



Cancer Policy Roundtable
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Survivorship Care is Palliative Care

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My Personal Story

- I finished hematology-oncology fellowship training in 1978 at UCLA
- Kubler-Ross, Cicely Saunders, Balfour Mount were leading the movement towards hospice care
- Recruited to the VAMC-Sepulveda to develop a hospice and palliative care unit; founding member of the NCCS in 1986
- Chief of Hematology-Oncology at the VAMC and in 1992 I moved back to UCLA full time
- Leader in cancer survivorship research and care for the past 35 years



+ A few words about Ellen Stovall...

- An extraordinary human being...
- A wonderful colleague...
- A tenacious advocate...
- A quality of care maven...
- A cancer survivor...



1946-2016

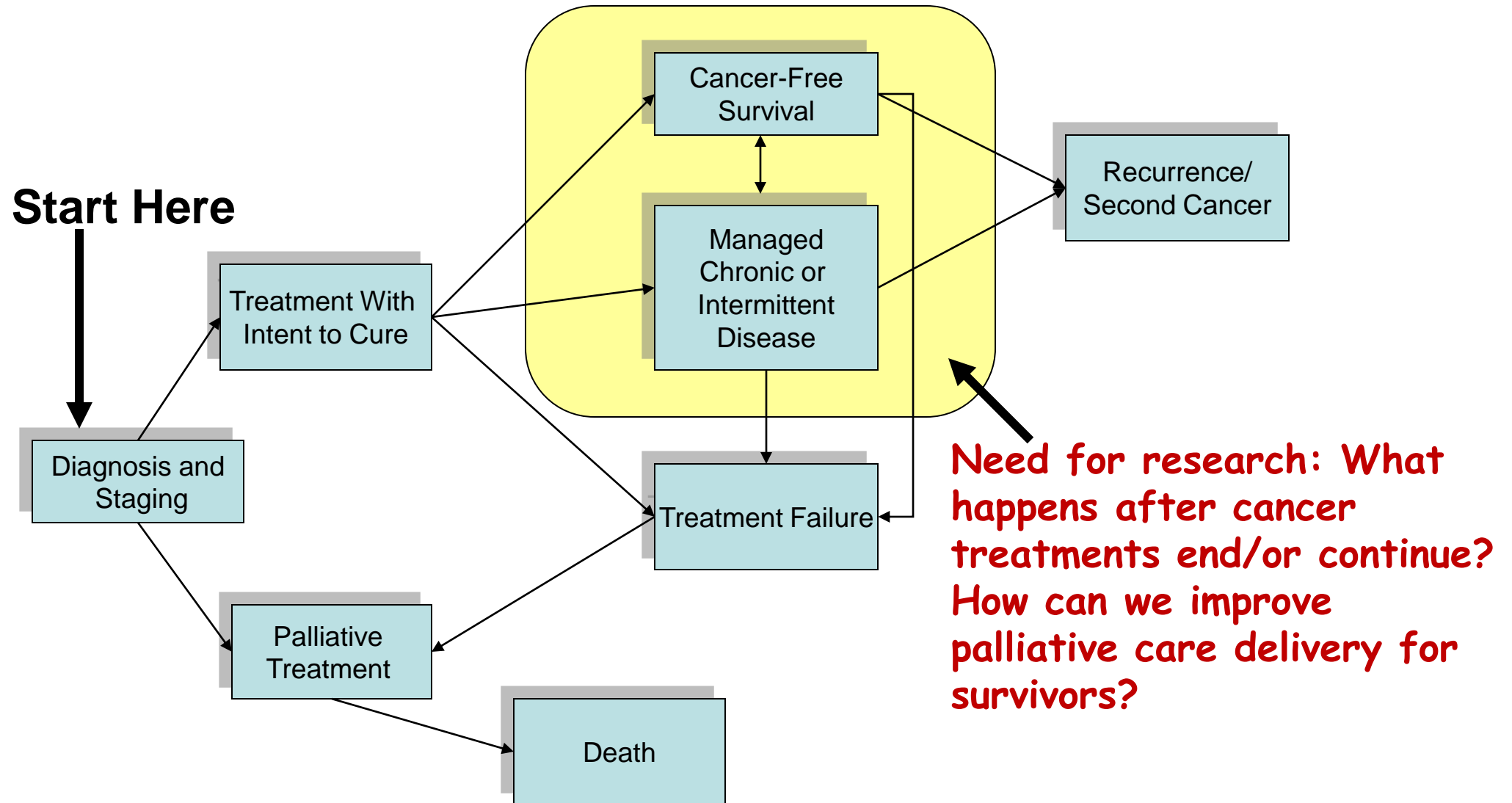
+ Statements attributed to Ellen Stovall (Mullan, 2016)

- “Survivorship is a condition of its own.”
- “We need to change the system to achieve the goals of survivorship.”
- “Getting doctors to change is like moving a battleship.”
- “Every survivor needs a survivorship care plan.”
- “Survivorship research should put more focus on delivery models and payment reform.”
- “The system falsely denies death.”



