

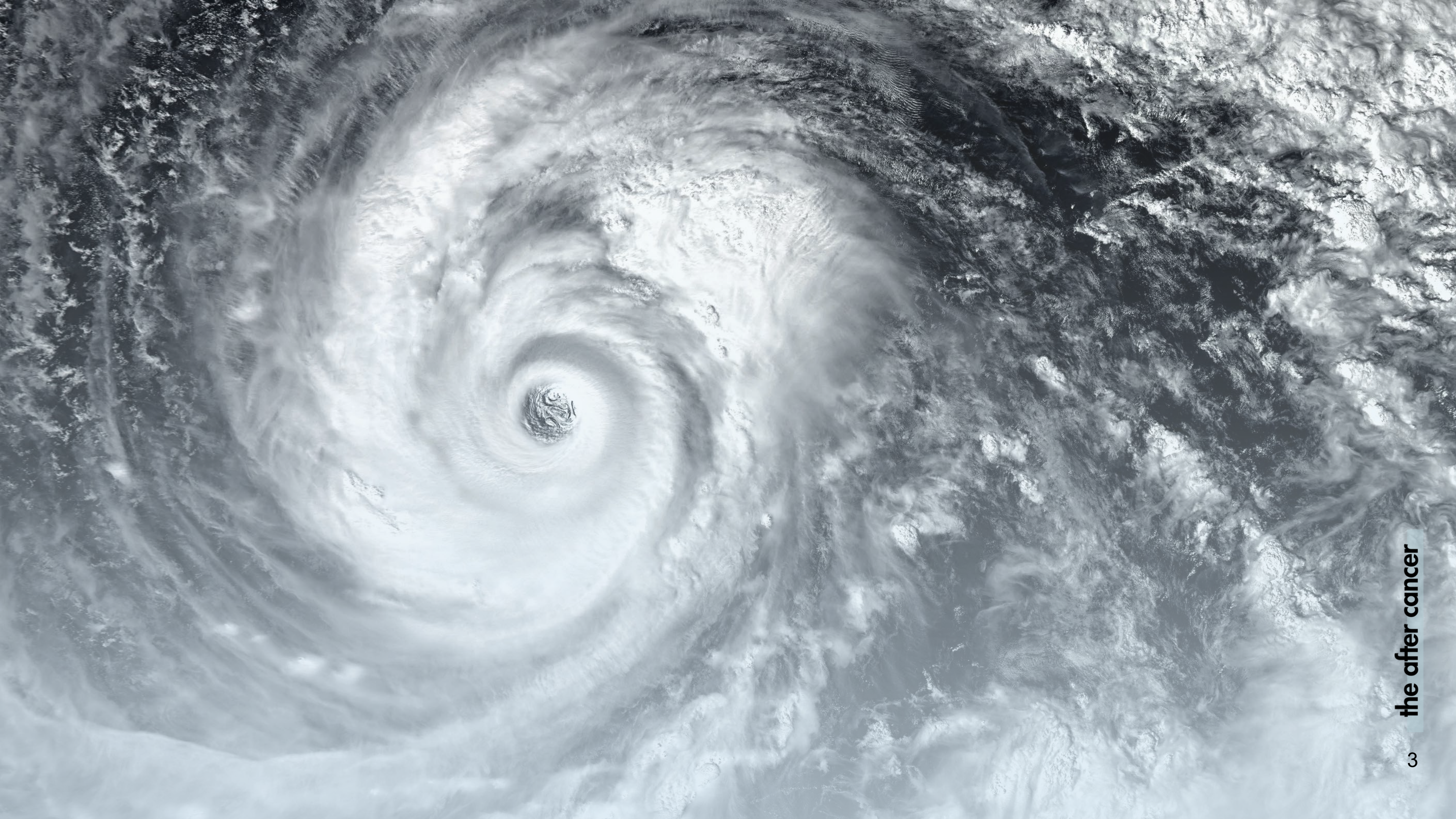
the after cancer

Virtual care for all your cancer survivorship
needs in one place

Chasse Bailey-Dorton, MD, MSPH, FAAFP
Co-Founder & Medical Director

“BALD TO BUFF”





STAGES OF CANCER DIAGNOSIS

- ◆ Diagnosis and work-up
- ◆ Treatment
- ◆ Recovery
- ◆ Risk reduction
- ◆ Long-term survivorship

WHEN SHOULD SURVIVORSHIP CARE START?

