

Managing Symptoms and Supportive Care Part 1 Managing Symptoms and Expectations

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DISCLOSURES

Speakers Bureau
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OBJECTIVES

- Discuss Expectations and Goals of care
- Discuss the expectations of caregivers
- Review a few common symptoms and their management
- Discuss the complexities of cancer care giving
- Management of symptoms from a care-giver's point of view

Expectations and Goals of Care Medical Providers

- **Goals**

- Identify the cancer type, the biology, staging , aggressiveness
- Identify and decide on an immediate plan of treatment
- Identify patient's and caregiver's learning needs

- **Expectations**

- Translate this information to the patient and caregiver in lay terms
- Formulate the protocol /treatment to be used according to guidelines
- Treatment teaching, obtain informed consent

Expectations and Goals of Care The Patient

- **Expectations**

Depend on many factors:
chronological age

Physical performance status
(ECOG)

Disease stage: curable,
incurable

Symptoms at the time of
visit

Is there family/care giver

- **Goals**

- Tolerate treatment

- To remain able to function

- Keep quality of life prior to
diagnosis; working, caring for
family

- Avoid financial toxicities

Patient's Expectations of Care

- **Consistent attention** to quality of life, including the control of pain, nausea and other symptoms and side effects, as a concurrent goal with control/treatment of their cancer.
- **Encouragement to openly share** symptoms and side effects, including those difficult to discuss, without fear of “bothering” the treatment team, or being seen as a “complainer.”
- **Routine assessment of symptoms and side effects** by treatment team, preferably with a symptom checklist.
- **Feeling listened to** regarding symptoms and side effects.
- **Within reason, sufficient time with oncologist** and other members of the treatment team, especially for patients with many symptoms or who may have difficulty disclosing.

Goals of Treatment

Patient

- Patient decides how much they want to know about the prognosis and treatment.
- Goals have to be made together and have to be realistic.
- Short and Long Term goals and plans need to be made early in the treatment course

Medical Provider

- Prolongation of survival
- Reduction in cancer related symptoms.
- Maintaining Quality of Life by minimizing side effects of treatment.
- Rare there is a cure.

Expectations and Goals of Care

Caregiver

- The caregiver's goals will also depend on the stage of the diagnosed cancer
- They want to provide care and avoid suffering for person with the cancer
- They also want to maintain their usual routine; i.e. work, care for the rest of the family
- Avoid financial toxicity

Caregiver's Strain and Burden

- Strain and Burden refer to difficulties in assuming and functioning in the caregiver's role.
- Caregiving is associated with alterations in the caregivers emotional and physical health
- The average caregiver spends 32.9 hours per week caring for their loved ones.
- Their role and level of involvement can change quickly and dramatically depending on the nature of cancer.
- There are 4.6 million Americans caregivers



Caregivers Strain and Burden

- RAISE -**R**ecognize, **A**ssist, **I**nclude, **S**upport and **E**ngage Family and Caregiver Act of 2017 which became Law January 2018.
- Helped the US Secretary of Health and Human Services develop, maintain and update a strategy to recognize and support family and caregivers
- There are a number of instruments to assess caregiver outcomes: BASIC- Brief Assessment Scale for Caregivers, Caregiving Consequences Inventory, Family Inventory of Needs, Caregivers Quality of Life Index and others.
- ONS Putting Evidence into Practice (PEP) is a tool with **evidence-based recommendations**. A recent review of multiple studies looking at interventions for caregivers found that Cognitive and Behavioral Therapy, was the most effective.

