

Living Well Beyond Cancer

Supporting self-management in the
post-treatment phase of cancer

ACMDTT 2017
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Objectives

- Discuss the “Transitions Project” for Cancer Control Alberta
- Discuss the “Post-Treatment” phase of cancer
- Discuss common issues of cancer survivors
- Describe helpful interventions

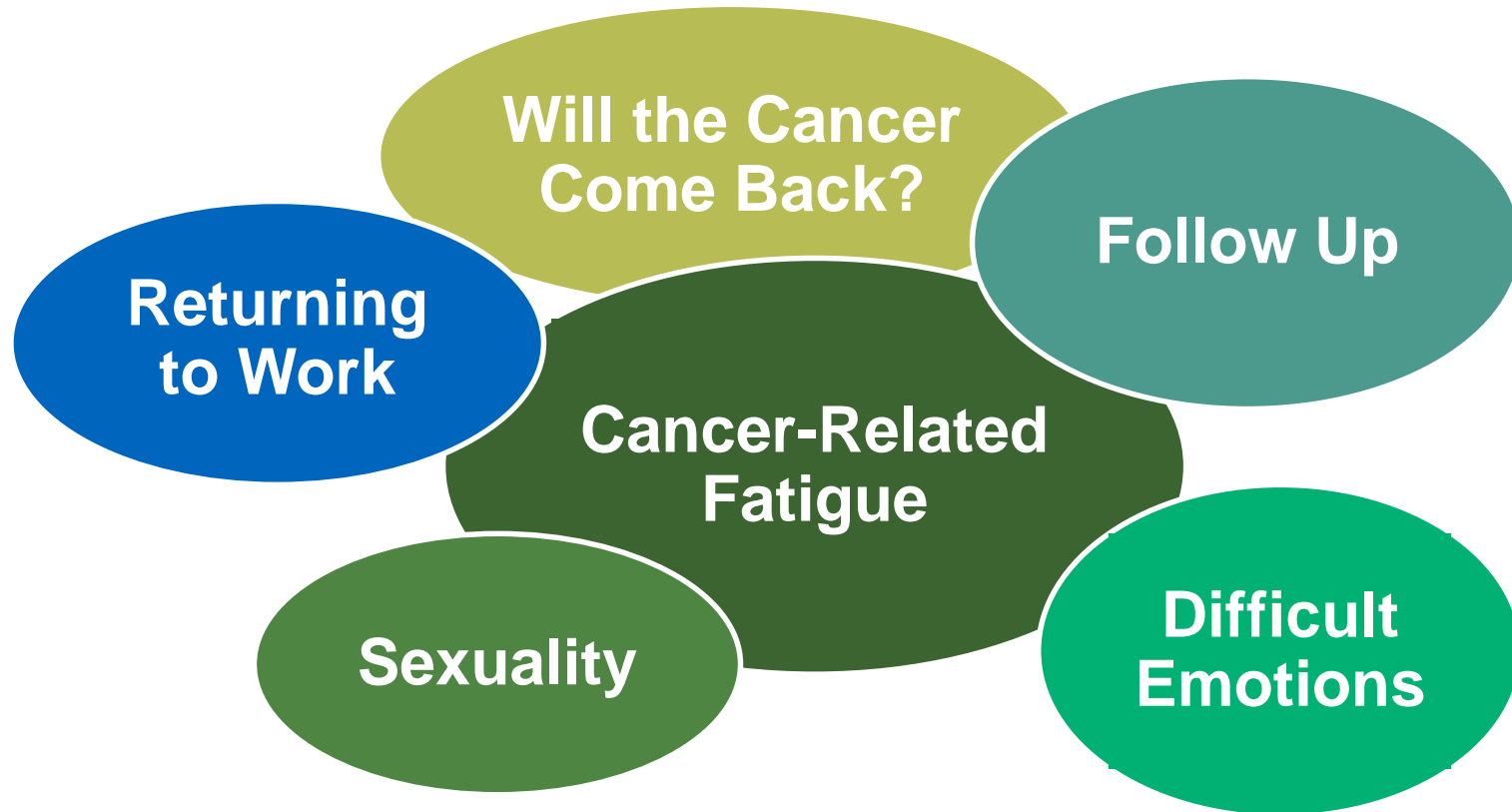


Transitions Project

Goals:

- Enhance the patient experience at the end of treatment
- Use Patient Reported Outcomes (PROs) to guide system change
- Help connect patients with resources and support
- Empower patients to self-manage
- Increase capacity in our cancer clinics

The “Post-Treatment” Phase



Enhancing the Patient Experience



Patient Voice: Cancer Transitions



<https://www.youtube.com/watch?v=IArgMw53Gag&index=12&list=PLi1tOF1I5ZoUFt61X8KxkCGE4PYI92wNB>

Patient Reported Outcomes (PROs)

Using the patients experience to shape our system.