Although survivorship care often begins at the end of initial treatment, it should be started during treatment to lessen or prevent cancer-related effects.



THE 7 KEY COMPONENTS OF SURVIVORSHIP CARE

- ◆ Support through treatment
- ◆ Assist in recovery from treatment
- ◆ Monitoring for late effects
- ◆ Monitoring for disease recurrence
- ◆ Surveillance for new medical conditions
- ◆ Risk reduction
- ◆ Support for patient and family

FOR MANY
INDIVIDUALS, CANCER
IS NOW A CHRONIC
DISEASE



PCP AND ONCOLOGISTS



INTEGRATIVE MEDICINE IN ONCOLOGY: REDEFINING THE STANDARD OF CARE

[Gabriel Lopez, Santhoshi
Narayanan & Lorenzo Cohen](#)
[Nature Reviews Cancer](#)
(August 2024)

Integrative medicine incorporated alongside cancer care, referred to as integrative oncology, is an evidence-informed field with established clinical guidelines. Although integrative oncology improves patient outcomes, it is inconsistently provided to patients. To align with best practices, it is necessary to increase awareness of integrative oncology, improve access to treatments, and provide consistent financial healthcare coverage.

INTEGRATIVE ONCOLOGY

Physical, psychological, social, and spiritual

Optimize healing process

Minimize side effects of treatment

Maximize recovery

Decrease risk of recurrence

Enhance patient sense of control

Incorporate complementary therapies



COMPLEMENTARY THERAPIES



Mind- body Techniques

Meditation, guided imagery, expressive arts (music, art, dance)



Manipulative and body- based

Massage, exercise



Energy therapies

Healing touch, qi gong, tai chi



Biologically based

Herbal remedies, vitamins, other dietary supplements



Ancient medical systems

Traditional Chinese medicine, acupuncture, Ayurveda

WHAT INTEGRATIVE ONCOLOGY IS NOT!

Crystals, magnets
New Age Medicine
Coffee enemas
Chelation therapy
Alternative medicine



WHY IS AN INTEGRATIVE APPROACH IMPORTANT?

60% - 90% of patients are using other therapies/supplements but most patients do NOT tell their Oncologist.

Patients fear being dismissed, have a sense of disempowerment and don't feel supported by their provider.