Strategies to Prevent the Late Effects of Cancer Treatment

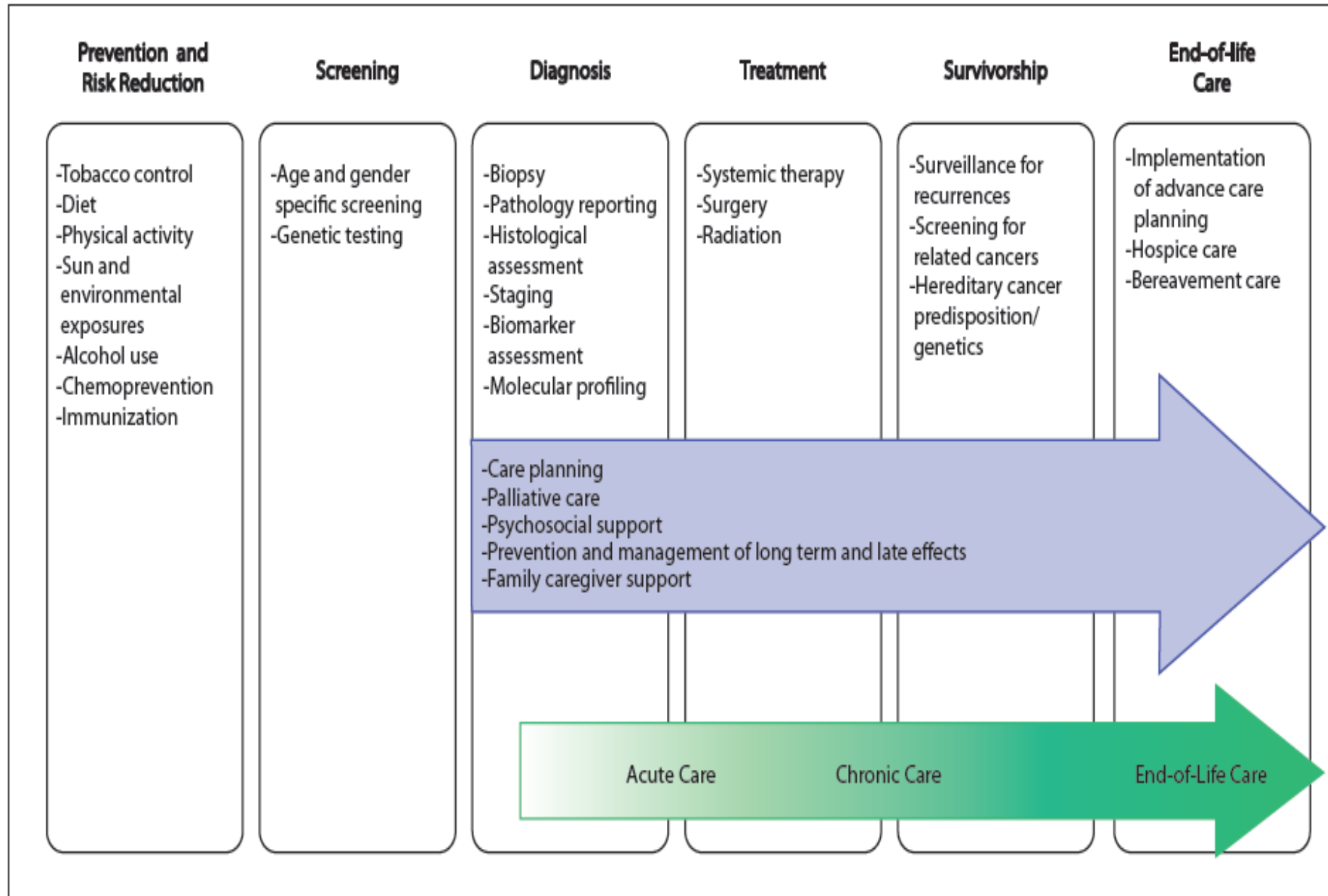
The Ultimate in Palliative Care



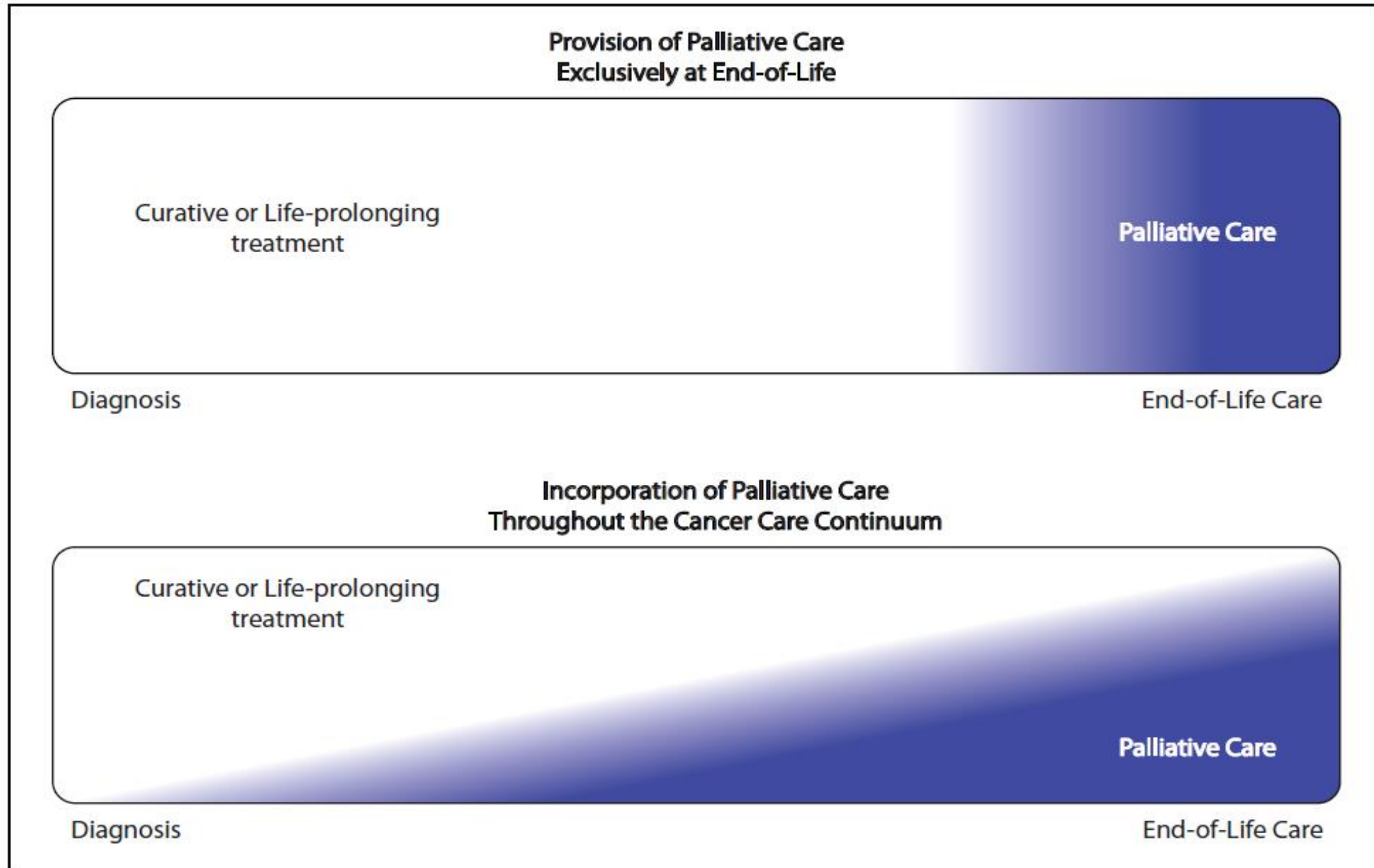
Definitions

- Long-term effect: a symptom or problem that begins during cancer treatment and persists when treatment ends e.g., fatigue, cognitive complaints, pain
- Late effect: a symptom or problem that occurs months to years after treatment ends, e.g. a second cancer, congestive heart failure, lymphedema
- Some symptoms or problems can either be long-term or late effects---confusing!

Cancer Care Continuum



Incorporation of palliative care across the care continuum



Survivorship Health Care Delivery

- The Three P's of Survivor Care
 - Palliation
 - Prevention
 - Health Promotion

Ganz, P A. (2011). The 'three Ps' of cancer survivorship care. BMC medicine, 9, 14-14.

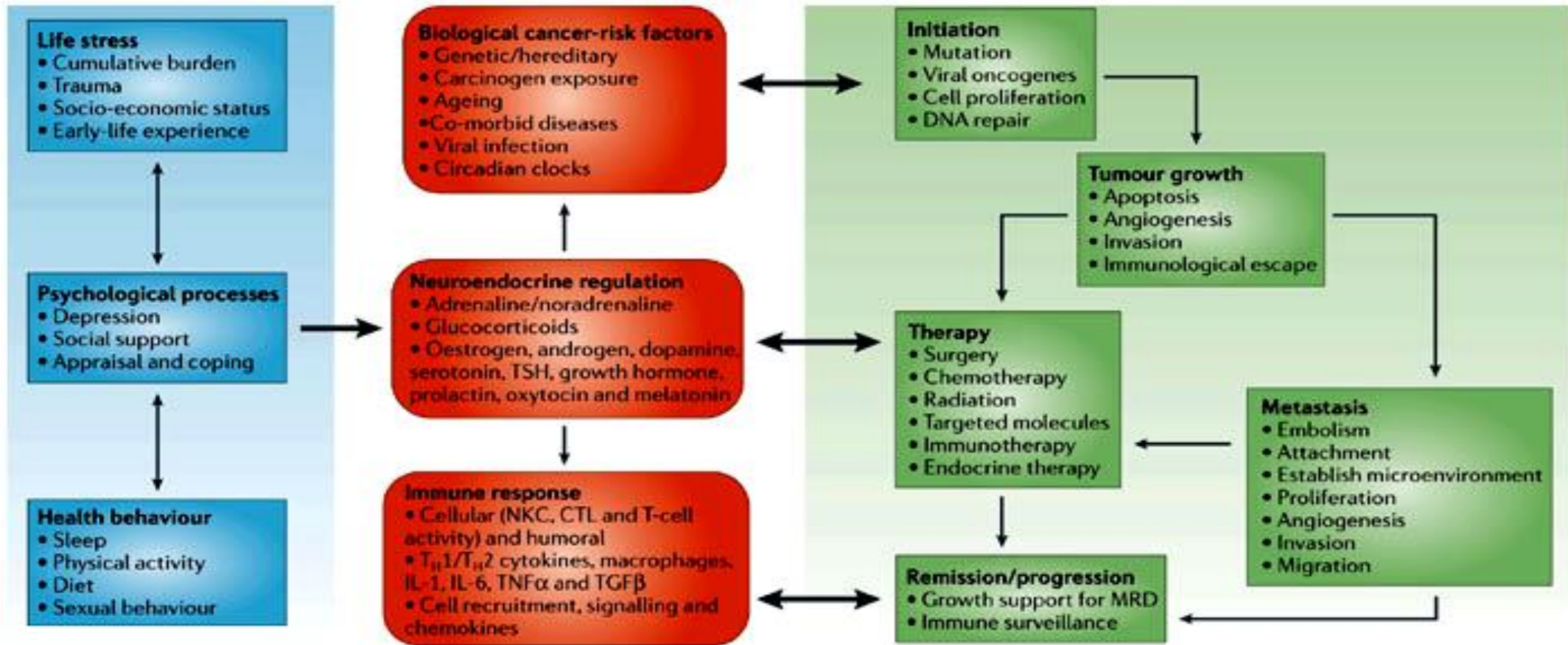
Symptom Management/Palliative Care: An Integral Part of Survivorship Care

