

# How Can I Reduce My Risk of Recurrence and Other Cancers?

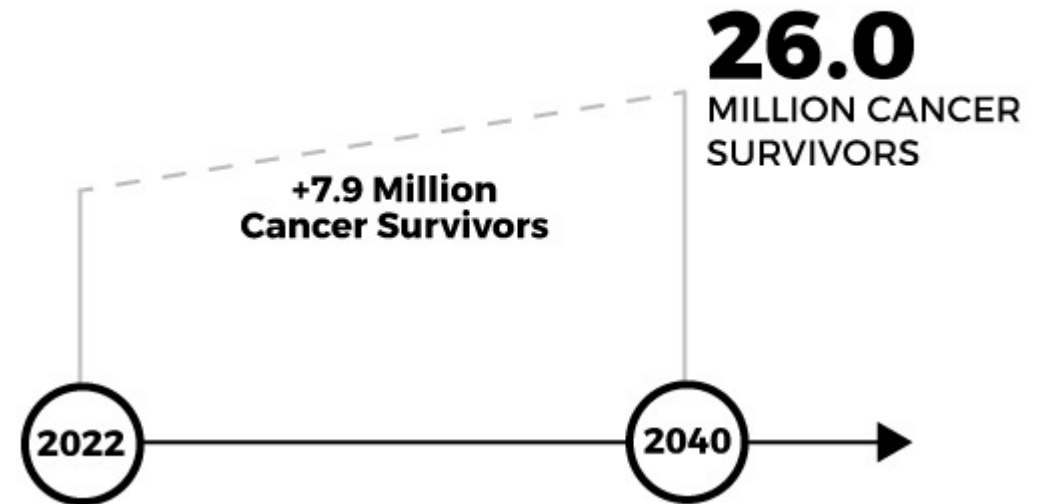
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# | Agenda

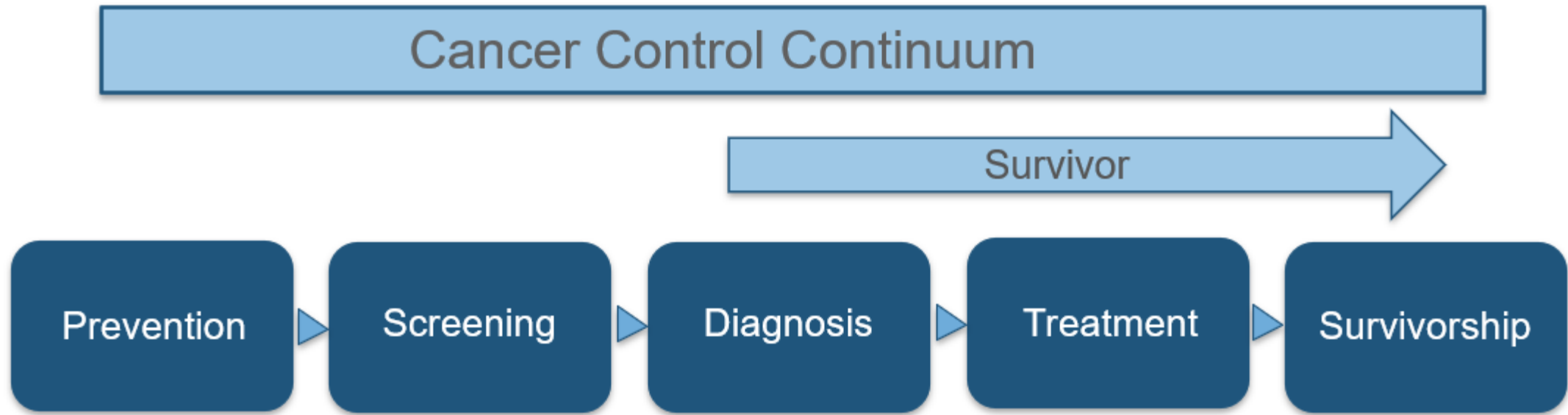
1. Definition of cancer survivorship
2. How to reduce risk or recurrence
  1. Modifiable risk factors
  2. Cancer screenings
  3. Health assessment/coordination of care
  4. Anthropometrics
  5. Survivorship care plan
3. Challenge

# I Defined

- An individual is considered a cancer survivor from the time of diagnosis, through the balance of life. The U.S. National Cancer Institute extends this definition by also including family members, friends and caregivers.