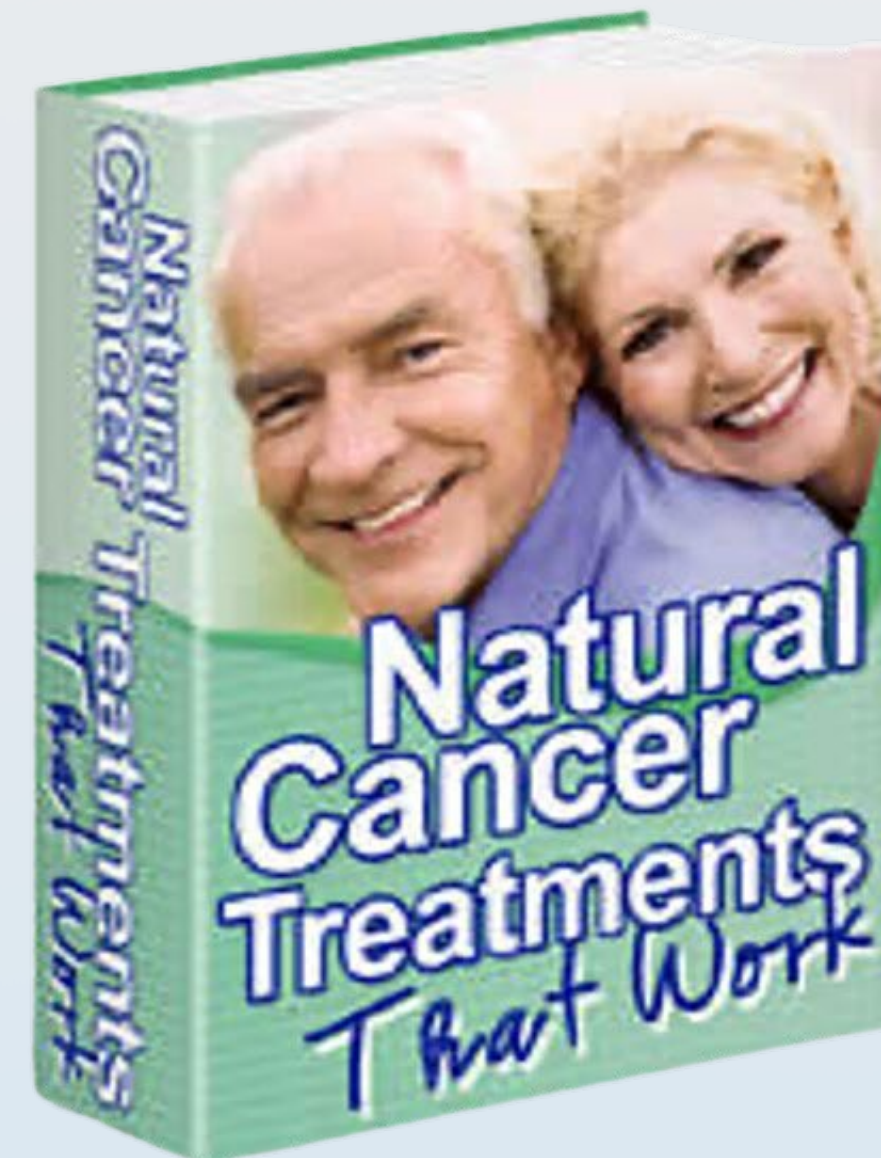
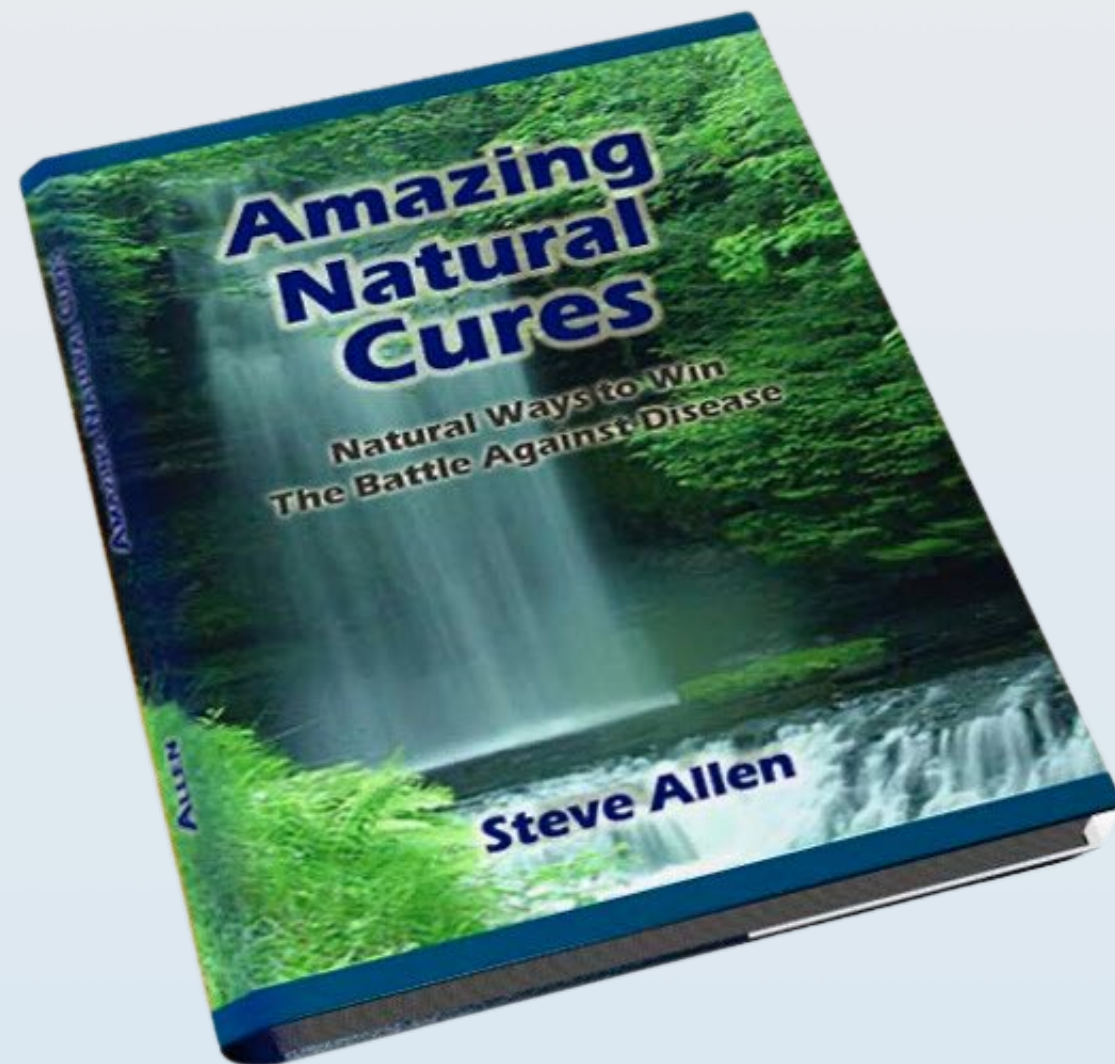
The most common complementary approach used by patients are supplements and natural products.