- Definition of Palliative Care:
 - Medical care or treatment that concentrates on reducing the severity of disease symptoms (particularly if there is not a curative medical treatment)
 - Goal is to prevent and relieve suffering and to improve quality of life for people facing complex illness
- ***Focus on the most severe symptoms that the survivor wants help with***

Why is it important to understand biological mechanisms of symptoms?

- Identification of underlying biology provides support/validity for complaints
- Leads to possible interventions (pharmacological or behavioral)
- Potential for prevention, if at-risk individuals identified
- Possible relationship to tumor biology and progression

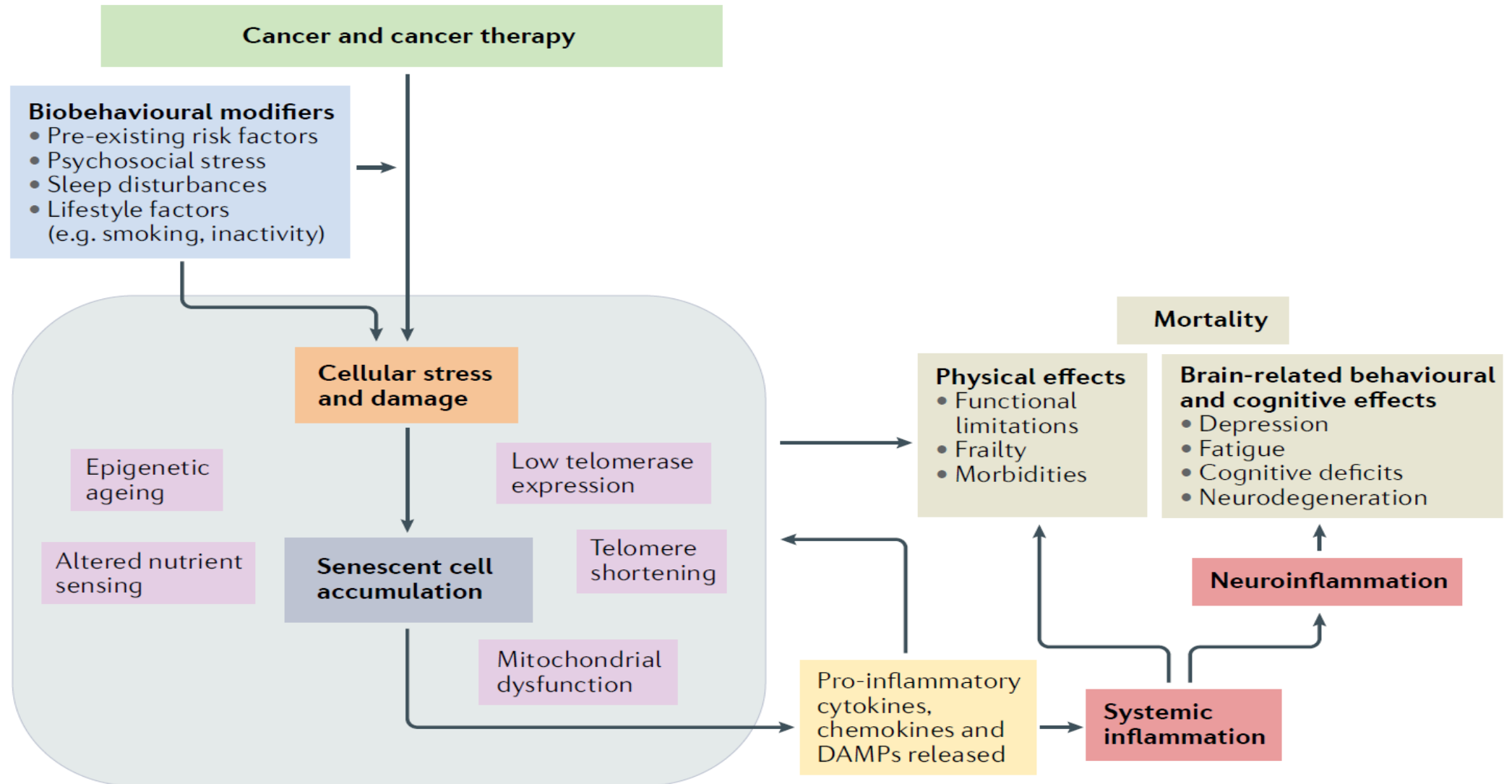
A Biobehavioral Model of Cancer



Copyright © 2006 Nature Publishing Group
Nature Reviews | Cancer

Antoni *et al.* *Nature Reviews Cancer* 6, 240–248 (March 2006) | doi:10.1038/nrc1820

Model of Behavioral Modifiers of Cancer-Related Accelerated Aging



Behavioral Interventions May Reduce Effects of Cancer Treatment on Biological Aging and Minimize Physical and Cognitive Decline

Behavioural interventions

↓ Stress

- Meditation, yoga
- Cognitive behavioural therapy
- Relaxation

↑ Sleep health

- Cognitive behavioural therapy for insomnia
- Meditation
- Tai chi

↑ Physical activity

- ↓ Obesity
- ↑ Energy balance

↓ Tobacco and alcohol

↓ Inflammation

- ↓ Cellular stress and DNA damage
- ↓ Mitochondrial dysfunction
- ↑ Telomerase and telomere length
- ↑ DNA repair
- ↑ Senescent cell clearance
- ↑ Tissue repair and healing

Cancer and cancer therapy

Biological ageing

Pharmacological interventions

- Senolytics
- Insulin regulation
- Anti-inflammatory agents
- Novel signalling pathways

- Multisystem functional declines
- Fatigue
- Frailty
- Neurodegeneration
- Morbidity and earlier mortality

