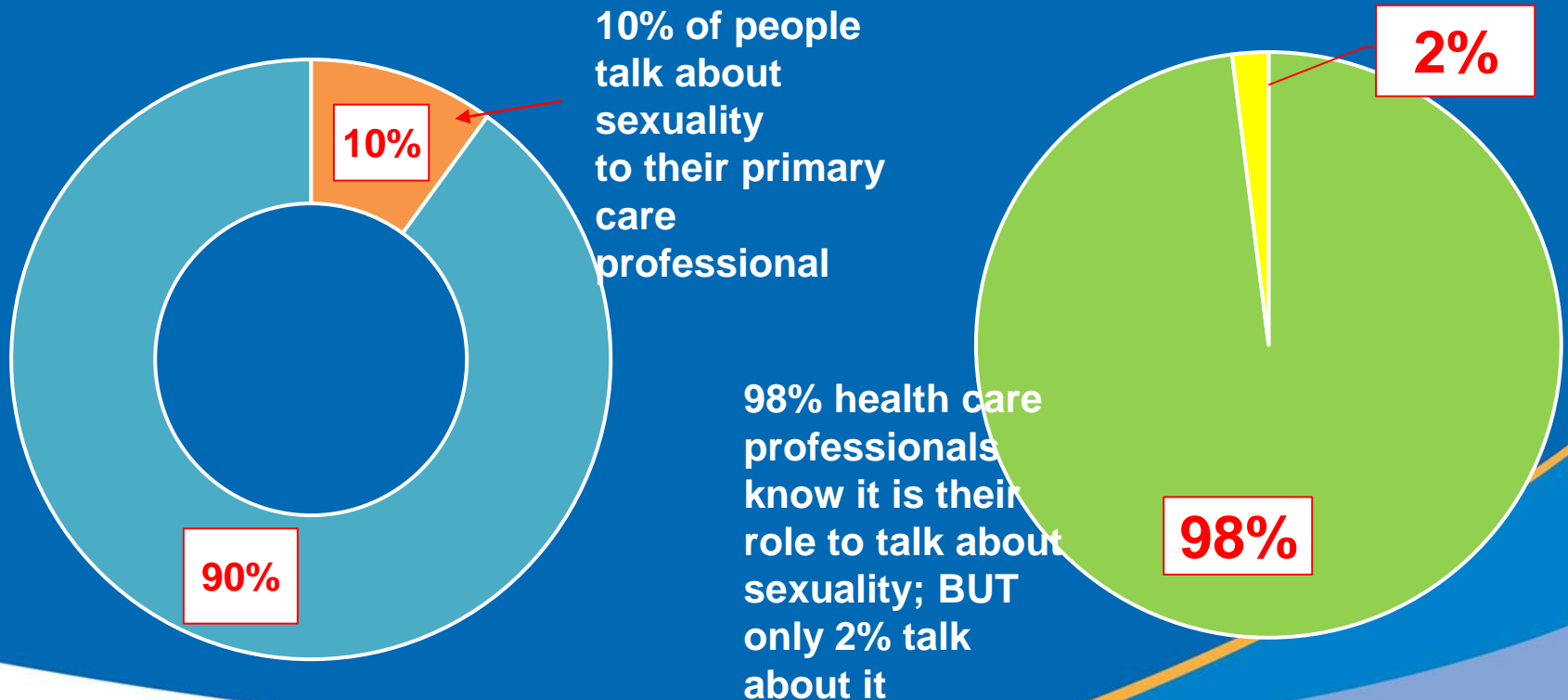


# Fear of Recurrence

- 70% report **high** levels of fear of cancer recurrence
- This leads to **avoiding follow-up** tests and appointments and over-ordering tests without relief
- **Incidence of completed suicide** among patients with cancer and in survivorship is approximately **TWICE** that of the general population

# Sexuality – Why Talk About It?

95% of men and 85% of women experience difficulties due to sexual dysfunction after cancer treatment



# Ask About Sexual Problems

**Cancer Care Ontario**

**Action Cancer Ontario**

**Edmonton Symptom Assessment System:**  
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
Worst Possible Pain												
Worst Possible Tiredness												
Worst Possible Drowsiness												
Worst Possible Nausea												
Worst Possible Lack of Appetite												
Worst Possible Shortness of Breath												
Worst Possible Depression												
Worst Possible Anxiety												
Worst Possible Wellbeing												
Worst Possible Other Problem (for example constipation)												

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Completed by (check one):

- ☐ Patient  
☐ Family caregiver  
☐ Health care professional caregiver  
☐ Caregiver-assisted

BODY DIAGRAM ON REVERSE SIDE

ESAS-r

Revised: November 2010

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**Sexual Problems**

# Treating Vasomotor Symptoms

- Non Pharmacologic
  - Fans, cooling sheets
- Pharmacologic
  - Clonidine (weak evidence)
  - Venlafaxine
  - Gabapentin/pregabalin
- Caution! HRT should NEVER be used in hormone receptor positive breast cancer (ER+/PR+)