# | Cancer Control Continuum

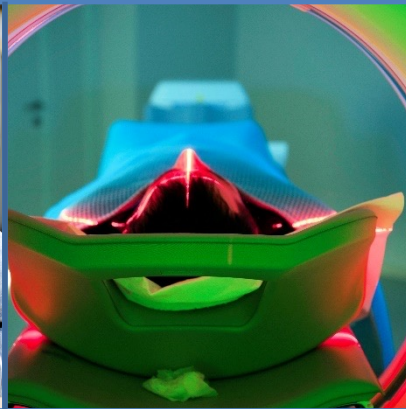


# I How to reduce my risk



## Lifestyle Modifications:

Smoking Cessation,  
Alcohol consumption,  
Physical Activity,  
Exercise, Diet



## Cancer Screenings:

Breast, Lung, Skin,  
Cervical, Prostate,  
Endometrial, &  
Colorectal



## Health Assessments and Coordination of Care

- Transition to PCP
- Adherence to surveillance recommendations
- Referral to Specialists
- Research Enrollment
- Continuity of Care



## Anthropometrics:

Height, Weight, BMI,  
Body circumference



## Survivorship Care Plans

- Treatment Summary
- Identification of late effects

# | What is prevention?

(In medicine) action taken to decrease the chance of getting a disease or condition.

- Brushing our teeth removes harmful plaque on teeth and helps keep gums healthy, but it can't guarantee avoiding cavities or gum disease.

Research shows that some of the differences between people who do and don't get cancer involve lifestyle choices.



# I Types of prevention

Three levels: primary, secondary, and tertiary.

1. Primary prevention: Aims to prevent a disease from developing in healthy individuals.
  1. Education about healthy habits, vaccinations
2. Secondary prevention: Focuses on early detection and intervention to minimize the impact of a disease or injury that has already occurred.
  1. Cancer screenings, cardiovascular screenings
3. Tertiary prevention: Manages an existing disease
  1. Providing medical and social support to cancer survivors

# | Lifestyle modifications (primary)



## Lifestyle Modifications:

Smoking Cessation,  
Alcohol consumption,  
Physical Activity, Exercise,  
Diet





# Modifiable risk factors

40% of all cancers and 45% of cancer deaths in the US are related to modifiable risk factors

