



LYMPHOMA
CANADA

EXPERT SPEAKERS HOPE
NATIONAL NETWORKING
AID CONFERENCE FORUM
ON LYMPHOMA SUPPORT
CAREGIVERS EDUCATION
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SURVIVORS TORONTO, ON
THERAPIES SIDE EFFECTS

Survivorship Care

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What is Survivorship Care?

- Focus on the health and life of a person with a history of cancer beyond the acute diagnosis and treatment phase
- Major transition period
- Changing landscape, guided by ongoing research



Survivorship Care

- Who is responsible for this care?
 - oncologists vs GP oncologists vs family physicians vs nurse practitioners
 - Psychologists, psychiatrists, social worker, dietician, etc
- Where? Cancer centre vs community
- When to transition?



Survivorship Care

- What does it involve and why it is important:
 - Disease surveillance for recurrences
 - Monitoring and management of late effects
 - Physical, psychological and psychosocial
 - Health promotion activities (risk reduction)



Survivorship Statistics

- 5- year survival (patients diagnosed 2004-8):
 - Hodgkin's Lymphoma: females 87%, males 83%
 - NHL: females 69%, males 63%
 - CLL (dx 2006-2008): females 85%, males 78%
- If survive first five years, % will survive another 5-years:
 - Hodgkin's Lymphoma: 93%
 - Non-Hodgkin's: 89%
- Non-Hodgkin's lymphoma had highest increase in survival (16% increase) compared to 10 yr prior (rituximab ~2006)



Survivorship Statistics

- Canadians living with or in remission:
 - > 36,000 Non-Hodgkin's Lymphoma
 - > 7000 Hodgkin's Lymphoma



Late Effects Lymphoma/CLL and It's Treatments

- Second Malignancies
- Heart Disease
- Arterial Disease
- Lung Toxicity
- Thyroid dysfunction
- Infertility



Late Second Malignancies

- Leukemia
 - Higher rates compared to general population
 - Due to genetic predisposition vs treatments themselves
 - ~5-10 years after alkylating agent (e.g. cyclophosphamide, MOPP)
 - ? Large-field radiation therapy
- Solid Tumours – 70-80% of 2nd malignancies



Late Second Malignancies

- **Breast Cancer:**
 - HL: ~10-15 yrs after chest radiation esp if age <30-35 yrs; mantle; dose-response relationship
 - NHL: esp if chest radiation age <25 yrs; some studies show lower risk due to early menopause
 - Mostly women; rare but can occur in men
- **Lung Cancer:**
 - radiation to lung (dose-response)
 - +/- alkylating chemotherapy (MOPP, CHOP, ACVBP)
 - HL: smokers
 - NHL: males



Late Second Malignancies

- Bladder Cancer:
 - esp if treated with cyclophosphamide +/- radiation
- Gastrointestinal cancers
 - HL: slight increase risk
 - NHL: increase risk e.g. ~ 2-fold increase colorectal cancer if treated with CHOP
- Melanoma and Non-melanoma skin cancers
- Cancers of Head and Neck (esp CLL)
 - salivary gland, lip, larynx



Late Cardiac Complications

- Chest radiation
 - Coronary Artery Disease: 3-5 fold increase risk ~10-25 yrs post-treatment (dose-dependent)
 - Valvular Dysfunction esp with increasing time since treatment
 - CHF, Cardiomyopathy, conduction defects



Late Cardiac Complications

- Anthracycline-based chemo:
 - Generic name – doxorubicin, epirubicin
 - Brand name Adriamycin e.g. ABVD, BEACOPP, Stanford V, CHOP, EPOCH
 - esp in combination with radiation
 - increase cardiac problems (e.g. cardiomyopathy, CHF)
 - increase cardiac mortality
- Worse if high cholesterol, blood pressure, smoker, diabetes



Other Late Complications

- Mantle and/or neck radiation
 - increase risk of stroke [worse with smoking, diabetes, hypertension]
 - increase risk hypothyroidism (up to 60% patients)
- Pulmonary fibrosis (scarring of lung)
 - radiation pneumonitis [worse with increase area radiated, increase dose]
 - bleomycin toxicity (e.g. ABVD)



Other Late Complications

- **Premature Osteoporosis:**
 - Esp if treated with alkylating agents and steroids
 - Increases risk of vertebral and hip fracture
- Cataracts esp if prolonged steroid use
- Cognitive Effects (chemo brain)



Fertility

- Age dependent for women
- Often transient infertility if age < 40
- Early menopause, lower testosterone levels men
- Pelvic radiation and chemo can both affect fertility

- Recovery/preservation of fertility
 - ABVD (doxorubicin, bleomycin, vinblastine, decarbazine)
- Infertility
 - Alkylating chemo esp MOPP
 - BEACOPP for advanced stage HL



Attempts at Reducing Complications

- Given high cure rates
 - Increased efforts to reduce treatment – doses, radiation field size etc
 - Constantly changing ∴ need for prospective studies
- Complications can take decades to manifest – need to be vigilant, healthy lifestyle to minimize effects



In general, we recommend:

