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Diagnosis to Survivorship- The Spectrum of Cancer Care from a Family Physician Perspective: Part 3

Survivorship: Surveillance and
Recurrence Prevention

Alexandra Ginty MD CCFP(EM) FCFP
Anna Wilkinson MSc MD CCFP FCFP
Genevieve Chaput MD CCFP(PC) FCFP
Sian Shuel MD CCFP(PC) FCFP
Nureen Sumar MSc MD CCFP



Presenter Disclosure

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



Presenter Disclosure

- **Faculty:** Anna Wilkinson
- **Relationships with financial sponsors:**
 - **Grants/Research Support:** MIGS Grant BCS, Oncology Briefs
 - **Speakers Bureau/Honoraria:** Speaker Honoria OCFP ASA
- **Other:** CPAC - travel to meetings, OH-CCO RPCL Stipend



Presenter Disclosure

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



Presenter Disclosure

- **Faculty:** Genevieve Chaput
- **Relationships with financial sponsors:**
 - **Grants/Research Support:** MIGS grant Oncology Briefs
- **Other:** None



Presenter Disclosure

- **Faculty:** Nureen Sumar
- **Relationships with financial sponsors:**
 - CAGPO – Training Scholarship (Harvard Center for Palliative Care PCEP 2020)
- **Other:** Employee of Alberta Health Services (Dept of Family Medicine) and Aga Khan University (Departments of Haematology-Oncology / Family Medicine)

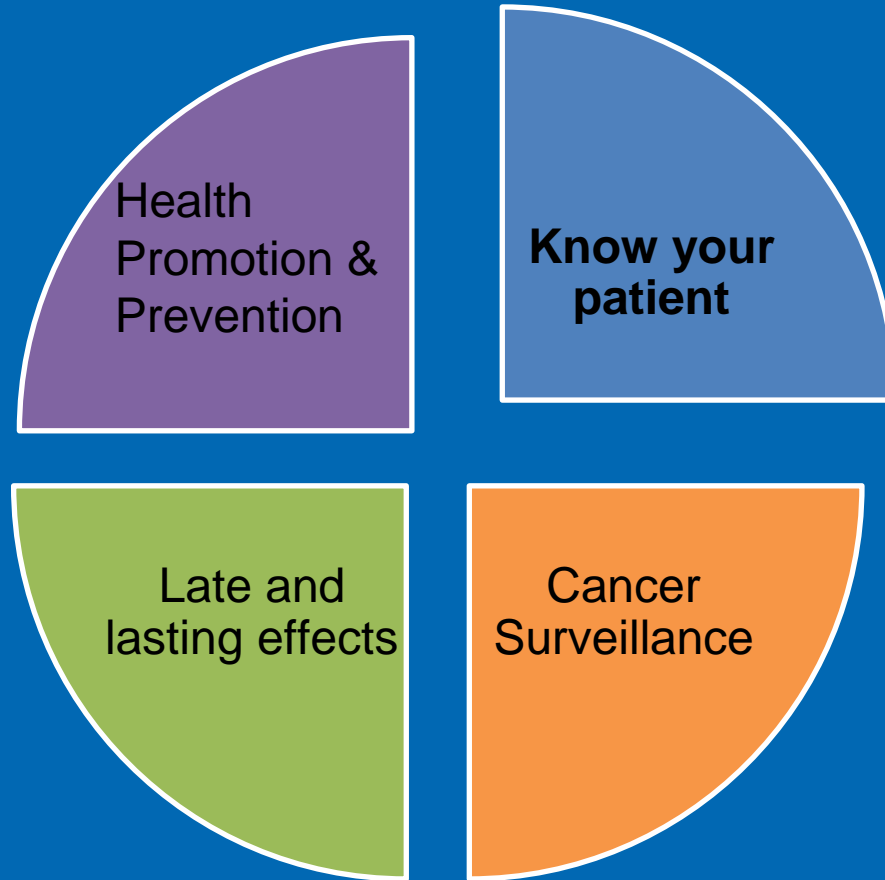


Learning Objectives

- To create a 4-domain approach to survivorship
 1. Integrate components of “knowing your patient”
 2. Apply elements of surveillance in survivorship
 3. Manage late and lasting effects
 4. Enhance health promotion practices