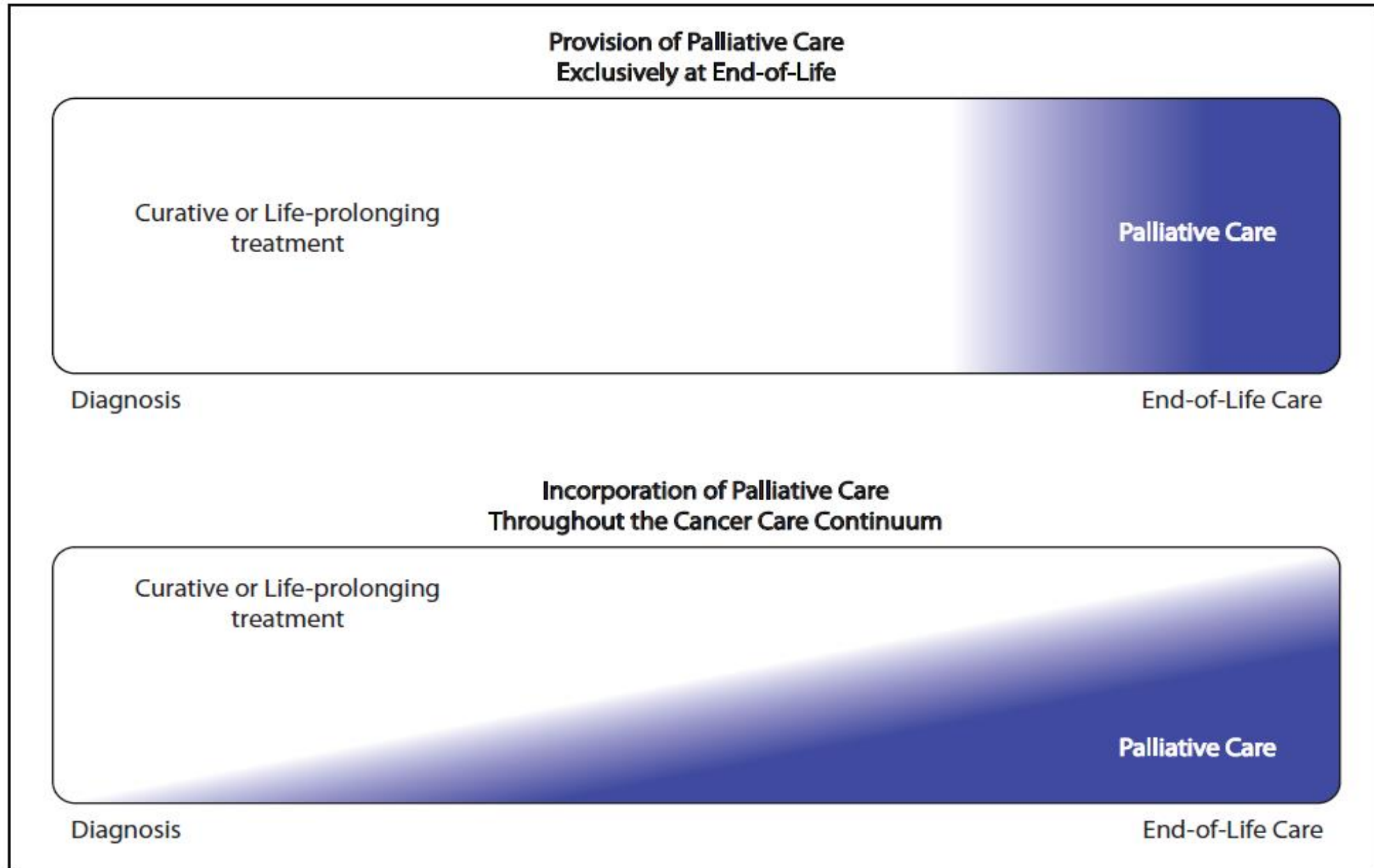
Common Palliative Care Concerns in Cancer Survivors

- Pain
- Fatigue
- Depression
- Insomnia
- Physical limitations
- Cognitive changes
- Neuropathy
- Lymphedema
- Sexual dysfunction
- Menopause related symptoms
- Body image changes

Consultant Specialists Required

- Mental health
- Pain management
- Physical medicine/vocational rehab
- Endocrinology
- Cardiology
- Gynecology/fertility
- Pulmonary
- Neurology/neuropsychology

Incorporation of palliative care across the care continuum



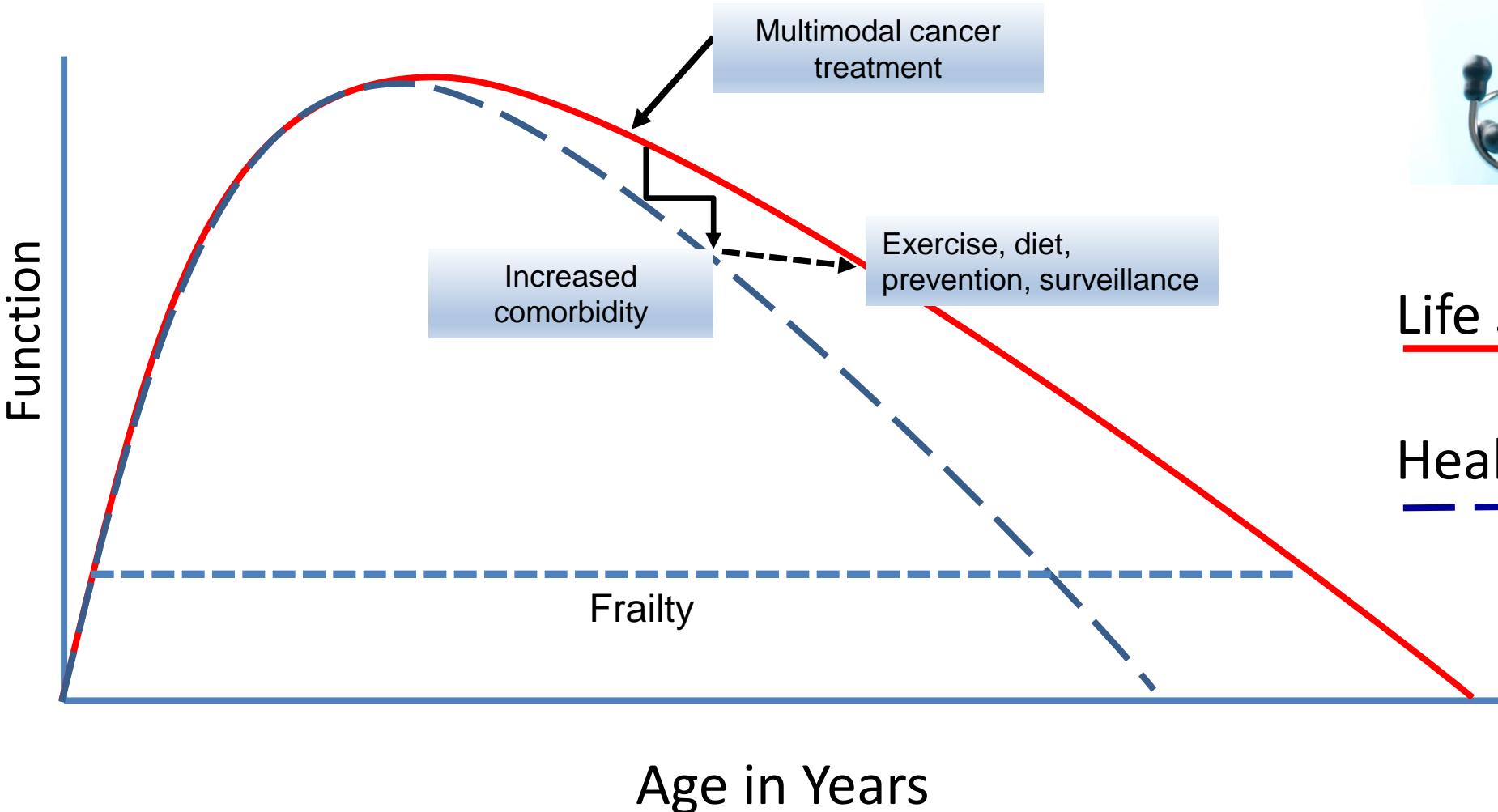
Prevention

- Systematic ongoing follow-up required for screening
 - Goal: early detection and early intervention for potentially serious late-onset complications e.g., cataracts, osteoporosis, cardiac disease
 - Chemoprevention when available
 - Genetic counseling for hereditary cancers
- Life style modification to prevent second cancers

Health Promotion

- Health promotion counseling
 - Goal: promote risk reduction for health problems that commonly present during adulthood (esp. for childhood cancer survivors)
 - Avoid weight gain
 - Increase physical activity
 - Avoidance of exposures that are harmful
 - Decrease risk of other chronic diseases, e.g. diabetes, heart disease

Health Span and Life Span



Life Span

Health Span

How to deliver the 3 P's?