# Tamoxifen Drug Interactions

Strong or moderate Inhibitor: <b>AVOID</b>	Weak inhibitor: <b>CAN USE*</b>
amiodarone (Cordarone®)	citalopram (Celexa®)
quinidine	escitalopram (Cipralex®)
bupropion (Wellbutrin®, Zyban®)	venlafaxine (Effexor XR®)
duloxetine (Cymbalta®)	desvenlafaxine (Prisitq®)
fluoxetine (Prozac®)	mirtazapine (Remeron®)
paroxetine (Paxil®)	fluvoxamine
sertaline (Zoloft®)	trazodone
clomipramine, desipramine, imipramine	amitriptyline
terbinafine (Lamisil®)	

# Genital Symptoms

- Vaginal dryness and atrophy
  - Lubricants for sexual activity
  - Topical lidocaine for dyspareunia
  - Vaginal dilators may be of benefit
  - Pelvic floor physiotherapy
  - Counselling
  - Weighted cone system
  - **Stimulation and masturbation are recommended**
  - Vaginal estrogen can be used safely in some cases, but individual counselling and consultation with oncologist is advised

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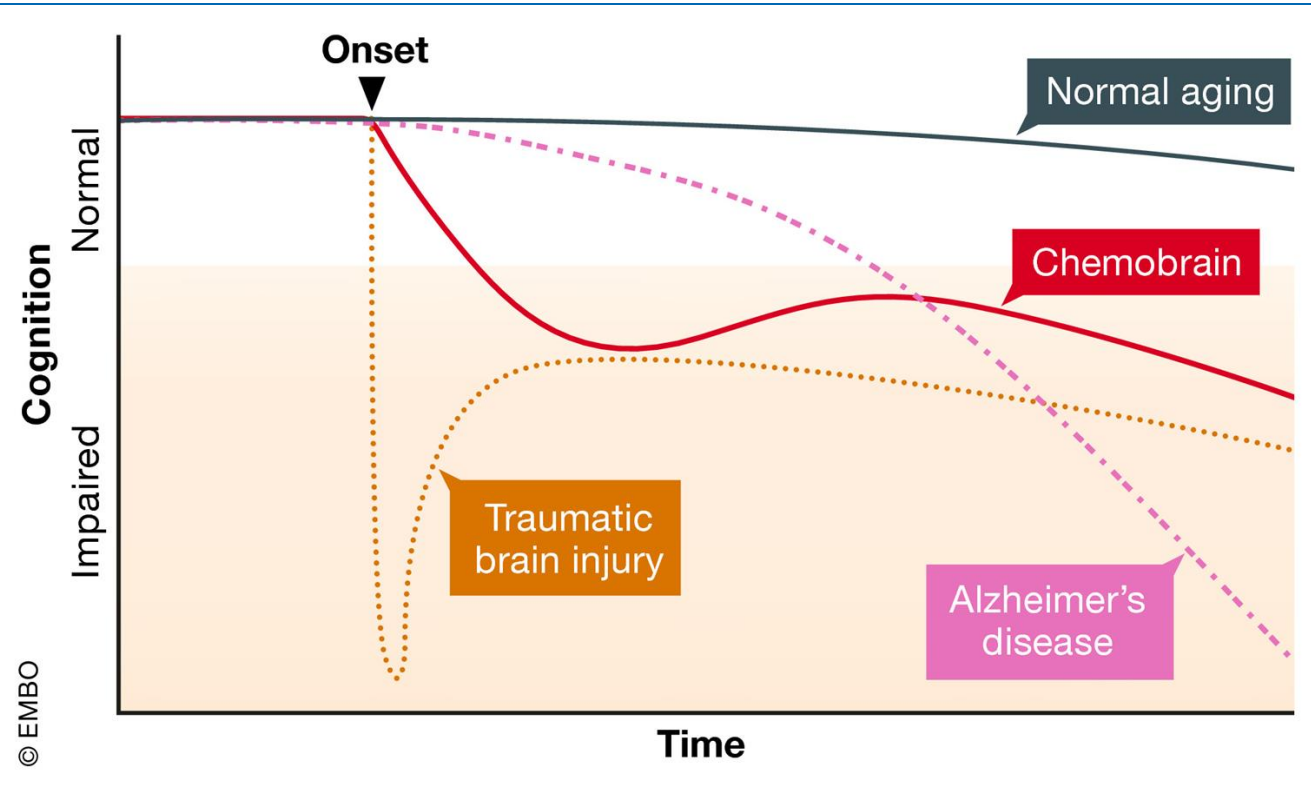


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# Cancer-Related Cognitive Impairment (CRCI)

Cellular mechanisms and treatments for chemo brain: insight from aging and neurodegenerative diseases