4 Domains of Survivorship Care¹



Domain 1 – Know your patient

The Treatment summary



Diagnosis

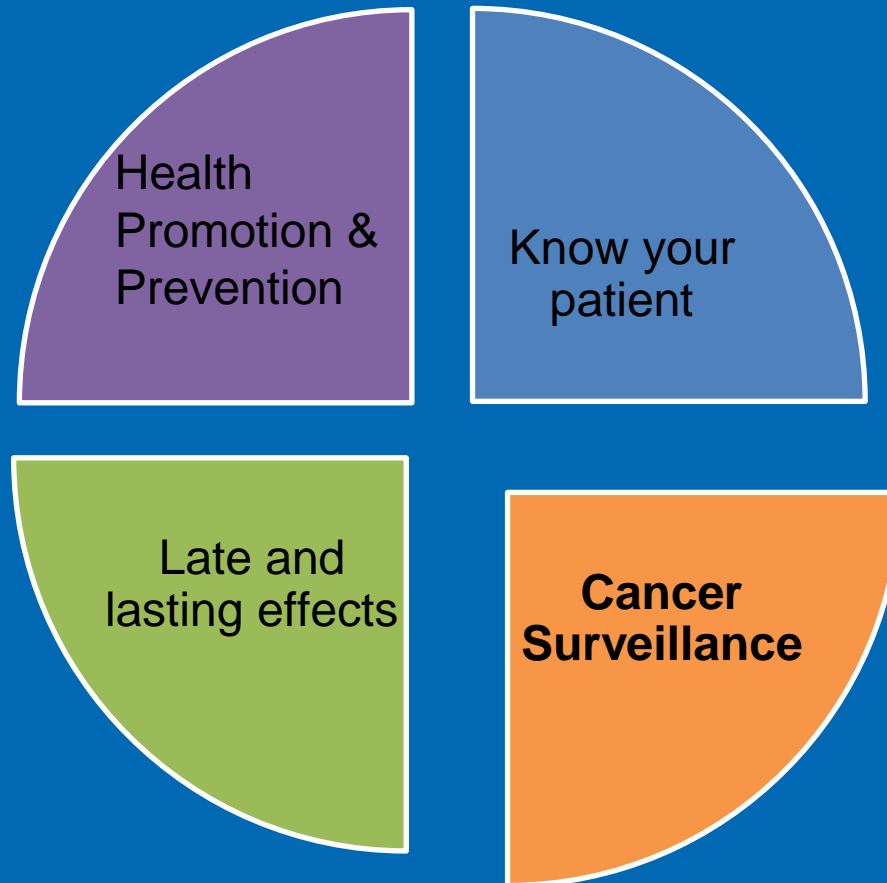


Treatment
Received



Reconciled
Medication List

4 Domains of Survivorship Care¹



Domain 2 – Cancer Surveillance

- Two components:
 - Surveillance for signs and symptoms of recurrence
 - Disease specific surveillance i.e. mammograms



Domain 2 – Cancer Surveillance



- Regular appointments for signs/symptoms



- No specific sign/symptom predictors of cancer recurrence⁶



- Examples include pain, back pain, headaches, new masses, weight loss, abdominal fullness, dyspnea, bleeding, skin changes⁷



Domain 2 – Cancer Surveillance

Site Specific Considerations



Schedule appropriate imaging



Mirror Provincial follow-up guidelines



Consider goals of care, comorbidities and risk of recurrence

Domain 2 – Surveillance Lung Cancer

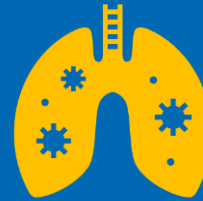


Most recurrences
in first 2 years
after treatment;
Aggressive follow-up
in first 2 years

NSCLC



30-55%
of NSCLC
will recur after
curative
surgery⁸



More than half
will recur at
distant sites



Smoking cessation
counselling
at every visit



Domain 2 – Surveillance Lung Cancer



Look for recurrence

Exam

+

CT

Regular
history and
physical

Chest +/- other
sites
(+/- MRI head for some
stage 3 lung ca; in
collaboration with
oncologist)