Symptoms

Cancer Caused

- Fatigue
- Pain
- Foggy Brain
- Weight Change
- Depression/Anxiety

Treatment Caused

- Fatigue
- Pain
- Chemo Brain
- Weight Change
- Depression/Anxiety

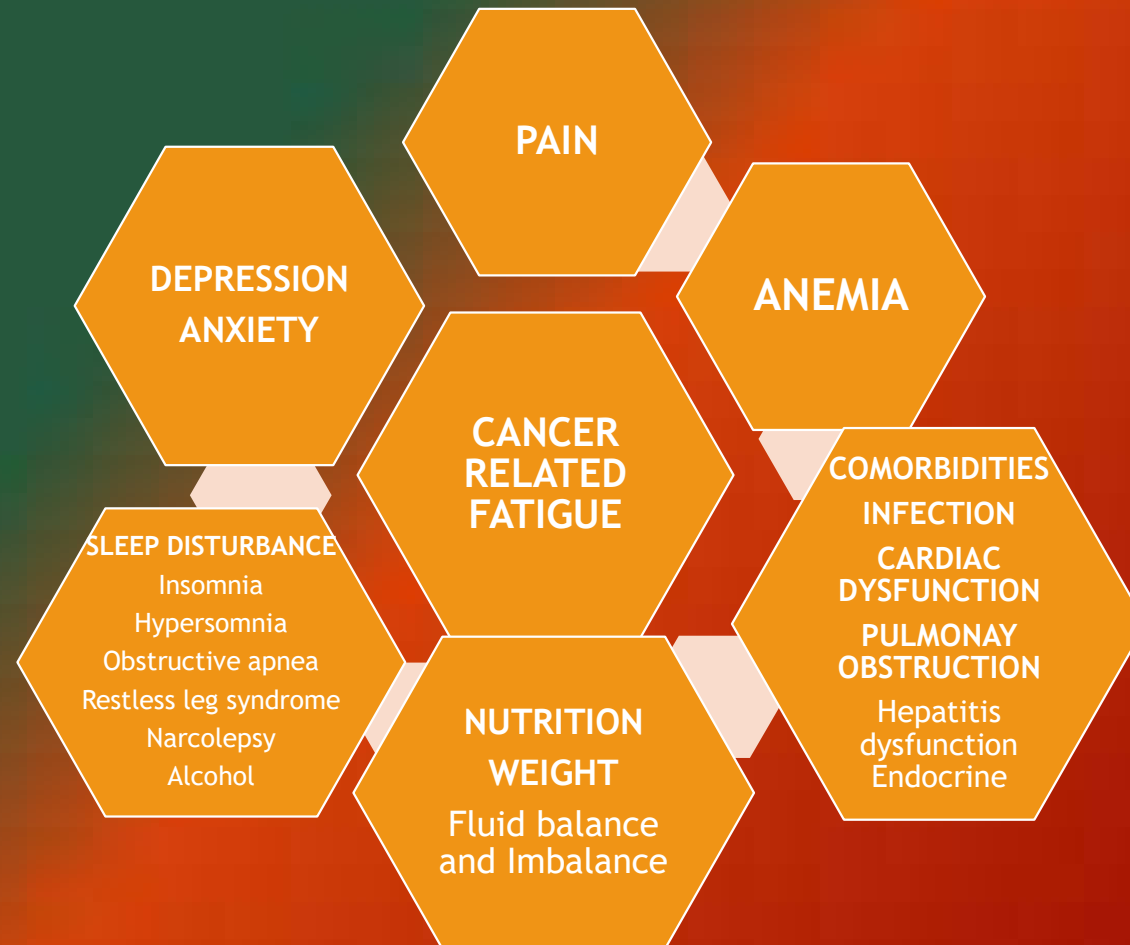
Symptoms

- **Fatigue**

- The number one symptom reported in cancer patients
- Associated with underlying disease, with anticancer therapy and with other comorbid factors.
- It is underdiagnosed and undertreated in most patients living with cancer, not only at diagnosis but throughout treatment.
- It significantly interferes with ADL's and may persist for months or years after treatment ends



Contributing Factors to Cancer Related Fatigue



Fatigue

- There is ongoing research to determine ways of treating fatigue
- **Neuroimmune Basis of Fatigue**- inflammatory and immune responses from the cancer and or its treatment
- Inflammation seems to be involved
- **Psychosocial Interventions** the most evidenced based -
Exercise during and after adjuvant chemotherapy results in improved physical functioning, quality of life and decreased cancer related fatigue. The recommended exercise: aerobic, exercise at least 150 minutes per week, or 30 minutes day, Yoga, Tai Chi, Acupuncture, Psychosocial (CBT).

Pain

- Pain is the most common and feared symptom among cancer patients , at least 75% of cancer patients will have significant pain
- A meta analysis of the prevalence reported 33% in patients after curative treatment, 59% in patients undergoing cancer treatment , 64% in patients with advanced /metastatic /terminal cancer and the overall rate 53%
- Pain in cancer is the result of complex interactions between cancer cells, the peripheral and central nervous systems and the immune system

Pain Management

- Assessment: location, quality, mitigating and exacerbating factors. Measure intensity using the 1-10 rating scale, visual analog or verbal rating scales.
- Physical examination to obtain clues to the etiology of pain, especially neuropathic. Observation.
- Analgesics - non neurogenics, acetaminophen, aspirin, NSAIDs
- Opioids the backbone of most all strategies to control cancer pain
- Adjuvant therapies like antidepressants, neuroleptics, steroids, radiation, surgery, nerve blocks, spinal cord stimulation, intrathecal infusions.



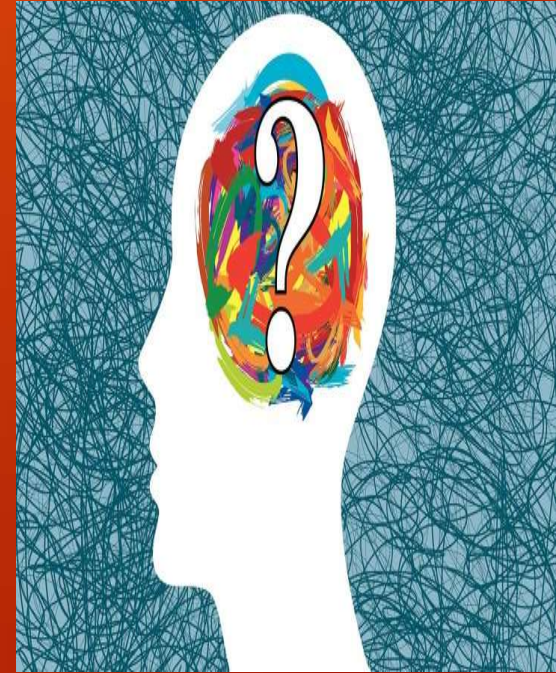
Brant et al., 2012 & 2017; van den Beuken-van Everdingen et al., 2016

Chemo Brain

- Chemotherapy-related cognitive impairment (CRCI) is not well understood
- It is a decline in cognitive function such as memory, attention, verbal memory, executive function, information processing that is associated with chemotherapy treatment
- It is also affected by hormonal changes, stress/distress, worry , anxiety, depression ,fatigue, aging, anesthesia.