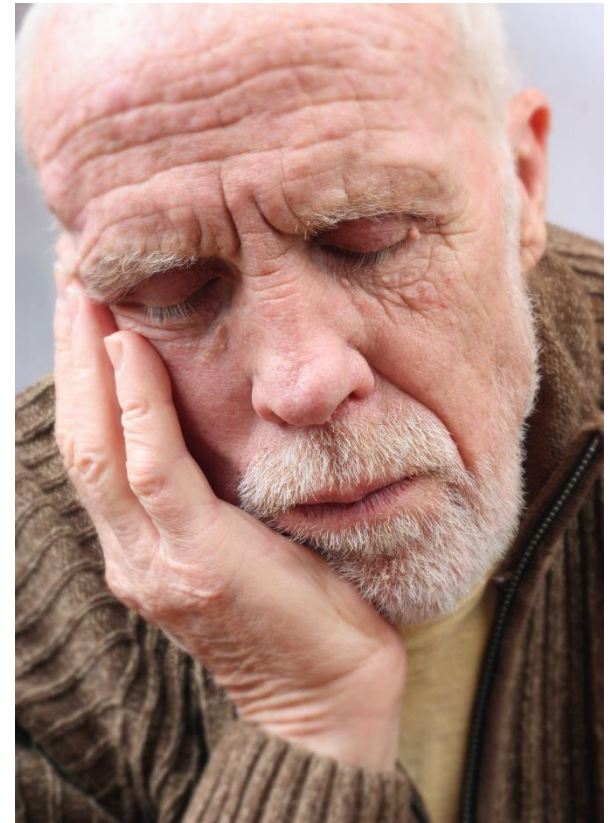
- Ambulatory Oncology Satisfaction Survey
- Transitions Survey
- Putting Patients First

PROs: Putting Patients First

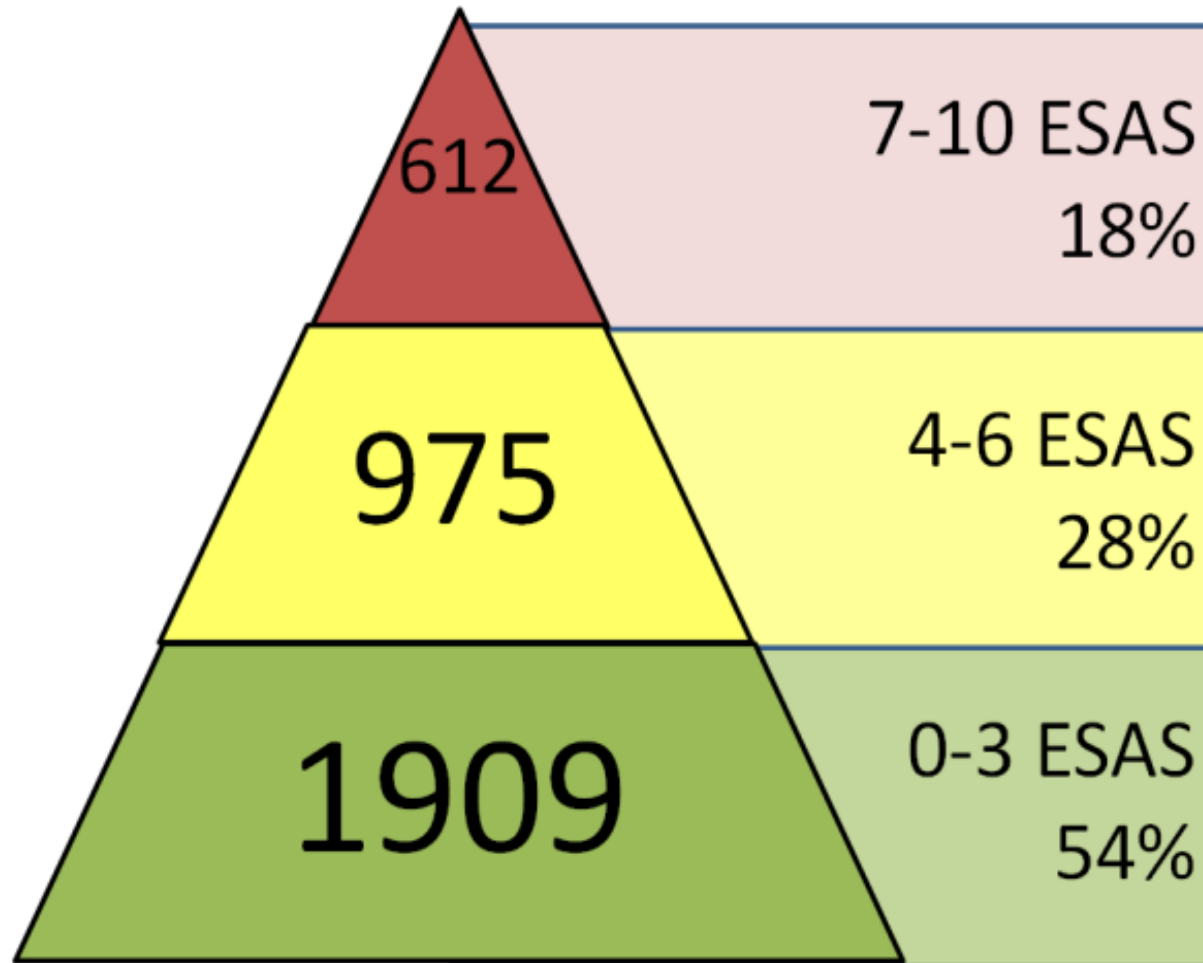


<https://www.youtube.com/watch?v=OKliXH2YPRg&list=PLi1tOF1I5ZoUFt61X8KxkCGE4PYI92wNB&index=14>