- New research is needed on models of care delivery
- One size will not fit all; different settings and different patients will have different requirements
- What is right for UCLA may not be right in other settings
- Treatment plans and shared decision-making can help to reduce potential long-term or late effects
- Survivorship care plans can educate patients about how they can enhance their recovery

Communication and Cancer Survivors

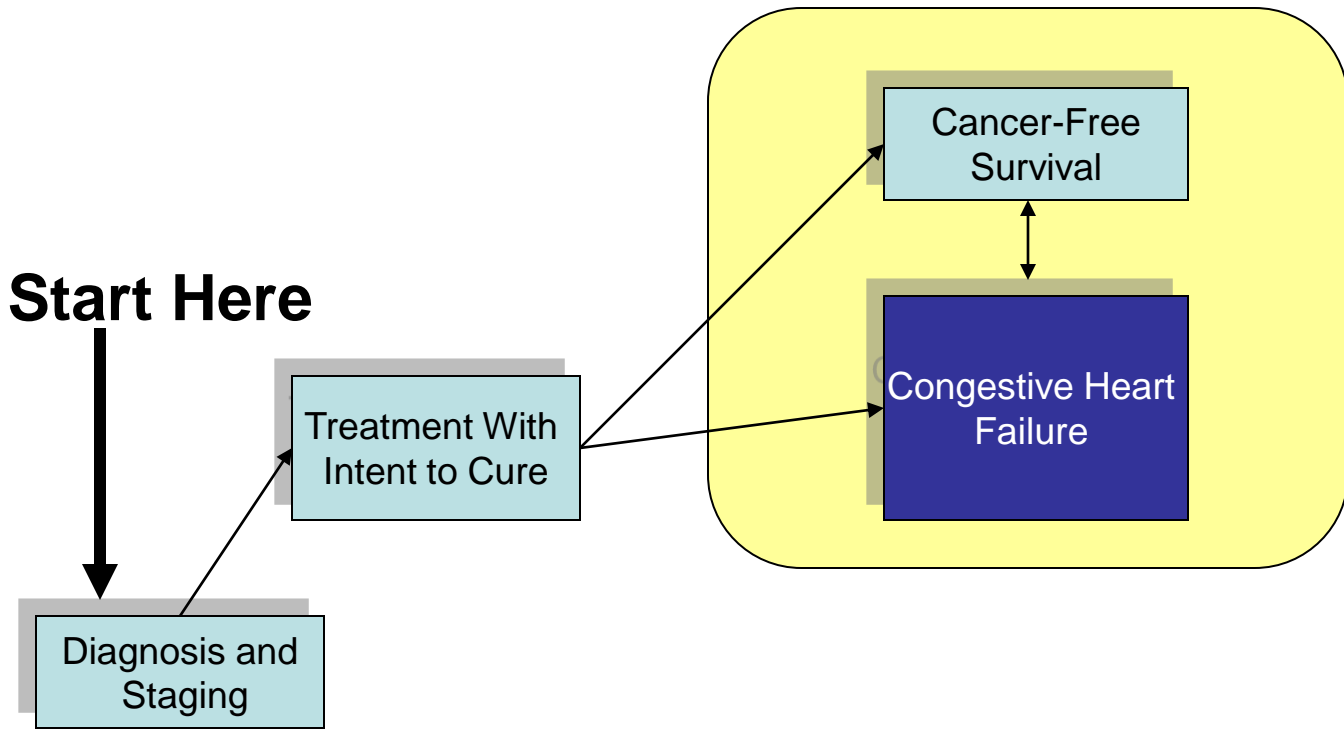


Jessie Gruman
1953-2014

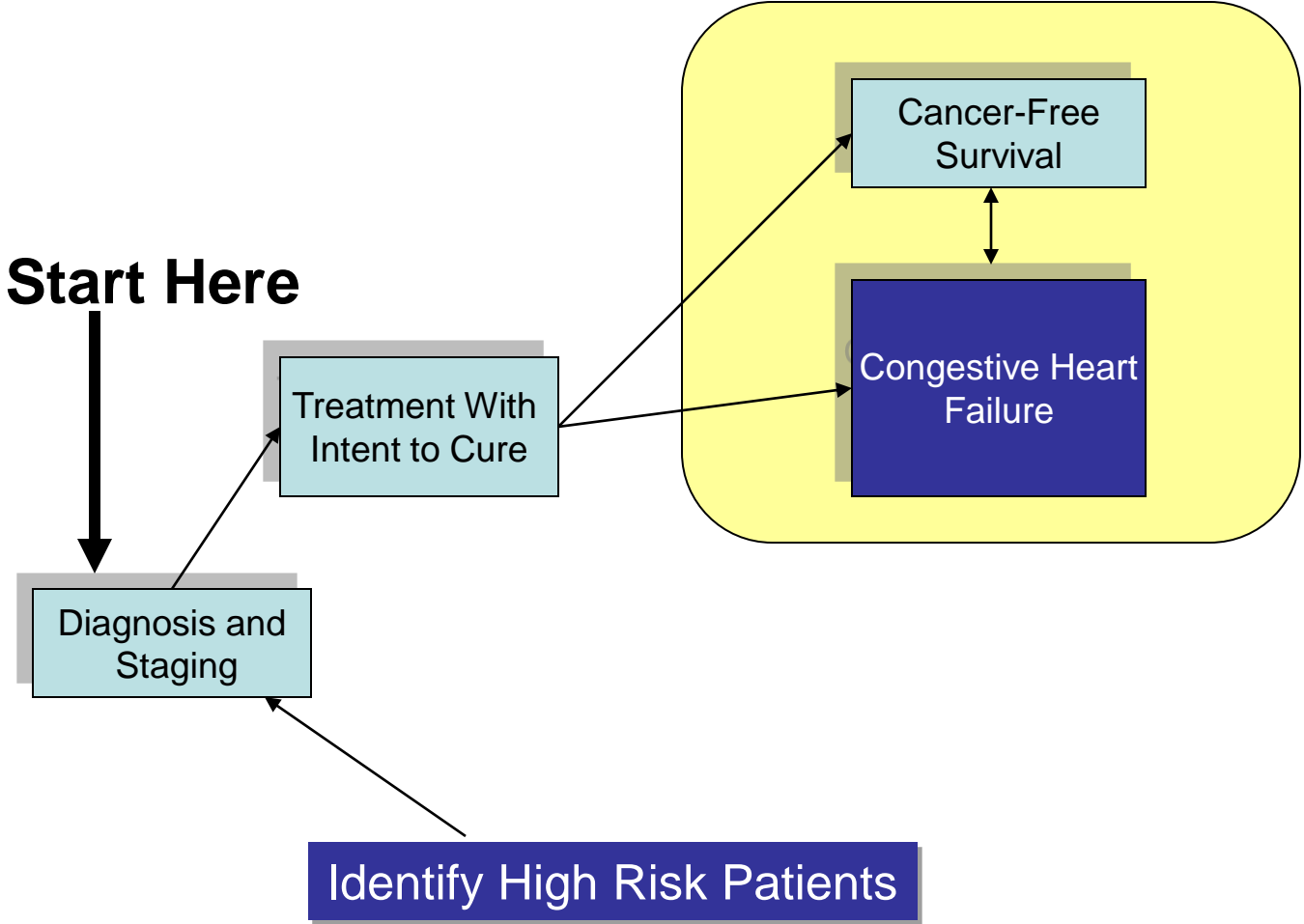
“Those of us with multiple chronic conditions may consult many physicians in the course of a year. Last year, I saw 11. Not one of my doctors has ever communicated directly with another, despite the fact that some of them work in the same health system and have offices in the same building. **I am the sole arbiter of who gets what information in what format and when.**”*

* Gruman, J.C., *Making health information technology sing for people with chronic conditions*. Am J Prev Med, 2011. **40**(5 Suppl 2): p. S238-40.