Domain 2 – Surveillance **Colon Cancer**

- Majority of recurrences apparent within the first 2-3 years after resection⁹
- Local recurrence in only 10% of cases
- Liver and lungs are the most common sites for metastases
- Aggressive surveillance recommended as patients are potentially curable even with low burden metastatic disease



Domain 2 – Surveillance Colorectal Cancer

Look for recurrence

Colonoscopy + CEA + CT + Exam

Recommendations vary;
some jurisdictions
recommend CEA at every
follow up visit¹⁰ with repeat
in 28 days if elevated;
others suggest CEA optional
while CT imaging is being
done⁶

Chest abdomen
and pelvis at
recommended
intervals

Regular
history and
physical.
Yearly rectal
exam



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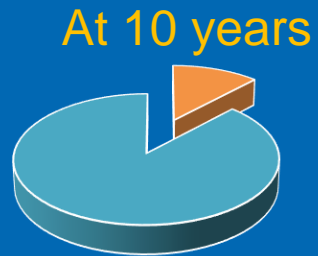


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Panel Discussion



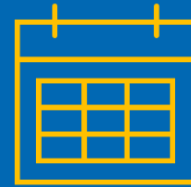
Domain 2 – Surveillance Breast Cancer



Local recurrence
2-12% at 10 yrs.
after surgery¹²



History and
physical exam
– focus on
recurrence¹³



Schedule
regular
mammograms



BRCA1 and
BRCA2 require
high risk
surveillance
program

Domain 2 – Surveillance Breast Cancer¹⁴



AI – BMD and lipids
 Tamoxifen – abnormal
 vaginal bleeding

Figure 1

Breast Cancer Survivorship Tool

Patient Identification

STEP 1 Know Your Patient

STEP 1 Care Knowledge and Co-ordination

STEP 2 Cancer Surveillance

STEP 3 Management of Long-term Side Effects of Treatment

STEP 4 Health Promotion

STEP 1 Know Your Patient

STEP 2 Cancer Surveillance

STEP 3 Management of Long-term Side Effects of Treatment

STEP 4 Health Promotion

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Patient Profile

Age at diagnosis: _____
 Date of diagnosis: _____
 Breast cancer site: OL OR BL
 Type: _____
 Grade: _____ Margins: _____
 Lymph nodes involved: _____
 ER+/ER- PR+/PR- HER2+/HER2-
 TNM: _____ Stage: _____
 Genetic testing: _____
 Menopausal status: _____
 Date of last mammogram: _____

Health Care Team

Family physician: _____
 Medical oncologist: _____
 Radiation oncologist: _____
 General surgeon: _____
 Plastic surgeon: _____

The first step of survivorship care is understanding what breast cancer treatments an individual has received.

Print this form and complete it by hand or fill in the blanks online.

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Treatment History

Surgery Lumpectomy Mastectomy
 Sentinel node biopsy Axillary dissection

Reconstruction Implant Tissue flap Other

Chemotherapy Drug Regimen: _____
 Anthracycline (doxorubicin/epirubicin) given:
 Yes No

Radiation therapy Total dose: _____ Location: _____
 Herceptin Yes No

Bisphosphonate Yes No

Ovarian suppression Medical Surgical

Endocrine therapy Drug: _____ Start date: _____
 Intended treatment duration: _____
 Drug: _____ Start date: _____
 Intended treatment duration: _____

Date treatment completed: _____

♥ Potential for cardiotoxicity

Domain 2 – Surveillance Prostate Cancer



PSA +/- Hx and Px^{15,16}

Biochemical recurrence (BCR) - rising PSA after curative-intent treatment, with no clinical evidence of recurrent disease