PRO: #1 Cancer-Related Fatigue



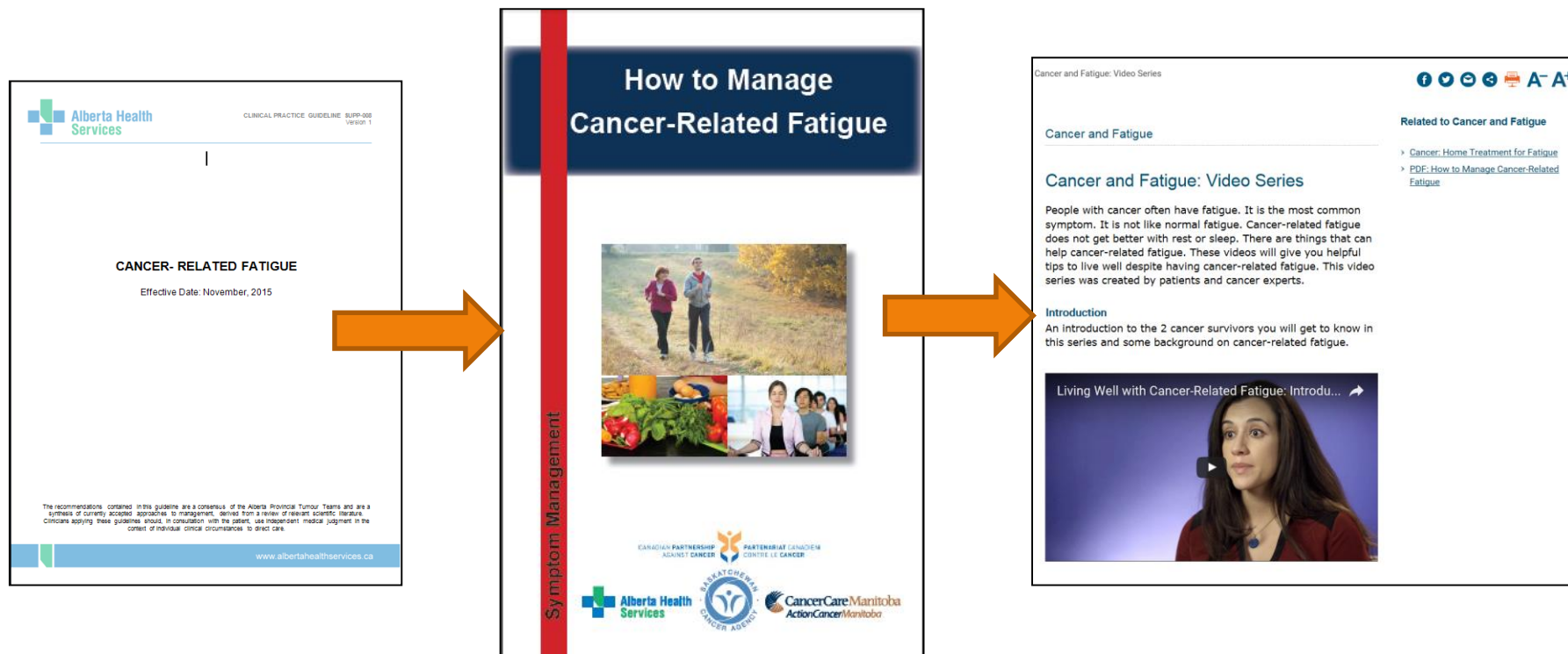
MACRO: FATIGUE/TIREDNESS



Screens with Tiredness score completed = 3496
Screens with out any score for Tiredness = 285
Total Screens in ARIA = 3781

PRO: #1 Cancer-Related Fatigue

- Provincial Guideline – Patient Resource



PRO: #1 Cancer-Related Fatigue

Living Well with Cancer-Related Fatigue: Introdu... ➔



Module 1: Find Support & Be Patient ➔



Module 2: Pace Yourself ➔



Module 3: Managing Your Stress ➔



Module 4: Exercise & Be Active ➔



Module 5: Nutrition & Eating Well ➔



PRO: #1 Cancer-Related Fatigue



https://www.youtube.com/watch?v=GM_KXqqnV7E&index=2&list=PLi1tOF1I5ZoUFt61X8KxkCGE4PYI92wNB