**Modifiable** = YOU ARE IN CONTROL

**Risk factors**

Smoking

Excess body weight

Alcohol consumption

Poor nutrition

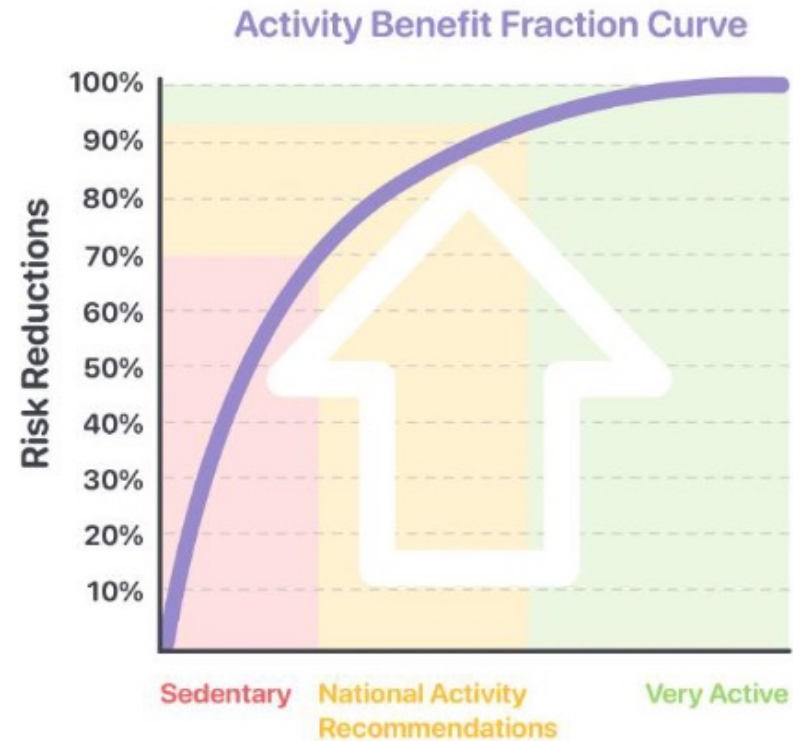
Physical Inactivity



# Modifiable risk factors

- The World Cancer Research Fund (WCRF) and American Institute for Cancer Research (AICR)
  - Eating a healthy diet.
  - Maintaining a healthy weight.
  - Being physically active.
  - Limiting alcohol consumption.
  - Avoiding supplements for cancer prevention.
  - Breastfeeding babies if possible.
  - Not using tobacco and avoiding secondhand smoke.
  - Avoiding excess sun exposure.

# Be physically active



To help reduce the risk of cancer, be physically active as part of everyday life – walk more and sit less.

# Healthy eating



- Eat healthy foods. Not too much. Mostly plants.  
-Michael Pollan

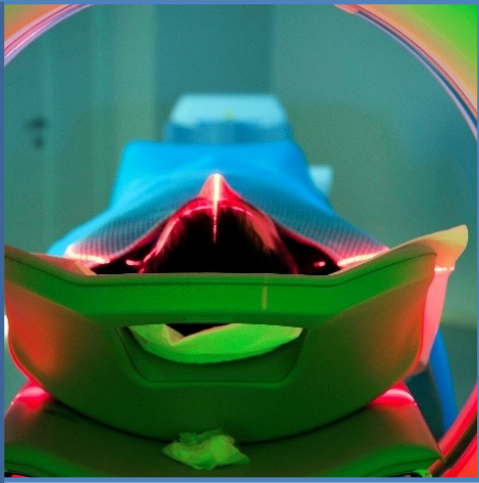


# Be smoke and tobacco free



20 minutes after quitting	A red heart rate line icon inside a white circle.	Your heart rate and blood pressure drop.
A few days after quitting	A red blood drop icon inside a white circle.	The carbon monoxide level in your blood drops to normal.
2 weeks to 3 months after quitting	An icon of human lungs inside a white circle.	Your circulation improves and your lung function increases.
1 to 12 months after quitting	A red downward-pointing arrow icon inside a white circle.	Coughing and shortness of breath decrease. Tiny hair-like structures (called <i>cilia</i> ) that move mucus out of the lungs start to regain normal function, increasing their ability to handle mucus, clean the lungs, and reduce the risk of infection.
1 to 2 years after quitting	A red heart icon with a black shadow, inside a white circle.	Your risk of heart attack drops dramatically.
5 to 10 years after quitting	A black silhouette of a human head profile inside a white circle.	Your risk of cancers of the mouth, throat, and voice box (larynx) is cut in half. Your stroke risk decreases.
10 years after quitting	An icon of human lungs, one red and one black, inside a white circle.	Your risk of lung cancer is about half that of a person who is still smoking (after 10 to 15 years). Your risk of cancer of the bladder, esophagus, and kidney decreases.
15 years after quitting	A solid red heart icon inside a white circle.	Your risk of coronary heart disease is close to that of a non-smoker.

# | Cancer screenings (secondary)



## Cancer Screenings:

Breast, Lung, Skin,  
Cervical, Prostate,  
Endometrial, & Colorectal

- Has the potential to detect precancerous lesions and cancers in their earliest stages, when they might be most treatable, and before symptoms appear.
- Has potential risks as well.



# | CDC/USPSTF approved cancer screenings

- Support: breast, cervical, colorectal (colon), and lung cancers
- Not shown to reduce mortality: ovarian, pancreatic, prostate, testicular, and thyroid cancers
- Insufficient evidence: bladder cancer, oral cancer in adults without symptoms, and of visual skin examination for skin cancer in adults.