→ Can interfere with the treatment, prevent its efficacy and cause complications

“MIRACLE CURE”, “SECRET INGREDIENT”, “NATURAL” “ANCIENT REMEDY”

Patients need a reliable source for complementary approaches:

- Lack of reliable sources online: “Dietary Cures”, “Secret Ingredients”, “Miracle Cures”
- Limit patients taking an “Alternative Medicine” route



USE OF ALTERNATIVE MEDICINE FOR CANCER AND ITS Impact on Survival

JNCI J Natl Cancer Inst (2018) 110(1)

Patients with [nonmetastatic](#) breast, lung,
or colorectal cancer

After a median of 5 years, patients were nearly **five times** as likely to die if they had used an alternative therapy as their initial treatment than if they had received conventional treatment.




CHALLENGE

- ◆ Decrease risk of progression/recurrence
- ◆ Support efficacy of conventional treatment
- ◆ Improve tolerance of conventional treatment
- ◆ Maintain quality of life
- ◆ Prevent complications


INTEGRATIVE CANCER CARE

- ◆ Benefits during active treatment and for end of treatment survivorship
- ◆ Strategies for reducing the risk of cancer recurrence
- ◆ Key concerns in the use of dietary supplements
- ◆ Promotion of healthy habits: nutrition, physical activity, stress management
- ◆ 'Benefits of whole-person care
- ◆ Evidence-informed use of complementary modalities in side-effects management

TOP ISSUES


 Support through chemo


 Fatigue

 Neuropathy

 Arthralgia


 Insomnia

 Herbs/supplements

 Recurrence risk factors

 Anxiety/depression

 Fear of recurrence

 Sexual dysfunction

SOCIETY FOR INTEGRATIVE ONCOLOGY

Mission: advance evidence-based, comprehensive, integrative healthcare to improve the lives of people affected by cancer.

Evidence-based guidelines for incorporating complementary and integrative therapies into conventional oncology clinical practice.