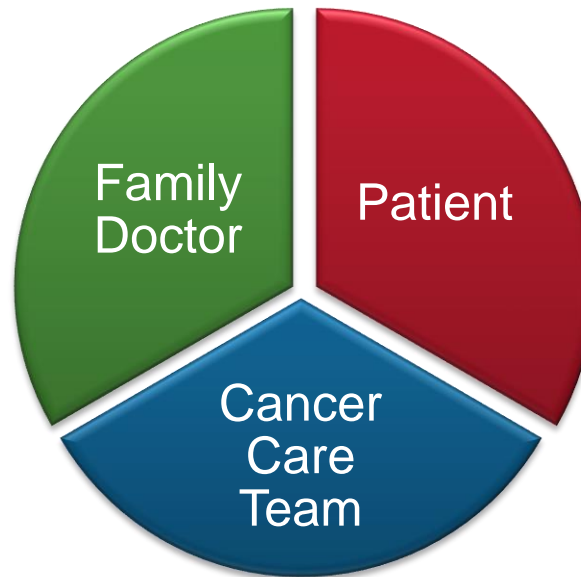
PRO: #2 Returning to Work



The screenshot shows the homepage of the "Cancer and Work" website. At the top, the title "Cancer and Work" is displayed in large blue font, followed by the "de Souza INSTITUTE" and "McGill" logos. A search bar is located to the right of the logos. Below the title, a blue navigation bar contains links for "Survivors", "Healthcare providers", "Employers", "Tools", "Research", "About us", and "Contact us", along with social media icons for Facebook and Twitter. The main content area features three large circular images, each representing a different user group: "I am a cancer survivor" (showing a woman, a man, and a woman in a hard hat), "I am a healthcare provider" (showing three healthcare professionals), and "I am an employer" (showing three business professionals). Each image has a "Start" button below it. At the bottom of the page, there are logos for the "BC Cancer Agency" (CARE + RESEARCH), the "CANADIAN PARTNERSHIP AGAINST CANCER", and the "PARTENARIAT CANADIEN CONTRE LE CANCER".

<https://www.cancerandwork.ca/>

PRO: #3 Understanding My Follow Up



Who
What
Where



When
Why
How Often

System Change: Information Sharing

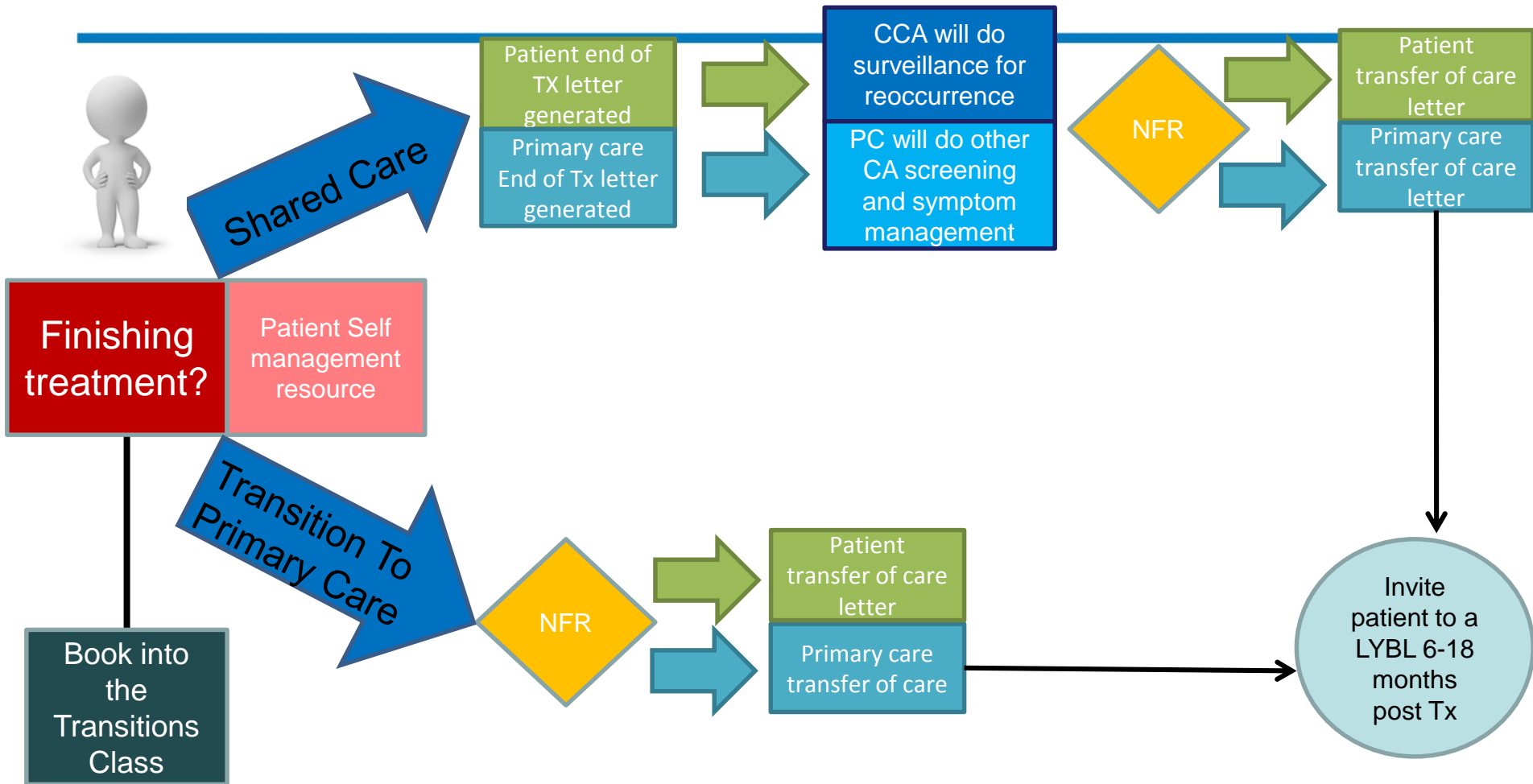


System Change: Transitions Model

- Who can be transitioned to primary care?
- Who does CCA do cancer follow up for?
 - When can these people be transitioned to primary care
- How can we help patients navigate these transitions?