# | Shared decision making

- The USPSTF considers the balance of benefits and harms of screening when making recommendations.
- Make informed decisions about screening, with support from their HCPs.

# | Health assessments, PCP (primary)



## Health Assessments and Coordination of Care

- Transition to PCP
- Adherence to surveillance recommendations
- Research Enrollment
- Continuity of Care

- Many of the components of survivorship care are best managed by primary care providers (PCPs), including screening for subsequent malignancies, managing chronic conditions, and promoting healthy behaviors.

# | How to reduce my risk (primary)



## Anthropometrics:

Height, Weight, BMI, Body circumference

- A healthy lifestyle after a cancer diagnosis has the potential to reduce both cancer- and non-cancer-related morbidity and mortality.
- Preventing excess body weight and obesity can enhance the length and health-related quality of life of cancer survivors.
- It can reduce the risk of developing cancers that have been linked to excess body weight, including colorectal, breast (menopausal), endometrial, esophageal, renal cell (kidney), and pancreatic cancer.

# I Shared decision making

- Adopting or maintaining a healthy lifestyle after a cancer diagnosis has the potential to reduce both cancer- and non-cancer-related morbidity and mortality.
- Preventing excess body weight and obesity can enhance the length and health-related quality of life of cancer survivors, and it can reduce the risk of developing cancers that have been linked to excess body weight, including colorectal, breast (among women who have gone through menopause), endometrial, esophageal, renal cell (kidney), and pancreatic cancer.

# | How to reduce my risk (tertiary)



## Survivorship Care Plans

-Treatment Summary -  
Identification of late effects

- A survivorship care plan (SCP) includes important information about patient's cancer and treatment, which helps patients and doctors understand each other.
- SCP should say when to get follow-up tests, and which doctors are responsible for what care.
- PCP use it as a guide.



# I challenge you!

**Mediterranean diet**  
Foods to include or limit

**EAT AT EVERY MEAL.**



**Fruits, veggies, whole grains, extra virgin olive oil**

**EAT AT LEAST 3 SERVINGS A WEEK.**



**Fish/seafood, nuts, legumes**

**LIMIT TO 1 SERVING A DAY.**



**Poultry, low-fat dairy, eggs**

**LIMIT TO 1 SERVING PER WEEK.**



**Red meat, sweets**



**Treatment Summary and Survivorship Care Plan for Cancer Patients**

**Patient Name:** Rachel Anna Faye Basham  
**Date of Birth:** 2/11/1985  
**Today's Date:** 06/20/23  
**Survivorship Contact Number:** 305-243-4922

Dear Survivor and Physician Partner in Follow up,

At Sylvester, we believe that your journey to being a healthy cancer survivor begins at your first visit and continues throughout treatment and beyond.

We have had the opportunity to review your cancer diagnosis, treatment, and your current planned follow up. Your Cancer Care team at the University of Miami Sylvester Comprehensive Cancer Center is pleased to provide you with your personalized **Survivorship Care Plan**.

Our team of highly experienced medical professionals will work with you and your family to give you all the information and resources to achieve the best possible quality of life.

Adrienne Marie Vazquez Guerra, APRN



# | Challenge/Conclusions

- Lifestyle modifications – do them and recommend them
- Cancer screenings – do them and recommend them
- Coordination of care- make sure your patient (and you) has a PCP and refer them early
- Anthropometrics – pay attention to your weight and theirs!
- SCP – give them to your patients! PCPs are asking for them!

# Resources

- National Institutes of Health: To Screen or Not to Screen?  
<https://newsinhealth.nih.gov/2017/03/screen-or-not-screen>
- US Preventative Services Taskforce Recommendations  
[https://www.uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results?topic\\_status=P](https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P)
- <https://prevention.cancer.gov/major-programs/prostate-lung-colorectal-and-ovarian-cancer-screening-trial-plco>
- <https://prevention.cancer.gov/news-and-events/blog/large-studies-evaluating-how-personalize-breast-cancer-screening-all-women>
- <https://www.cancer.gov/about-cancer/coping/survivorship>
- [www.cdc.org](http://www.cdc.org)
- <https://progressreport.cancer.gov/after/weight>

**Thank you!**  
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