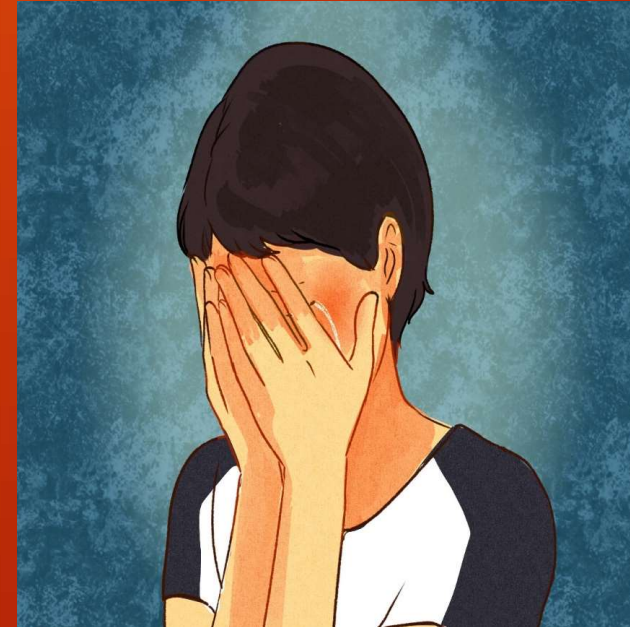
Chemo Brain/CRCI

- No instrument is designed to specifically measure CRCI. The tools used were developed for head trauma, psychiatric problems, dementia and others
- Research is ongoing for treatment and diagnosis
- Livestrong Foundation created an online resource for cancer survivors in the development of Cancer Survivorship Care Plan.
- Research is investigating medications: methylphenidate, modafinil, and antidepressants.
- There needs to be ongoing research



Depression

- One of the most common psychosocial problems encountered in the cancer setting
- Frequently accompanied by other problems anxiety, depression, pain, substance abuse and suicidal ideation
- Associated functional impairment, longer hospital stay, increased ER visits, more physical complaints, lower quality of life, delayed returned to work, desired to feel better.
- Depression can be present at any point, from pre-diagnosis through treatment and into survivorship or end of life.



Depression

- Pharmacology - SSRI's antidepressants, are considered first line therapies for depression, they are relatively easy to access.
- They may simultaneously benefit depression, anxiety, pain, and hot flashes
- Discontinue medications that may worsen depression: interleukin-2 , interferon-alpha, corticosteroids, anticholinergics, and benzodiazepine or adjuvant therapies

Depression

- Psychotherapeutic Interventions and pharmacological interventions have been shown to be efficacious in some studies
- CBT -cognitive behavioral therapy help patients improve coping strategies and promote adjustment and reduction in stress.
- Exercise -has been associated with improvements in psychosocial and physical function.
- Acupuncture

Depression The Caregiver

- Caregivers need to be assessed for depression
- Studies have shown that stress in caregivers can lead to psychological changes, sleep disturbance, changes in physical health, immune function and financial well being
- Studies have also shown that when treated in dyad, well-being of both parties is improved.

Weight

- Breast cancer, colorectal cancer, endometrial, kidney, pancreatic, esophageal adenocarcinoma are associated with obesity.
- Many factors are associated with weight gain: hormonal therapy in breast and prostate cancer, pre or postmenopausal status
- Weight gain has been associated with poorer disease -free survival.
- Prevention of weight gain is paramount. Physical Activity -aerobics, resistance training, nutrition



Summary

- The expectations and goals of care are similar and distinct at the same time for each member of the team; the patient, the medical provider and caregiver/family.
- We have to help reconcile them and move the patient and his caretaker forward.
- There are many challenges along the way i.e. lack of resources, but with resourcefulness and ingenuity we can surpass the obstacles and ultimately help our patient's and caregivers.

THANK YOU
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**GRACIAS
THANK YOU**

Multiple choice

- 1. The expectations of care from the patient's perspective depend on: _____ choose the best choice
 - A) Chronological Age
 - B) Performance Status at the time of visit
 - C) Disease Stage
 - D) Symptoms at the time of visit
 - E) All of the above

Rationale: Patient's age, although not taken into account as much as performance status, still counts in treatment decision making. Disease stage also dictates how the patient will be treated as well as symptoms at the time of the visit. Finally, symptoms will also need to be addressed prior to moving on to treatment.

2. The Term Strain and Burden is used for both the patients and the caregiver's

A) TRUE

B) FALSE

Rationale: The term Strain and Burden refer to difficulties in assuming and functioning in the caregiver's role

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