CCA follow up/shared care

Design/Develop



PRO: #3 Understanding My Follow Up

Family Doctor Letter

Alberta Health Services
Endometrial Cancer Transfer of Care
SAMPLE LETTER ONLY

PHYSICIAN
Endometrial Cancer Transfer of Care
SAMPLE LETTER ONLY

[DATE]

Dear Dr. _____

Your patient (ARIA: Insert Patient name) has received treatment(s) for endometrial cancer at the Cancer Centre and is now being transitioned back to you for ongoing endometrial cancer surveillance in addition to their regular care.

The recommendations outlined below are intended to assist you in providing optimal endometrial cancer follow-up care for your patient and are not intended to be a substitute for clinical judgment.

SURVEILLANCE for cancer recurrence:

- General assessment including complete history, elicitation of symptoms, speculum exam, and pelvic-rectal exam
- The frequency of surveillance appointments depends on the stage of the cancer and the patient's individual situation. *Please review the detailed progress notes for the exact schedule you should follow:*
 - Stage IA or IB, grade 1 or 2: every 6 months for 3 years after treatment completion, then annually in years 4 and 5.
 - Stage IIA or IB, grade 3, or stage II or higher: every 4 months for 3 years after treatment completion, then every 6 months during years 4 and 5.
- Papanicolaou testing is not useful for detecting recurrences and is not recommended. Other routine tests and imaging are not recommended.
- Potential symptoms of recurrence include:
 - Unexplained vaginal bleeding or discharge
 - Detection of a mass
 - Abdominal distension
 - Persistent pain, especially in the abdomen, pelvis, or back/flank
 - Fatigue
 - Diarrhea, nausea, or vomiting
 - Persistent cough
 - Swelling
 - Unexplained weight loss
 - Urinary or bowel obstruction
- Symptomatic patients should undergo appropriate tests to rule out a recurrence.

Patients with confirmed recurrence should be referred back to their original cancer centre/oncologist. Referrals can be faxed to the Gynecologic Oncology triage coordinator at: Tom Baker Cancer Centre 403-521-3245 or Cross Cancer Institute 780-432-8681.

MONITOR FOR COMPLICATIONS

Complication	Treatment-related causes	Actions
Fatigue	<ul style="list-style-type: none"> radiation chemotherapy 	Fatigue should start to improve within months of treatment completion. Persistent or recurrent fatigue warrants further work-up to rule out other causes.
Peripheral	<ul style="list-style-type: none"> taxane 	Peripheral neuropathy should improve over months. Painful paresthesias may respond to gabapentin or

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Alberta Health Services
Endometrial Cancer Transfer of Care
SAMPLE LETTER ONLY

PHYSICIAN
Endometrial Cancer Transfer of Care
SAMPLE LETTER ONLY

ing heaviness or discomfort and
out overt sweating. Referral to
es (e.g. physiotherapy) or
e made. (Calgary: 403-476-2448;
)

ic diarrhea, fecal leakage, and
appropriate. Referral to GI for
is be considered.

Recommendations

"25 kg"

an 80 cm for women

osing on moderate-vigorous activity spread

Roeds,
es, fruits, whole grains, and legumes such as
r meats (such as beef, pork, and lamb) and
y foods and foods processed with salt,
of day
day if postmenopausal (preferably from
recommendations as above
er Canadian Osteoporosis Guidelines.
2 (1 drink/day, <3 drinks/week)
for help contact Alberta Quits 1-877-710-
9816

essive or potentially harmful UV exposure,
even and sunglasses. Advise against the use
as skin regularly for suspicious lesions.
consent unless contraindicated. Other
of colorectal and other cancers. Refer to
for more information.
of more information please call the Alberta
9-402-8868
dent.

ntial Cancer Patient Navigation
cancers occur in post-menopausal
after treatment. The use
controversial and there is little
be acceptable candidates for HRT
with the patient. In women with high
onal options are preferable. Hot
be managed with non-hormone
as can be managed with a dual
g, Replens® or Replacen®. If non-
al vaginal estrogen (low dose, for
gitem®) could be considered. For
e gynecology and/or sexual health

any changes in their family history
all cancers may be caused by an
only history of cancer should be
sh, see the Alberta Health

Page 2 of 3

Patient Letter

Alberta Health Services
Endometrial Cancer Transfer of Care
SAMPLE LETTER ONLY

PATIENT
Endometrial Cancer Transfer of Care
SAMPLE LETTER ONLY

Dear Patient,

You have finished your treatment for endometrial (uterine) cancer at the Cancer Centre. We feel you are doing well, and your endometrial cancer follow-up can be safely done by your family doctor and/or other health care team from now on. Please read this letter for important information that will help you be an active participant in your care.

If you gave us your family doctor and/or gynecologist's name, we will send them a letter letting them know about our follow-up recommendations.

If you do not have a family doctor but would like to get one, please call Health Link Alberta (811) or go to <https://www.healthlink.ca> for a list of doctors in your area. Once you have a doctor, contact your oncologist so we can send your new doctor a summary of your cancer treatment and our follow-up recommendations.