Not all men with BCR will go on to develop metastatic disease



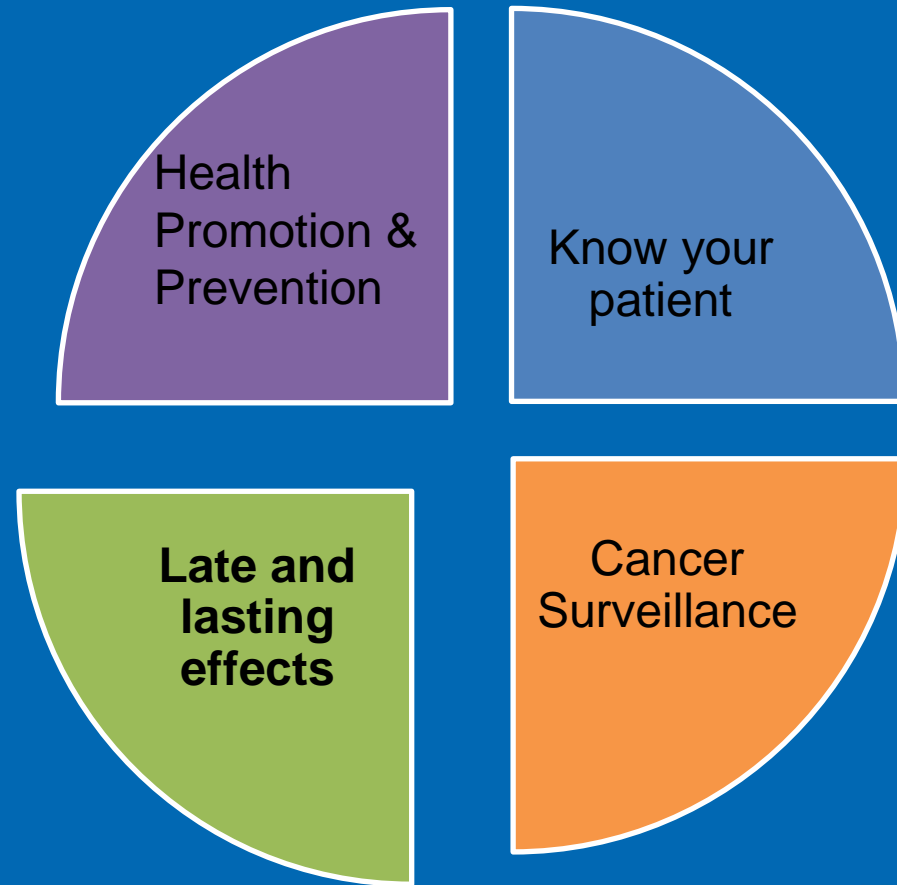
Domain 2 – Surveillance Prostate Cancer

- PSA profile pointing to possible recurrence depends on the curative-intent treatment received.



Treatment Received	BCR Defined as:	Note:
External Beam Radiation	Nadir plus 2ug/L	Time to nadir is 18-36 mo; relapse may occur after the lowest post-treatment PSA value, i.e. nadir, is achieved
Brachytherapy	Nadir plus 2ug/L	PSA may oscillate up to 3 yrs after tx and can temporarily increase to 4ug/L or more
Radical Prostatectomy	2 successive increases to a value of >0.2ug/L	Time to nadir is 3-5 weeks.