ASCO/SIO GUIDELINES

2024 Management of Fatigue in Adult Survivors of Cancer: ASCO-SIO Guideline Update. [Supplementary materials including slidesets, visual abstract, and podcast discussion](#)

2024 Cannabis and Cannabinoids in Adults with Cancer: ASCO guideline (includes two SIO former presidents as co-authors Donald Abrams and Lynda Balneaves)

2023 Joint SIO-ASCO Clinical Practice Guidelines, Integrative Oncology Care for Anxiety and Depression in Adults with Cancer: Society for Integrative Oncology-ASCO guideline. [Guideline summary and Q&A](#)

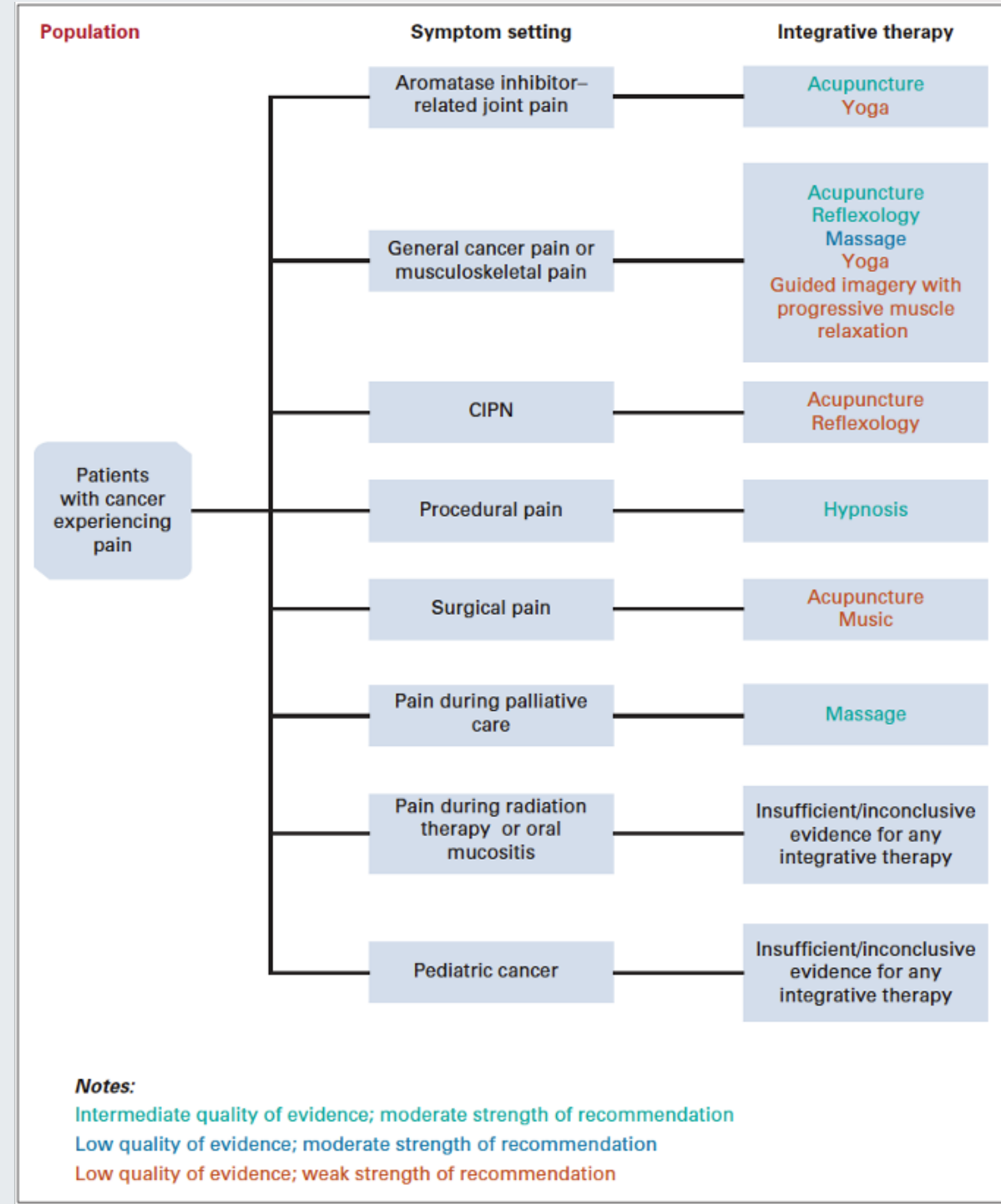
2022 Joint SIO-ASCO Clinical Practice Guidelines, Integrative Medicine for Pain Management in Oncology: Society for Integrative Oncology-ASCO Guideline. Visual summary available [here](#). Guideline summary and Q&A also available [here](#).