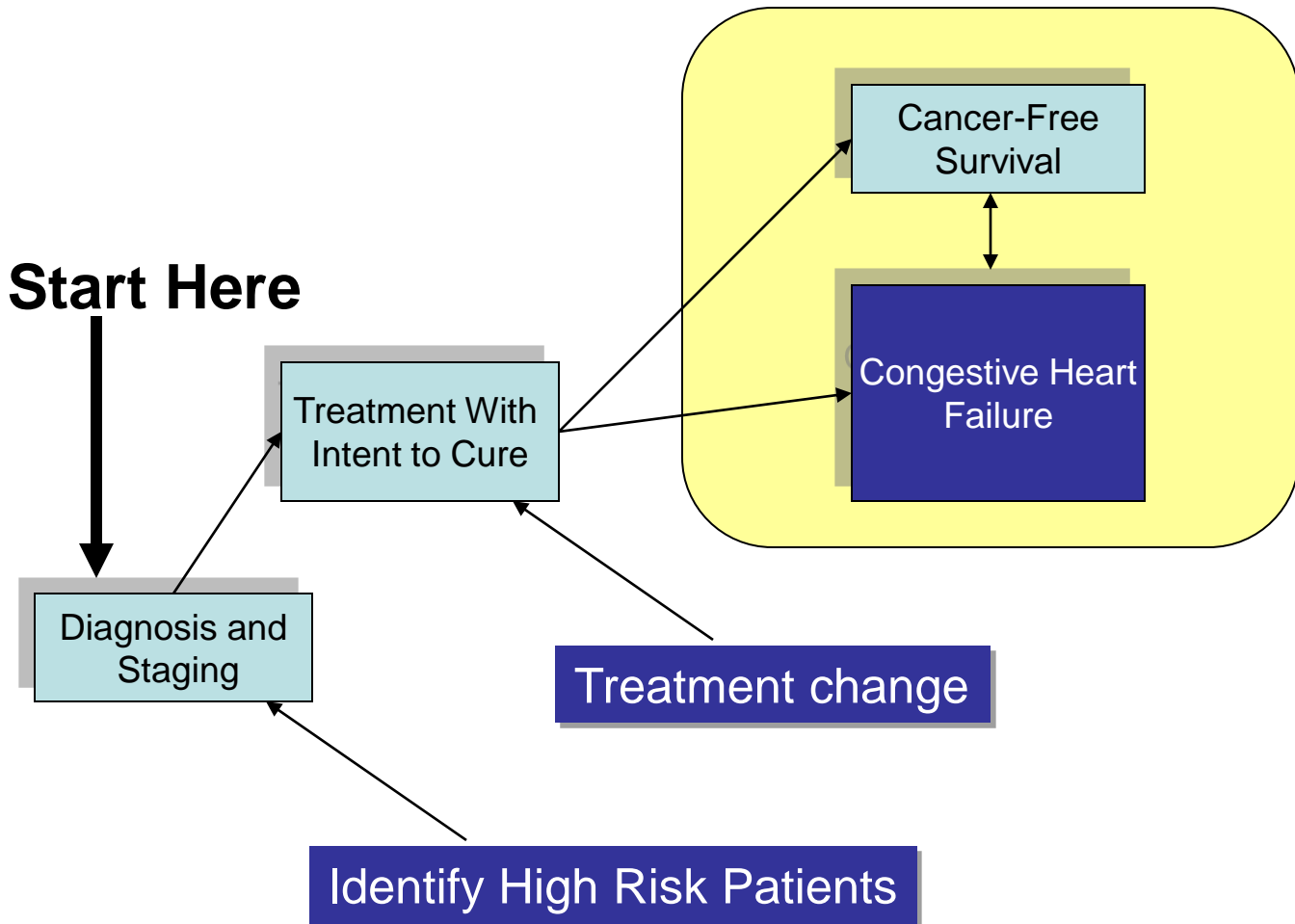
Cancer Care Trajectory



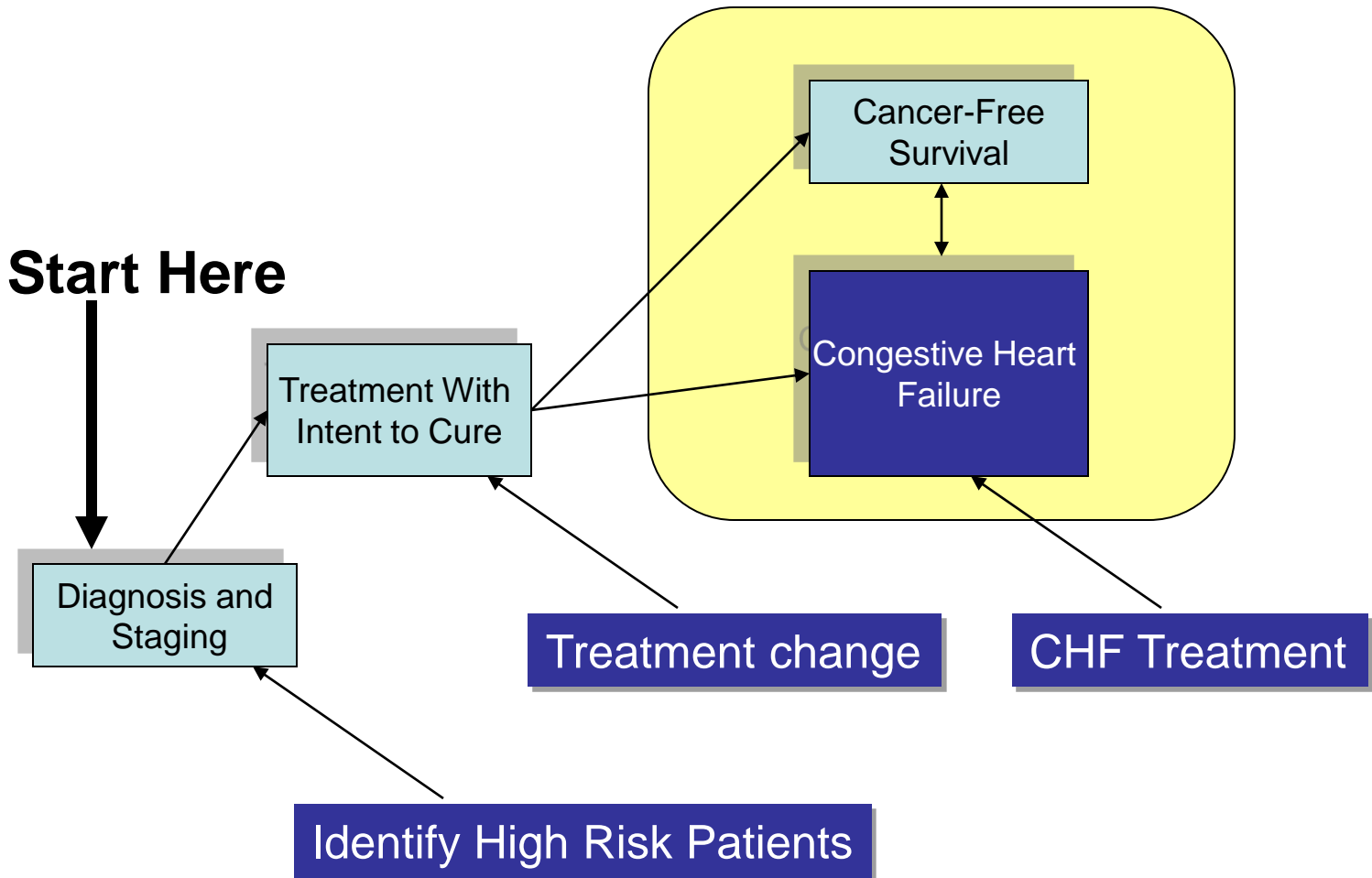
Cancer Care Trajectory



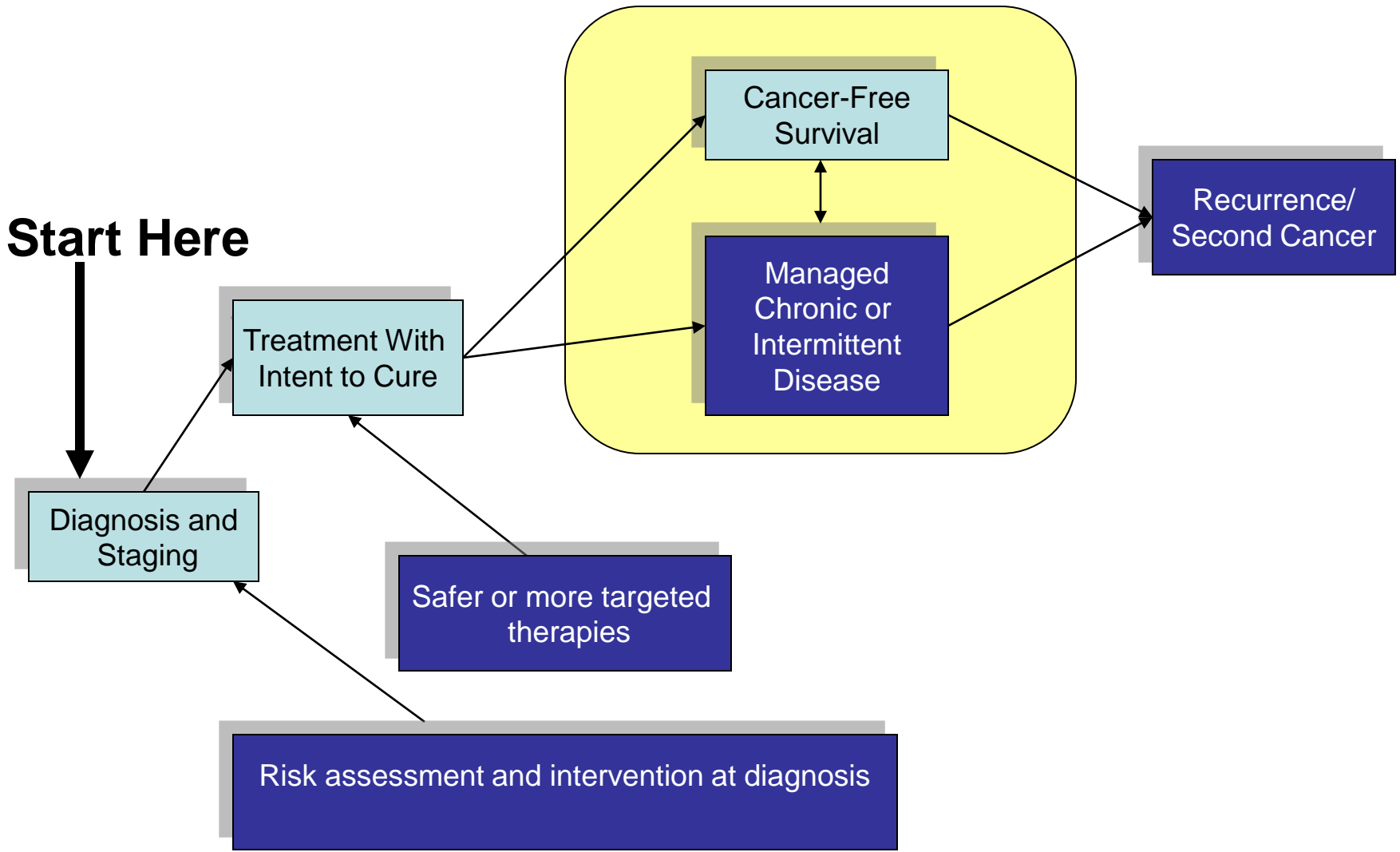
Cancer Care Trajectory