4 Domains of Survivorship Care¹



Domain 3 – Late and Lasting Effects



Cancer-related
memory loss



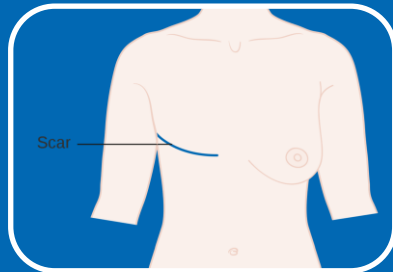
Neuropathy



Pain
syndromes

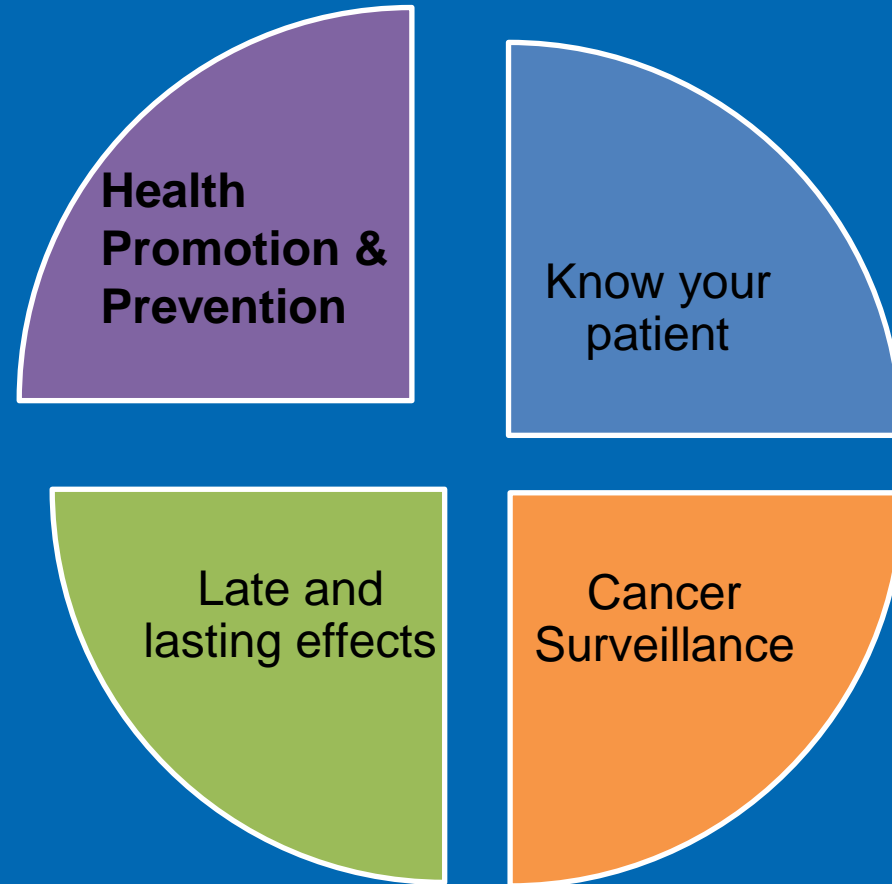


Fatigue

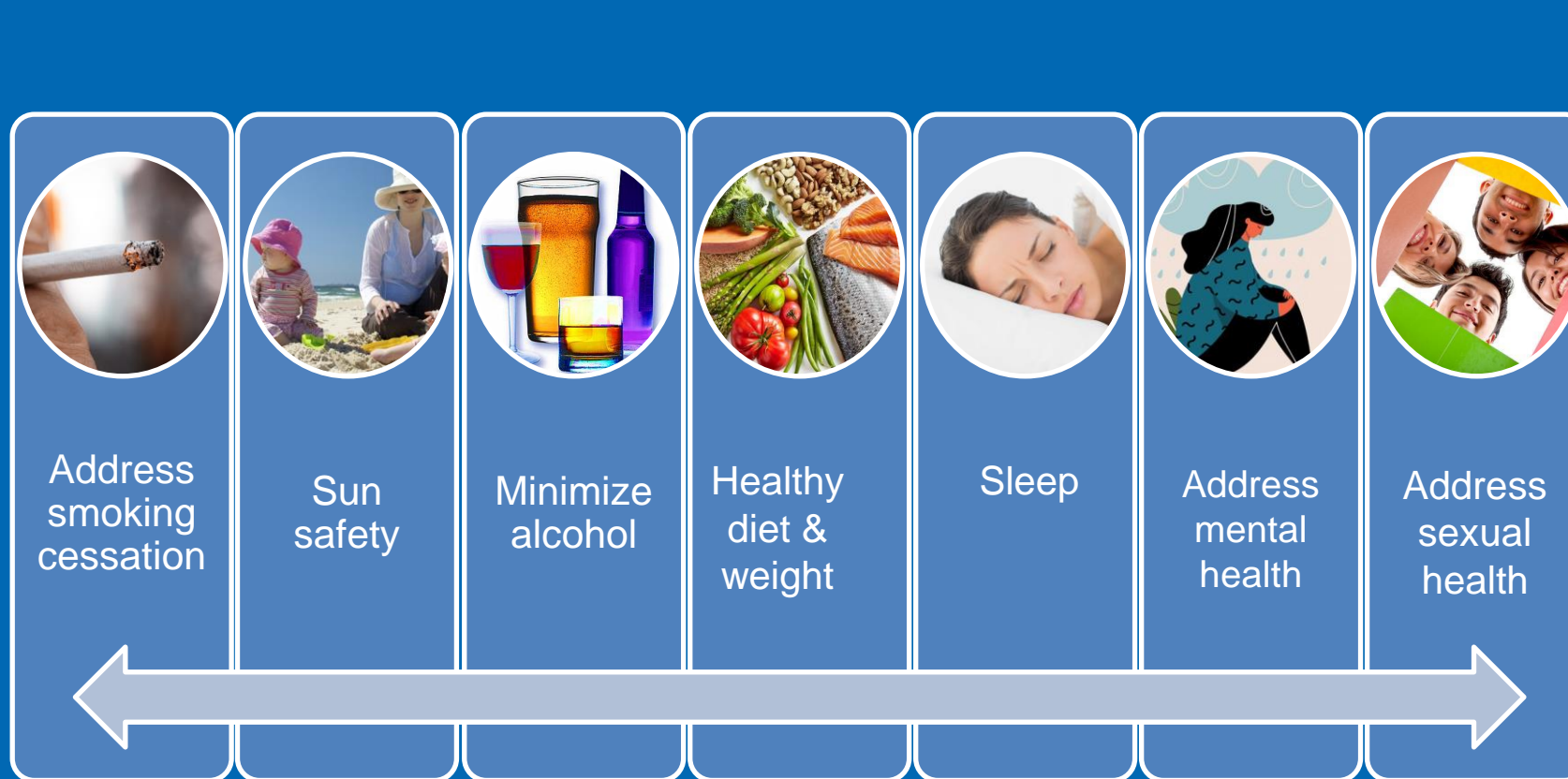


Sexuality

4 Domains of Survivorship Care¹



Domain 4 – Health Promotion & Prevention¹⁷