2017 SIO Guidelines, Clinical Practice Guidelines on the Evidence-based Use of Integrative Therapies During and After Breast Cancer Treatment

2014 SIO Guidelines, Clinical Practice Guidelines on the Use of Integrative Therapies as Supportive Care in Patients Treated for Breast Cancer as Supportive Care in Patients Treated for Breast Cancer

2013 SIO Guidelines, Complementary Therapies and Integrative Medicine in Lung Cancer: Diagnosis and Management of Lung Cancer

ASCO/SIO PAIN GUIDELINE





INTERVENTIONS FOR CANCER SURVIVORS

Patient/Family Education and Counseling

- Provide information about patterns of fatigue during and after treatment
- Self-monitoring of fatigue levels
- Energy prioritization
 - ▶ Set priorities
 - ▶ Plan and pace activities
 - ▶ Schedule activities at times of peak energy



Physical Activity

- Maintain adequate levels of physical activity (category 1) ([SPA-1](#) and [SPA-4](#))
- Survivors at higher risk of injury (eg, those living with neuropathy, cardiomyopathy, lymphedema, or other long-term effects of therapy or other comorbidities) should be referred to a physical therapist or exercise specialist
- Make use of local resources to help patients increase exercise (eg, aerobics, strength training, yoga)
 - ▶ Community exercise programs or classes, preferably those focused on cancer survivors
 - ▶ Exercise professional certified by the ACSM
 - ▶ For patients with fatigue interfering with function, consider referral to a physical therapist or psychiatrist



Other Interventions^e

- Psychosocial interventions (category 1)
 - ▶ CBT^f/Behavioral therapy (category 1)
 - ▶ Mindfulness-based stress reduction (category 1)
 - ▶ Psycho-educational therapies/Educational therapies (category 1)
 - ▶ Supportive expressive therapies (category 1)^g
- Nutrition consultation
- CBT^f for insomnia (CBT-I) (category 1) ([SSD-1](#))
 - ▶ Stimulus control
 - ▶ Sleep restriction
 - ▶ Sleep hygiene
- Acupuncture
- Bright white light therapy^h
- Massage therapy (category 1)



Pharmacologicⁱ

- Consider psychostimulants^j (methylphenidate^k) after ruling out other causes of fatigue and if other interventions are unsuccessful