Follow-up

Continue to go for your regular health examinations at your family doctor's office. For your endometrial cancer follow-up we recommend you:

- Have a **gynecologic exam** with your family doctor or gynecologist. This will include an internal vaginal exam. How often you need an exam depends on your own situation. Your oncologist will let you know how often you need to be seen.
- Tell your doctor immediately about any new symptoms such as vaginal bleeding or discharge, or any other symptoms that do not go away.**
- Other tests like Pap smears, blood tests, or x-rays are not needed for your regular follow-up unless your doctor specifically asks for them.
- Remember, it is your responsibility to book your follow-up visits with your family doctor or gynecologist.

Side Effects from Treatment

Most of the side effects from your treatment will get better in the weeks and months after your treatment is finished. If you have side effects that are not getting better, talk to your doctor. There may be treatments available to help with your symptoms.

Support and General Recommendations

There are many supports available to patients and their families.

General Resources:

- Alberta Health Services – [ahs.ca](https://www.ahs.ca)
- Click: CancerControl Alberta
- Local sources of help: CancerControl Alberta > Patient Information
- MyHealth Alberta – myhealth.alberta.ca
- Canadian Cancer Society – [cancer.ca](https://www.cancer.ca) or 1-888-939-3333
- American Society for Clinical Oncology (patient site) – [cancer.net](https://www.cancer.net)
- CancerBridges – cancerbridges.ca

Updated 12/2015

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Alberta Health Services
Endometrial Cancer Transfer of Care
SAMPLE LETTER ONLY

PATIENT
Endometrial Cancer Transfer of Care
SAMPLE LETTER ONLY

processed with salt.

asal (try to get your
ay give you bone
see Osteoporosis Canada.
1 drink per day and less
1-877-710-QUIT (7448) or
side
ecious changes to your
about what other vaccination
ed for other cancers.

er. If there are any
back to us.

a family history,
a family history of
france that cancer

healthy, reduce the
cancer coming back.
estions, talk to your

y about what a healthy
every week.
throughout the week such
am curts
e for you.

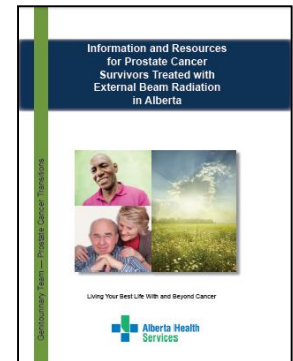
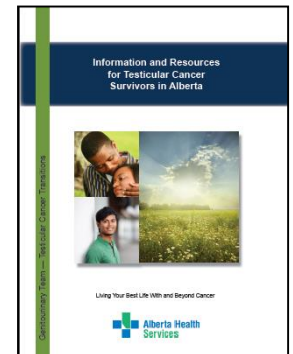
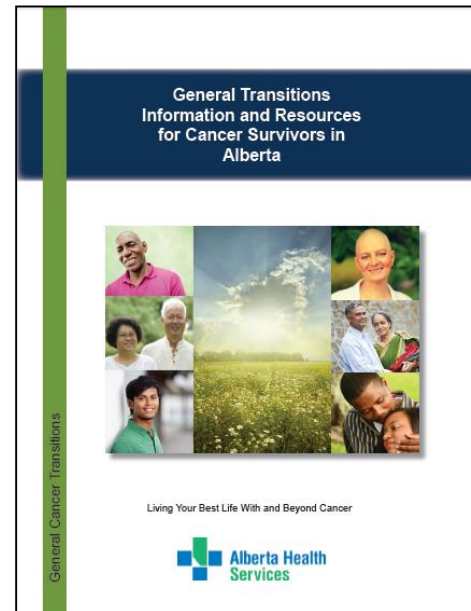
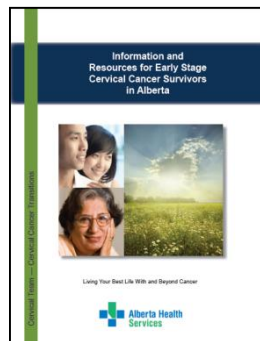
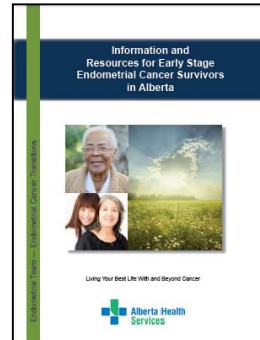
y, and legumes such as
beef, pork, and lamb)

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My Follow Up – Patient Self-Management

Self-Management Patient Resources:

- **Breast**
- **Prostate**
- **Colorectal**
- **Testicular**
- **Cervical**
- **Endometrial**
- **Lymphoma**
- **Mouth Care (HN)**
- **General**