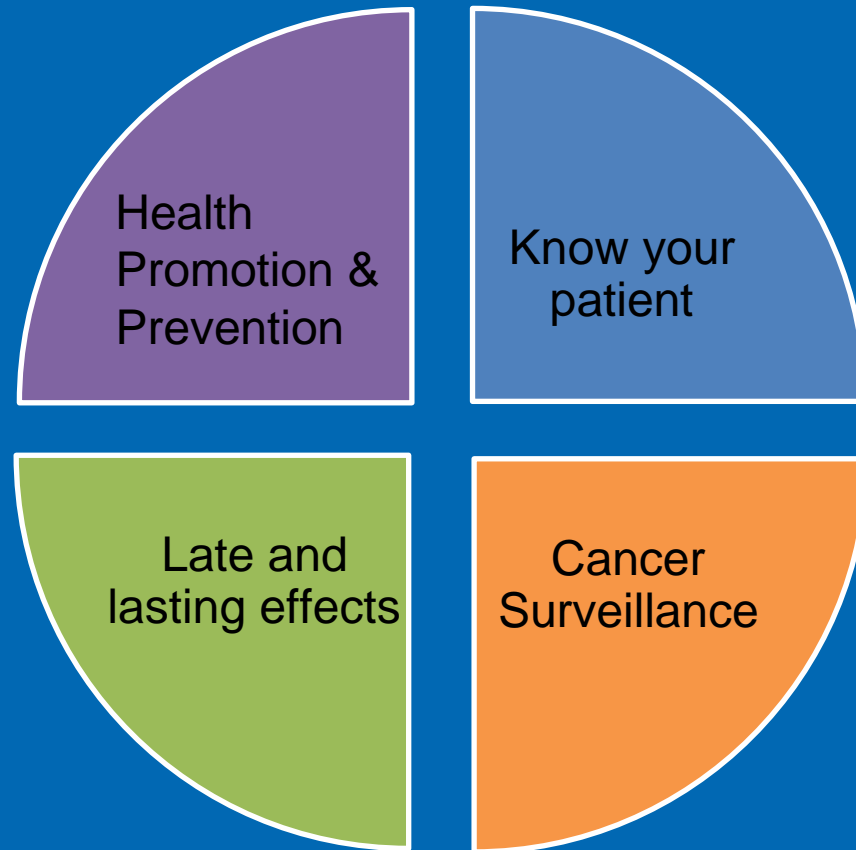
Domain 4 – Health Promotion & Prevention¹⁷



- Remember...age-appropriate cancer screening
 - FIT
 - Pap
 - Mammogram
 - Etc.



4 Domains of Survivorship Care¹



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Panel Discussion



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