PRINCIPLES OF MENOPAUSE SYMPTOM MANAGEMENT IN FEMALE SURVIVORS^a

<p>Menopause</p> <ul style="list-style-type: none"> • Many survivors may experience symptoms whether or not they have ovarian function. • In survivors with prior chemotherapy or pelvic radiation exposure or survivors on tamoxifen, serial estradiol levels may be useful to confirm current menopausal status. • In non-cancer populations, primary ovarian insufficiency or early menopause may be associated with specific menopause-related health risks (see below). There are limited data in cancer survivors. • Peri- or premenopausal survivors <ul style="list-style-type: none"> ▶ For survivors who have become amenorrheic and later develop bleeding, serial estradiol levels can be useful to determine return of ovarian function. Other markers including follicle-stimulating hormone (FSH), anti-Müllerian hormone (AMH), and inhibin may provide additional information on ovarian status in cancer survivors with prior chemotherapy or those on tamoxifen, but alone are not reliable to ensure menopausal status. ▶ Survivors who have become amenorrheic and are sexually active should be counseled on the need for contraception to prevent unintended pregnancy if they do not meet the definition of menopause and if their sexual activity could result in pregnancy. ▶ Menopause is defined as no menses for one year in the absence of prior chemotherapy or tamoxifen use, or no menses after surgical removal of all ovarian tissue. 	
<p>Menopausal Signs and Symptoms</p> <ul style="list-style-type: none"> • Vasomotor symptoms (ie, hot flashes/night sweats) • Vaginal dryness • Urogenital complaints • Sexual dysfunction • Sleep disturbance • Mood disturbance and depression • Cognitive dysfunction • Arthralgias/myalgias • Fatigue 	<p>Menopause-Related Health Risks</p> <ul style="list-style-type: none"> • Osteoporosis/bone fractures • Cardiovascular disease • Cognitive change
<p>Treatment Options for Vasomotor Symptoms (SHRS-4)</p> <ul style="list-style-type: none"> • Non-hormonal options <ul style="list-style-type: none"> ▶ Prescription alternatives (SHRS-A) ▶ OTC options ▶ Integrative therapies ▶ Lifestyle modifications (HL-1) • Hormonal therapies (relatively contraindicated in survivors of hormonally mediated cancers; use with caution in those with increased genetic cancer risk) (SHRS-B) <ul style="list-style-type: none"> ▶ Combination estrogen and progestins (for survivors with an intact uterus) or estrogen alone (for survivors without a uterus) ▶ Survivors often use herbal supplements for vasomotor symptom management. However, some supplements may interfere with hormonal cancer treatments, and routine use of supplements is not recommended (SSUP-1). Providers should encourage survivors to discuss such therapies prior to use. 	



PRINCIPLES OF MANAGEMENT OF HORMONAL SYMPTOMS IN MALE SURVIVORS^a

Treatment Options for Vasomotor Symptoms [\(SHRS-6\)](#)

- Non-hormonal options
 - ▶ Prescription alternatives [\(SHRS-A\)](#)
 - ▶ OTC options
 - ▶ Integrative therapies
 - ▶ Lifestyle modifications [\(HL-1\)](#)
- Hormonal therapies (relatively contraindicated in survivors of hormonally mediated cancers; use with caution in those with increased genetic cancer risk)
 - ▶ Androgens (eg, testosterone)
 - ◇ Contraindicated in individuals with carcinoma of the breast or known or suspected prostate cancer
 - ▶ Medroxyprogesterone acetate (a progestin)
 - ▶ Cyproterone acetate (an antiandrogen)
 - ▶ Estrogen (eg, diethylstilbestrol)
 - ▶ Survivors often use herbal supplements for vasomotor symptom management. However, some supplements may interfere with hormonal cancer treatments, and routine use of supplements is not recommended [\(SSUP-1\)](#). Providers should encourage survivors to discuss such therapies prior to use.



ANXIETY, DEPRESSION, TRAUMA, AND DISTRESS: MANAGEMENT AND TREATMENT

NONPHARMACOLOGIC INTERVENTIONS

• For all survivors:

- ▶ Address treatable contributing factors
 - ◊ Pain, sleep disturbance, fatigue, toxic metabolic/endocrine/other medical comorbidities, substance use disorder
- ▶ Provide reassurance that symptoms of worry, stress, fear of recurrence, anxiety, and depression are common problems among cancer survivors and that these symptoms can be treated
- ▶ Provide support and education to patient and family regarding normal recovery phases after treatment, common stresses, distress and fears, and strategies for managing uncertainty and distress
- ▶ Provide resources for social support networks and specific social, emotional, spiritual, intimacy, and practical problem needs, including online and mobile phone apps. Consider referral to social work services, patient navigator, and/or financial navigator (if available) ([SURV-B](#)).
- ▶ Develop a plan for regular physical activity and healthy nutrition ([HL-1](#)).