PRO: #3 Understanding My Follow Up

Transitions Class

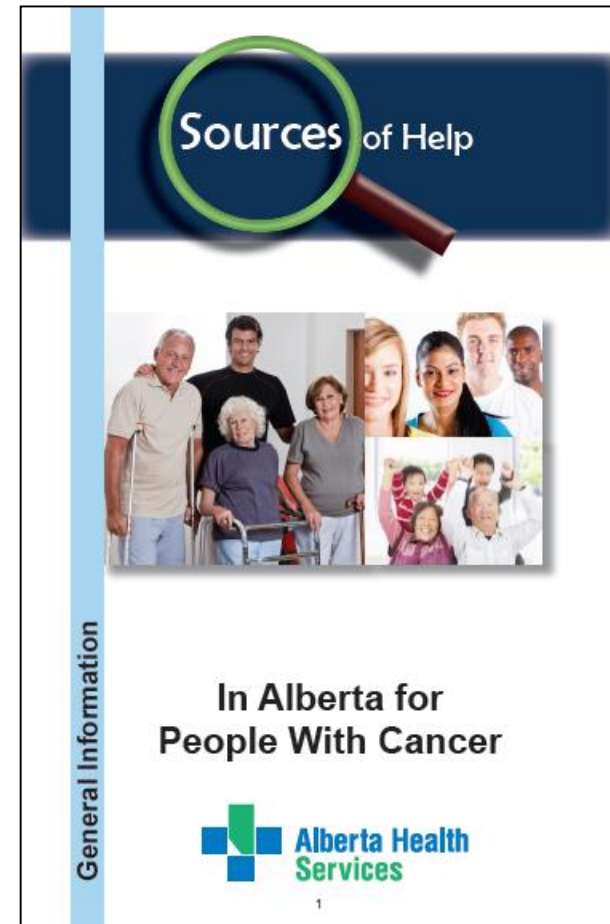
- Encourages appointment with Family Doctor after treatment is done



PRO: #3 Understanding My Follow Up

Transitions Class

- Help people navigate their individual needs, as they happen
 - Returning to Work
 - Difficult Emotions
 - Sexuality
 - Anxiety & Depression
 - Rehabilitation



PRO: #4 Dealing with Difficult Emotions



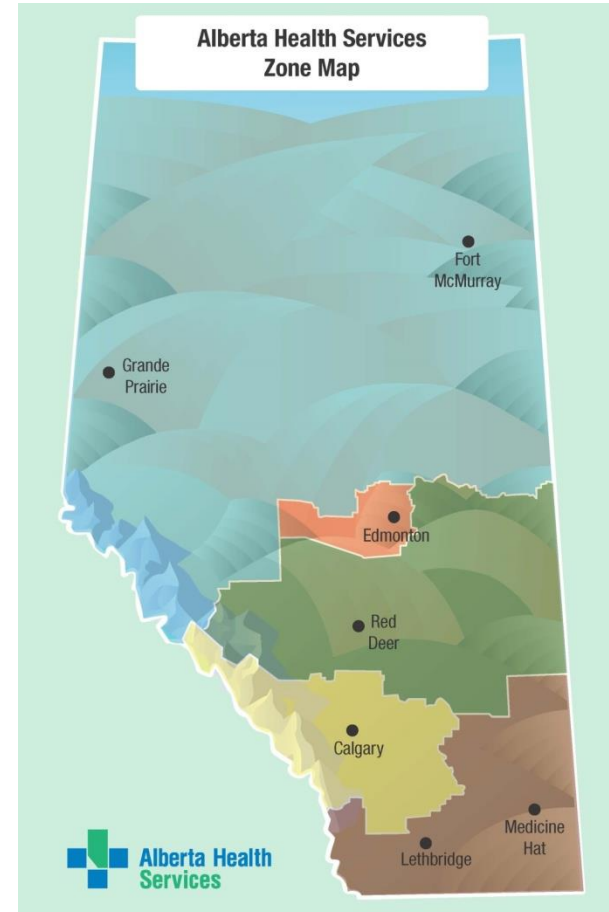
PRO: #4 Dealing with Difficult Emotions

Living Your Best Life With and Beyond Cancer!



PRO: #4 Dealing with Difficult Emotions

- Spring and Fall events 2015 & 2016
- 947 people attended
- Poor geographical access



PRO: #4 Dealing with Difficult Emotions

Health Care Provider Online Resource

Home > Information For > Health Professionals > Primary Health Care Resource Centre > Chronic Diseases & Conditions > Cancer
> Living Well After Cancer: Self-Management Resources

Cancer


Living Well After Cancer: Self-Management Resources

Living Well After Cancer: Self-Management Resources


For Providers

This video is a resource you can use with your patients, families and care teams. It covers tips about how patients can live their best life despite having gone through cancer treatments. The video contains advice from experts on ways patients can improve their life after cancer. The full 1-hour (60 min) video can be watched by clicking on the icon to the left. Or, specific sections can be viewed below.


Living Your Best Life: full video

Cancer Transitions: Living Your Best... 


Part 1: Physical Activity

Cancer Transitions: Living Your Best... 


Part 2: Living Well

Cancer Transitions: Living Your Best... 

Part 3: Late & Long Term Effects

Cancer Transitions: Living Your Best... 

Patient Online Resource

 MyHealthAlberta.ca

All MyHealthAlberta.ca Search...