Doctor Visit

- **History:** Health history, medication update, self report of B-symptoms (fever, night sweats, unintentional weight loss)
- **Physical Exam:** Lymph Nodes (pre/post auricular, supra/infraclavicular, axillary, inguinal); liver/spleen; skin exam; if neck radiation carotid bruits/thyroid
- **Blood Tests:** CBC, creatinine, LDH, Liver function test, electrolytes
- **Treatments:** annual influenza vaccination, other vaccines (wait for live vaccines)



In general, we recommend:

Special Tests:

- **Echocardiogram:** At year 5-10 for baseline evaluation if previous chest radiation, anthracycline based chemotherapy
- **Screening Mammogram or MRI:** for chest radiation given at age younger than 35 – starting 8 years after treatment **or** by age 40
- **TSH blood test:** if neck radiation
- **Bone Mineral Density:** esp if treated with alkylating agents, high dose steroids
- **Other imaging:** none



In general, we recommend:

- Routine cancer screening for cervical, colorectal, breast cancers
- Smoking cessation
- Healthy heart
- Sun sense



Follow-Up Recommendations After Chest Radiation

- STOP Smoking (reduce 2nd cancers and cardiac effects)
- If chest radiation age <35 years
 - Annual breast examination
 - Annual screening mammogram 8 yrs after treatment or by age 40
 - Consider breast MRI + mammogram
 - Consider referral to high-risk breast clinic for discussion of chemoprevention



Follow-Up Recommendations After Chest Radiation

- Referral to cardiologist for baseline evaluation
 - 5-10 years after treatment (5 yrs if also received doxorubicin-based chemotherapy)
- Echocardiogram screening
 - frequency of further ECHO depends on baseline findings
- Reduce risk factors for cardiac disease
 - cholesterol, blood pressure, stop smoking, keep healthy diet, exercise, maintain healthy wt



Follow-Up Recommendations After Neck Radiation

- Annual exam for carotid bruits, low threshold for carotid ultrasound
- Annual thyroid examination
- Annual thyroid function tests



Follow-Up Recommendations After Radiation Therapy

- Annual skin exam
- Sun safety practice (sunscreen)



Follow-Up Recommendations After Splenectomy or Splenic Radiation

- Vaccinations
 - Flu Shot
 - Meningitis
 - Strep pneumonia
 - Haemophilus



Follow-Up Recommendations For Fertility

- Especially if:
 - Alkylating chemotherapy
 - Pelvic Radiation
- Referral to reproductive specialist as needed



Common Survivorship Concerns

- Fatigue
- Stress/Depression
- Sexuality and Fertility
- Diet and Exercise
- Smoking Cessation
- Going back to work



Fatigue

- Most common symptom
- For many energy never goes back to pre-cancer
- Research shows that exercise is the best way to improve your energy and make your fatigue better
- Aim to get 30 minutes of moderate exercise on most days
- Choose something fun, start slow, slowly increase difficulty, mix aerobics and strengthening
- www.sunnybrook.ca/occ/fatigue or google Mike Evans cancer fatigue



Stress, Depression, Anxiety

- Very common
- Seek attention
- Accessing help for this
 - Wellspring
 - Cancer Programs
 - Family Physician, Family Health Teams
 - Employee Assistance Programs



Sexual/Intimacy Issues

- Chemotherapy, radiation to pelvic organs
- Reduction in hormones, libido
- Common symptom, patients afraid to bring up
- Vaginal dryness, vaginitis
 - Vaginal dilators
 - Medications – hormones orally and topically
- Erectile dysfunction



Exercise and Diet

- Try to maintain a healthy weight
- Exercise helps with energy, reducing cardiovascular risk factors (high blood pressure, diabetes, weight), mood (depression/anxiety)
- Eat a well balanced meal – 1/4 lean protein, 1/4 high fibre carbohydrate (quinoa, barley), 1/2 vegetables
- Limit consumption of red meat (beef, lamb) and avoid processed meats (cold cuts and canned meat)



Diet and Supplements

- Herbs, supplements and other vitamins:
 - No current evidence to support
 - DO eat vitamin-rich foods i.e. vegetables, fruits, whole grains and legumes
 - May be some emerging evidence on spices such as cumin, cinnamon, turmeric, ginger and cloves; and herbs e.g. mint, thyme, oregano, basil, rosemary
- Minimize alcohol intake



Smoking Cessation

- Smokers' Helpline (Canadian Cancer Society)
- One Step at a Time (Canadian Cancer Society)
- For Smokers Who Want to Quit
- For Smokers Who Don't Want to Quit
- Help a Smoker Quit
- Get a Quit Kit – helps individuals through their cravings (Toronto Public Health)
- On the Road to Quitting – Guide to becoming a non-smoker (Health Canada)
- Journey 2 Quit: A Workbook to Help You Quit Smoking (The Lung Association)
- Dr. Mike Evans: “What is the single best thing you can do to quit smoking?” (video clip)



Going Back To Work/ Income Replacement

- Most return back to work
- Some who cannot – fatigue, anxiety/depression
- Wellspring Money Matters Online – confidential one-on-one assessment – can help navigate disability programs (income replacement)





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