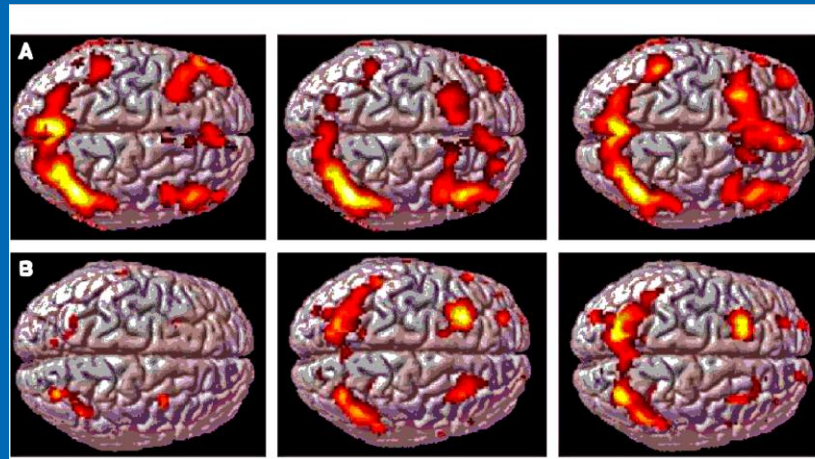
# How does CRCI Impact Quality of Life?



# Cancer-Related Cognitive Impairment

2.2 times longer + higher  
cognitive complaint score

fMRI Twin Study (*Ferguson et al*  
2007)



# Distress, Depression, Anxiety

- Prevalence of depression ranges from **8% to 24%** within the first year of cancer diagnosis
- Canadian “snapshot” of cancer patients:
  - 44.3% report depression
  - 56.2% report anxiety



# Back to Work Approach

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# Vocational Rehab Model for Cancer Survivors

## A 4-prong approach (Cancerandwork.ca) e-module available



- **Biopsychosocial** – pre-existing disabilities, cancer treatment-related late and lasting effects



- **Person-related** – changes in priorities, motivation and meaningful work. Feelings of self-efficacy, negativity towards working and stressors



- **System** – health care, insurance providers, social and family supports, may impede and influence financial stability



- **Work site** – job demands (physical, psychological, cognitive), work hours, availability of accommodations, workplace relationships and supports

# Assess Function

- Physical, psychological, cognitive
- Strengths
- Limitations
- Energy levels, duration
- Focus, multitasking, memory

*“Physically there was no reason I could not do an office job, by most people’s description. But it was my head that was off, psychologically.”*

*“It was like all the files fell on the floor in my brain and it took so much longer to find things. Exhaustion hit me like a freight train physically and mentally.”*

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# Resources

- A 96 page booklet and on-line PDF document
- All gender couples
- Patient-friendly guide

## Sexuality and Cancer



1 888 939-3333 | [cancer.ca](http://cancer.ca)

## How to Manage Hormonal Symptoms

This guide is for men who have had treatment for prostate cancer. The information here is not meant to replace medical advice. For medical advice, speak to your healthcare team.

### Hormonal therapy to treat prostate cancer can cause changes in your testosterone levels.

Testosterone is a hormone that is made in your testicles.

Testosterone affects:

Your sex drive

### Changes in your testosterone levels can cause:

Hot flashes and trouble sleeping  
Tenderness or soreness in your breasts (chest)  
Swelling of your breasts  
Changes in mood and feeling more emotional than you usually do  
A lack of energy

### There are things you can do to cope with your symptoms.

Hot flashes:

A hot flash feels like a sudden warmth in your upper body and face. It can happen quickly and with no warning. To manage hot flashes, try to:

## How to Manage

## Urinary Incontinence

This guide is for men who have had treatment for prostate cancer. The information here is not meant to replace medical advice. For medical advice, speak to your healthcare team.

### Urinary incontinence is when you are not able to control when and how you urinate (pee).

It is common after prostate cancer treatments like

### There are 4 main types of urinary incontinence.

**Stress incontinence** is when you leak urine when you do something like cough, sneeze or laugh. It is the most common type of incontinence for men after prostate cancer treatments.

**Mixed incontinence** is when you have more than one type of incontinence. The most common types to have together are urge incontinence and stress incontinence.

Treatments may be different for each type of incontinence.

## How to Manage

## Sexual Problems

This guide is for men who have had treatment for prostate cancer. The information here is not meant to replace medical advice. For medical advice, speak to your healthcare team.

### Sexual problems after prostate cancer treatment are common.

#### Treatments can cause changes in your:

Erections  
Orgasms  
Ejaculation (when you orgasm)  
Fertility  
Sexual desire  
Feelings and attitudes about sex

## How to Manage

## Urinary Problems

This guide is for men who have had treatment for prostate cancer. The information here is not meant to replace medical advice. For medical advice, speak to your healthcare team.

### Urinary problems are common after treatment for prostate cancer.

#### This is because:

Surgery can change your urinary system.

Radiation therapy can:  
• Irritate your bladder and urethra; and  
• Make your prostate gland inflamed or swollen.

#### Urinary problems can cause:

An intense (strong) need to urinate often  
Pain or burning while you pee  
A weak urine stream  
You to feel like you cannot fully empty your bladder

Talk to your healthcare team if you have any of these problems. They can help you make a plan to manage them.

#### Your healthcare team will try to find the cause of your urinary problems.

#### You may be asked to:

Keep a journal of when, how often and how much you pee  
Get a urine test to check for infection  
Have other tests to measure the pressure in your bladder, how much urine your bladder can hold, and the flow of your urine