Health Information & Tools > Health A-Z > Cancer: Living Your Best Life Video Series

Cancer

Related to Living Your Best Life

- > [Cancer and Fatigue: Video Series](#)
- > [PDF: Living Your Best Life User Guide](#)

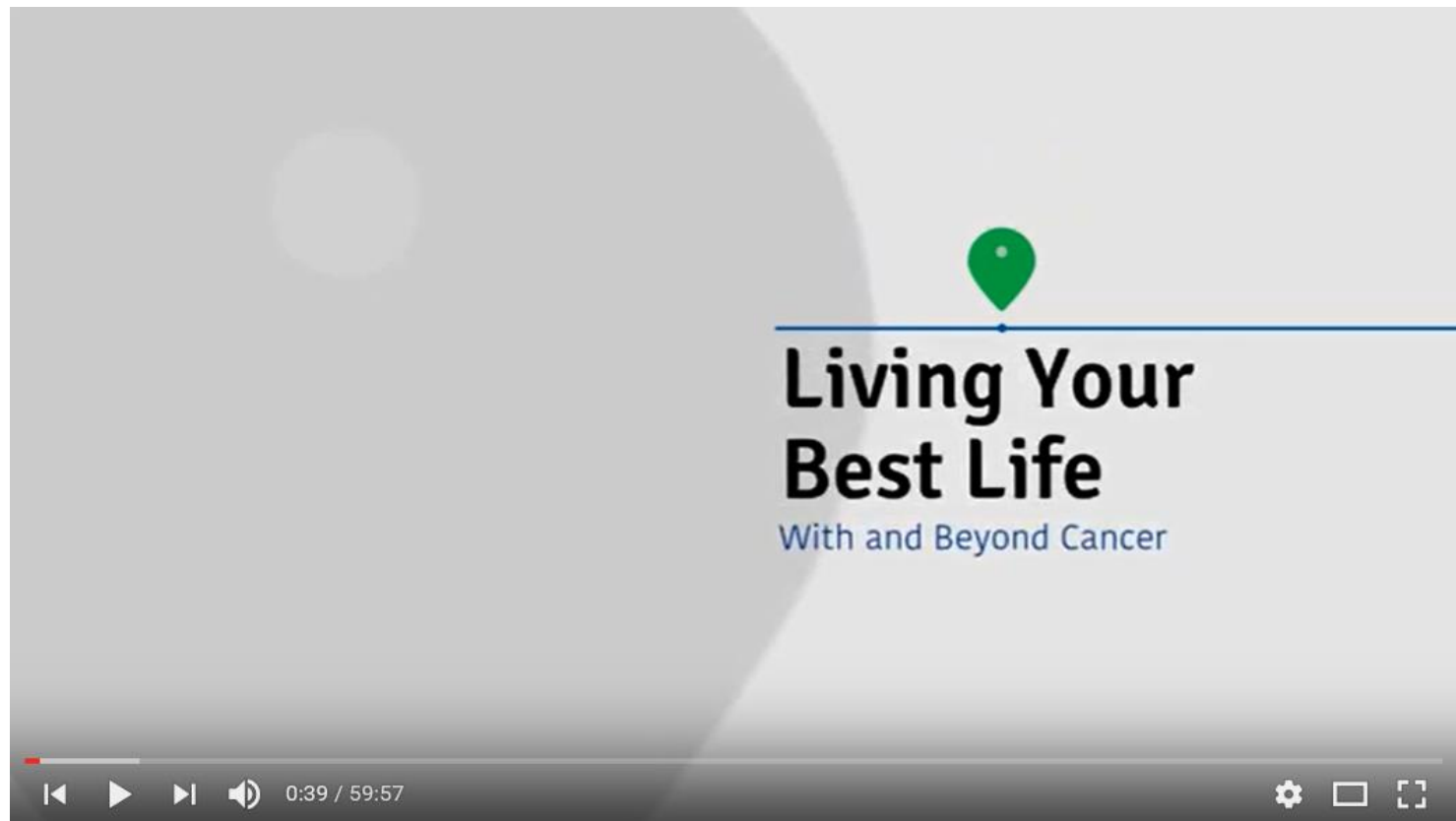
Living Your Best Life With and Beyond Cancer: Video Series

This video is part of the Cancer Transitions series from CancerControl Alberta. This video contains presentations from 3 health care professionals and 1 cancer survivor. Dr. Nicole Culos-Reed is a researcher looking at physical activity for cancer patients and survivors. Dr. Kevin Wallace is a psychologist exploring what it means to "Live Well" using positive psychology. Dr. Dean Reuther is an oncologist talking about the potential late and long-term effects of a cancer diagnosis and treatments. Mike Lang is a cancer survivor and shares his personal story of living well with, through, and beyond cancer.

How to use these videos:

- > You can watch these videos back-to-back, or one at a time.
- > If one topic is more interesting to you, start there.
- > If you'd like to watch the whole video, and hear Mike Lang's personal story with cancer as it relates to each section, click on the "Whole LYLB Video" below.

Living Your Best Life With and Beyond Cancer



<https://www.youtube.com/watch?v=vDYu1QLz36c&index=10&list=PLi1tOF1I5ZoUFt61X8KxkCGE4PYI92wNB>

Additional Living Well Videos



Nutrition



Sleep



Brain Fog

In Conclusion

Goals:

- Enhance the patient experience at the end of treatment
- Use Patient Reported Outcomes (PROs) to guide system change
- Help connect patients with resources and support
- Empower patients to self-manage
- Increase capacity in our cancer clinics

Living Well Beyond Cancer

