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# PALLIATIVE CARE NEEDS OF CANCER SURVIVORS

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*DENICE ECONOMOU*

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**OBJECTIVES:** *To describe the importance of early integration of palliative care into cancer survivor care. To discuss common symptoms experienced by cancer survivors and how integration of palliative care can improve management.*

**DATA SOURCES:** *Peer-reviewed literature, Clinical Practice Guidelines for Quality Palliative Care, Institute of Medicine report: From Cancer Patient to Cancer Survivor-Lost in Transition.*

**CONCLUSION:** *Primary symptoms may vary depending on disease, age, treatment, and other comorbidities. A multidisciplinary palliative care team can help manage the primary late effects for cancer survivors including fatigue, depressive symptoms, anxiety and distress, pain, and sleep disturbance.*

**IMPLICATIONS FOR NURSING PRACTICE:** *The long-term and late effects of cancer survivors will best be provided for by knowledgeable nurses who can anticipate and integrate palliative care into survivorship care early in their treatment plan.*

**KEY WORDS:** *Cancer survivor, palliative care, late effects, long-term effects, multidisciplinary care*

**A**S the numbers of cancer survivors continue to increase in the United States, providing optimal care will be challenging. Currently there are 14 million cancer survivors. Recognizing the long-term and late effects of cancer and its treatment, as well as the multiple comorbidities associated with aging, will require knowledgeable nurses and multidisciplinary care to anticipate and meet the needs of this population. This article will describe

ways to integrate survivorship care with palliative care.

Survivors are defined as any patient who has been diagnosed with cancer and continues throughout their lifespan. Survivorship care was first recognized as an essential need for cancer survivors in 1986 with the establishment of the National Coalition of Cancer Survivors (NCCS).<sup>1</sup> The Office of Cancer Survivorship (OCS) was established by the National Cancer Institute (NCI)

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in 1996.<sup>2</sup> One of the most important reports to establish the components of survivorship care and to define the essential care needs for survivors was the Institute of Medicine (IOM) report “From Cancer Patient to Cancer Survivor: Lost in Transition.” (Fig. 1).<sup>3-5</sup> The recommended components of survivorship care in the IOM report include communication and coordination of care, prevention and detection of recurrence or new cancers, surveillance for cancer recurrence, and assessment and management of long-term and late effects of cancer.

Deficits in survivorship care include anticipating potential effects and management of late and long-term side effects associated with cancer and/or its treatment. Communication of survivors’ needs between oncologists, primary care physicians, nurses, patients, and caregivers is essential to the quality of care provided to survivors.<sup>6</sup> Anticipation of potential effects as well as managing long-term effects involves multidisciplinary care. This type of multidisciplinary management of symptoms is a key aspect in palliative care as well as survivorship care, especially during the post treatment phase of care.<sup>7</sup> There is an intersection of domains and components of palliative and survivorship care where resources can be shared (Table 1).

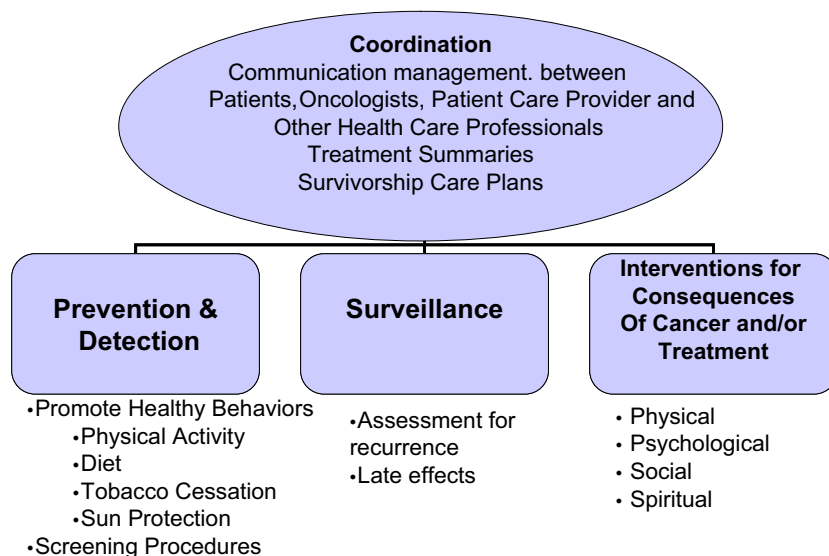
Palliative care has become a standard for the provision of quality cancer care in the US.<sup>8</sup> Palliative care as defined by the National Quality Forum includes the focus of optimizing quality of life by anticipating, preventing, and treating suffering. Recent research has shown the significant differ-

ence that palliative care management makes for patients with advanced disease and those at the end of life.<sup>9</sup> Additionally, palliative care interventions can improve quality of life across the cancer trajectory including cancer survivors at any age or stage of disease.<sup>10</sup>

Cancer survivors face many potential negative effects related to their disease or treatment.<sup>11,12</sup> Many survivors do not receive the baseline care necessary for general surveillance, such as cholesterol monitoring or preventative care.<sup>13</sup> Major side effects related to tumor site or type of cancer treatments can be anticipated and managed when knowledgeable providers are delivering oversight and care to cancer survivors. Primary long-term side effects identified in the literature include physical symptoms such as pain, neuropathy, lymphedema, urinary tract symptoms, colorectal symptoms, sexual dysfunction, infertility, and chronic fatigue. Psychosocial symptoms, such as anxiety and depression, distress, cognitive changes, fear of recurrence, and effects on family and work function, are experienced by survivors.<sup>11,14-16</sup> Working together, multidisciplinary management of survivor’s symptoms can be efficiently and effectively improved.

## PALLIATIVE SYMPTOM MANAGEMENT

The challenge to providing essential survivorship care is the integration between survivorship and palliative care. Griffith et al<sup>7</sup> described a framework for the integration of palliative and



**FIGURE 1. Essential elements of survivorship care. (Reprinted with permission. © 2010 by Oncology Nursing Society.<sup>5</sup>)**

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