• For adjustment disorder or distress without safety risk, mania, or psychosis:

(See DIS-10 and DIS-17 in the [NCCN Guidelines for Distress Management](#)):

- ▶ Refer to a therapist, preferably one with psycho-oncology training if available (ie, psychologist, psychiatrist, social worker, advanced practice clinician, licensed therapist):
 - ◊ Cognitive behavioral therapy (CBT) (eg, mindfulness, behavioral activation, structured CBT) can be effective for distress, fear of recurrence, trauma symptoms, insomnia, or other symptoms related to distress and can be delivered as individual therapy, in structured groups, or with digital modalities (category 1)
 - ◊ Social work for complex psychosocial factors
 - ◊ Supportive normalizing of survivor's experience
 - ◊ Existential therapy related to values, meaning, and purpose in life
- ▶ Consider referral to chaplain for spiritual support for religious conflict, concerns about death and afterlife, guilt, grief, and meaning and purpose in life
- ▶ Consider referral for integrative therapies (ie, mindfulness meditation, imagery/hypnosis, yoga)
- ▶ Consider referral for couples, family, caregiver, or relationship counseling/support

- Reevaluate symptoms and function at next visit
- Revise referrals and interventions if symptoms are persistent or increased

Consider pharmacologic interventions ([SANXDE-9](#))

INTEGRATIVE ONCOLOGY/SURVIVORSHIP CLINIC



Newly diagnosed patient starting treatment

Treatment side-effects management

End of treatment recovery

Cancer recurrence risk reduction

Long-term survivors

INTEGRATIVE PLAN DURING TREATMENT

- ◆ Avoidance of most supplements during chemotherapy
- ◆ Gut health – probiotic
- ◆ Sleep
- ◆ Mind-body programs
- ◆ Acupuncture
- ◆ Exercise
- ◆ Nutrition
- ◆ Vitamin D checked

THE LOVIN' AIN'T OVER



END OF TREATMENT



THE ESSENTIAL COMPONENTS OF POST-TREATMENT SURVIVORSHIP CARE

Surveillance and
early detection
of new cancers

Cancer screening
Risk factors

Promotion of
healthy
behaviors

Risk factors
Cancer screening
Tobacco, alcohol usage
Body weight
Exercise
Nutrition
Stress reduction

Risk reduction
for recurrence

Tobacco, alcohol usage
Body weight
Exercise
Nutrition
Stress reduction

Interventions for
consequences
of cancer and its
treatment

Post-treatment pain
Fatigue
Peripheral neuropathy
Cognitive dysfunction
Endocrine imbalances
Anxiety & fear of
recurrence



COPING WITH
FEAR OF CANCER
RECURRENCE

FEAR OF RECURRENCE

Prevalent in Cancer Survivors

Kornblith, Herndon, Zuckerman et al. Comparison of psychosocial adaptation of advanced stage Hodgkin's disease and acute leukemia survivors. *Ann Oncol*, 9, 1998

Ranges 5%- 89%

Ronson, Body. Psychosocial rehabilitation of cancer patients after curative therapy. *Support Care Cancer* 10, 2002.

Described as largest concern of breast cancer patients

Spencer, Lehman, Wynings, et al. Concerns about breast cancer and relations to psychosocial well-being in a multiethnic sample of early stage patients. *Health Psychol* 18, 1999.

Persists at least up to 9 years post TX

Mishel, Germino, Gil et al. Benefits from an uncertainty management intervention for African-American and Caucasian older long-term breast cancer survivors. *Psychooncology* 14, 2005.

CAUSE OF DEATH FOR BREAST CANCER SURVIVORS WHO DID NOT DIE OF THEIR CANCER

Conditions modifiable through lifestyle changes (DM, heart, respiratory) or cancer screening (colon cancer) Probabilities of death from breast cancer and other causes among female breast cancer patients. J Nat'l Cancer Inst. 2004;96(17):1311-1321



PREVENTION OF RECURRENT AND NEW CANCERS

- ◆ Tobacco, alcohol usage
- ◆ Body weight
- ◆ Exercise
- ◆ Nutrition
- ◆ Stress reduction
- ◆ Risk factors
- ◆ Cancer screening

the after cancer

Combining technology with clinical experts to make cancer survivorship care accessible to anyone, anytime, anywhere

Our unique virtual care model addresses patients' complex needs and accessibility gaps

Clinical Care

Interventions for consequences of cancer and of its treatment

Surveillance and early detection of new cancers and other diseases



Everyday Support

Approaches to reduce risk of recurrence and gain sense of control

Ongoing support to reduce fear, uncertainty, and loneliness

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www.theaftercancer.com



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