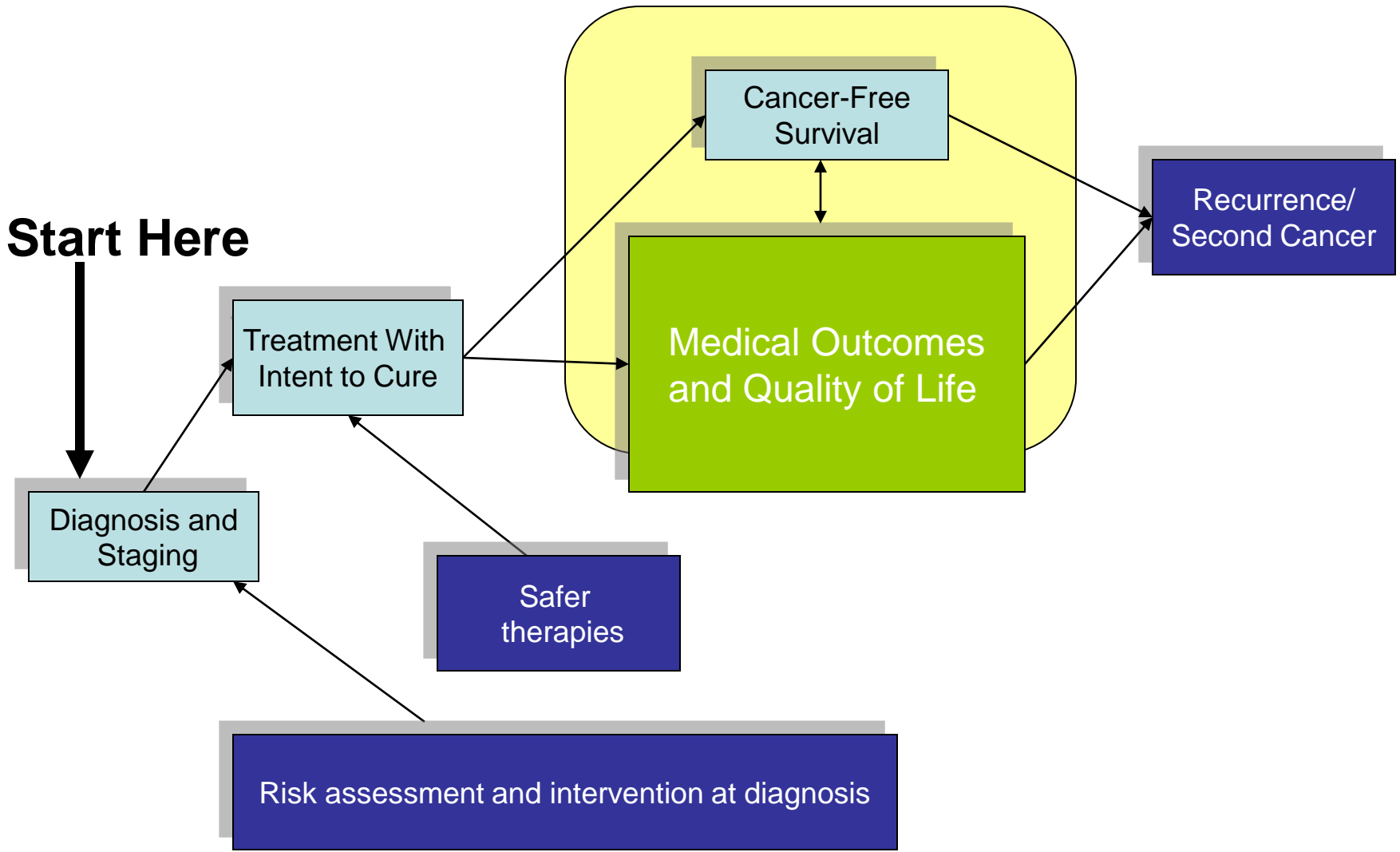
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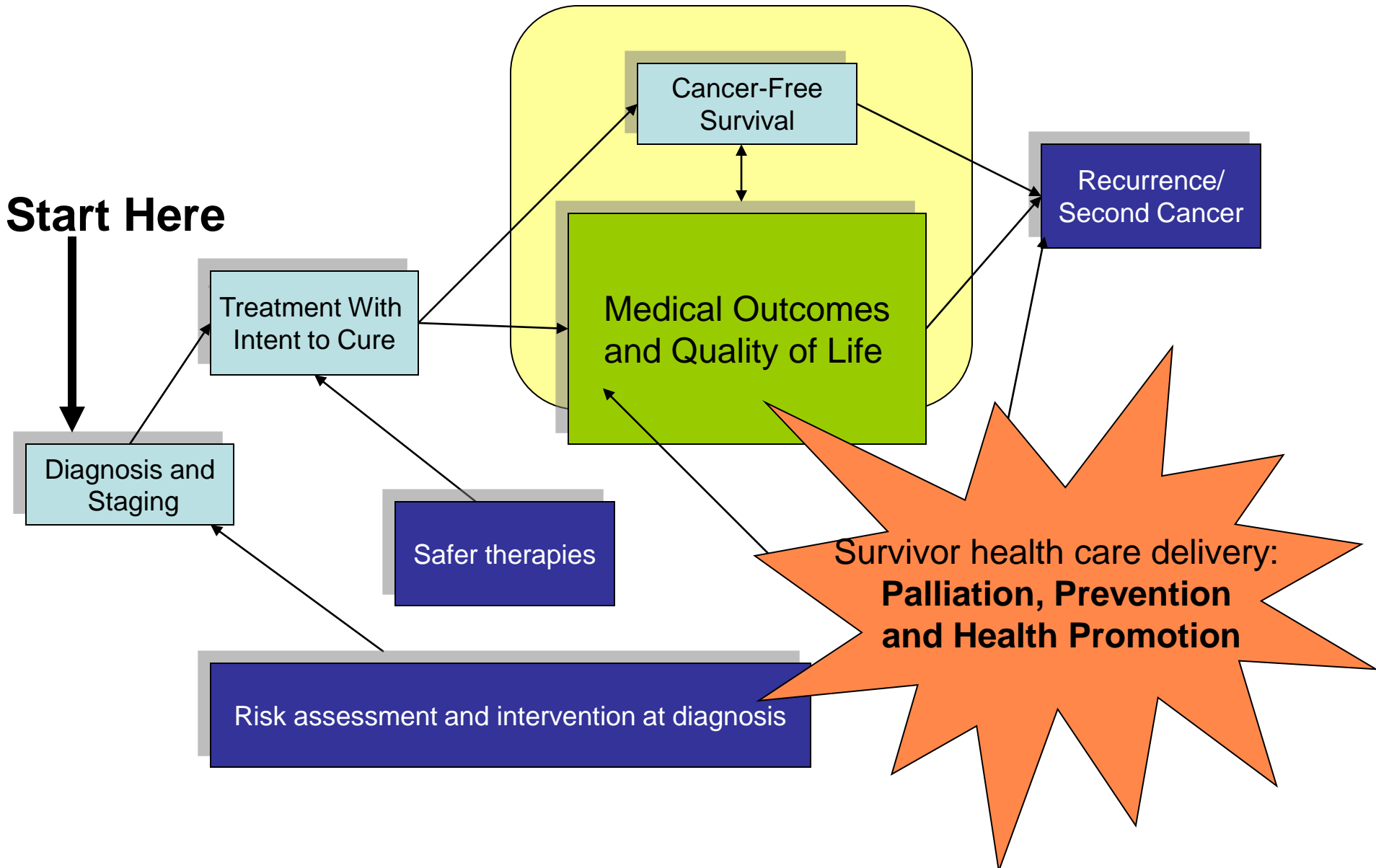
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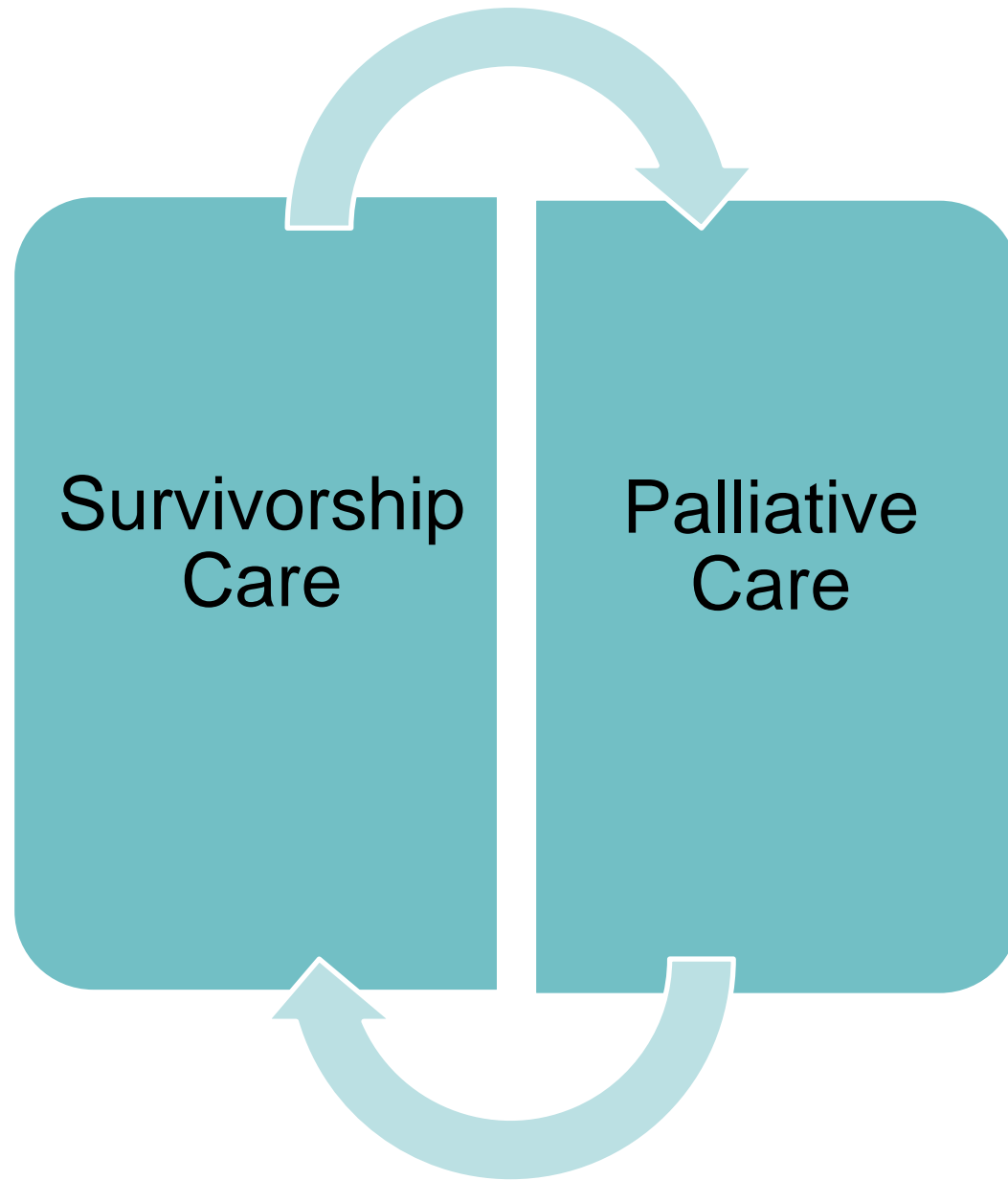


Cancer Care Trajectory



Cancer Care Trajectory





Survivorship
Care

Palliative
Care

With attention to survivorship needs, there can still be a good life after cancer!

