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PREVENTION, IDENTIFICATION, AND MANAGEMENT OF LATE EFFECTS THROUGH RISK REDUCTION

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OBJECTIVES: *To review the psychosocial factors that affect quality of care and quality of life in cancer survivors, and discuss risk reduction through assessment for the early identification and management of the residual, long-term, and late effects.*

DATA SOURCES: *Literature review on survivorship and intervention strategies.*

CONCLUSION: *There is limited literature on the psychosocial dimensions of cancer survivorship and even more limited on strategies for care.*

IMPLICATIONS FOR NURSING PRACTICE: *Nurses have a major leadership role in assisting survivors and their families. Much research is needed to provide the knowledge needed for care.*

KEY WORDS: *Survivorship, psychosocial dimensions, assessment, residual, long-term and late effects, strategies*

THERE ARE nearly 14.5 million cancer survivors in the United States and this number is expected to grow to 19 million by 2024. Each year over 1 million patients join the population of 5-year survivors, with more than 1.66 million new cases expected in 2014.[1] Among cancer survivors, 64% were diagnosed 5 or more years ago, with 15% diagnosed 20 or more years ago. Only 5% of cancer survivors are younger than age 40, while 46% are 70 and older. Survivors' age ranges vary by cancer type. For example, 62% of prostate cancer survivors are 70 and older, while 32% of melanoma survivors are in this older age group.[2] Thus, quality of survivorship cancer care should be a major concern across the life span.

Cancer treatments may cause long-term problems for patients in physical, social, and psychological areas. How best to care for survivors

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remains unclear with few existing guidelines or standards for care. Extensive recent focus has been on Survivorship Care Plans (SCP) as recommended by the Institute of Medicine; although designed to improve survivor outcomes, there has been limited adoption and general use to date.[3-5] Most SCPs are limited to screening and diagnostic follow-up, thus limited in bringing about positive patient psychosocial outcomes. Patients receive little guidance, information, and support for what to do as they experience their “new normal” when cancer treatment is over. Patients wonder “what now” and are filled with uncertainty about future expectations related to cancer and what to do about residual and persistent effects affecting their quality of life (QOL).

This article examines the psychosocial factors that can affect achieving high-quality survivorship care and QOL of cancer survivors. Discussion is organized on the transition period from cancer treatment completion, into the post-active treatment period with residual effects, long-term effects (persistent) and subsequent late effects for adults. Assessment and management of patient issues during the survivorship period and strategies for nurses to assist patients during the survivorship phase are discussed, along with recommendations for future research.

Survivor Issues–Screening and Assessment

Some patients have residual and long-term effects following the end of treatment and then late effects months or many years later (organ dysfunction such as cardiac or gastrointestinal). These effects can lead to premature development of age-related changes, an increased risk of developing common comorbidities, and altered response to treatment for these existing comorbidities. Cancer and treatment-related changes can increase the risk for long-term mortality. Few studies exist about the trajectories of patients as they move from treatment to the post-treatment period.[4,6]

Survivorship care after treatment often is limited to recommendations of surveillance for cancer progression, recurrence, or a new cancer. The recommendation of the SCPs is for screening tests to ascertain the disease status. Health promotion, primary or secondary cancer prevention, emotional health, or symptom management need to be considered in these plans–they are often not mentioned. A comprehensive post-treatment assessment should guide the creation of a post-treatment SCP and include more than surveillance. It is important to consider a comprehensive assessment for the early identification of residual, long-term, and late effects. Interventions can then be designed to prevent or reduce the risk of these effects and promote QOL for the survivors when they do occur. A comprehensive plan serves as a guide and roadmap for patients and their families.[4,7]

Background

At the end of active treatment, cancer survivors should receive a screening and risk assessment to identify residual effects, long-term effects, and risks for potential effects based on risks from the type and duration of treatment. In addition, health promotion and disease prevention should be considered. An individualized assessment based on patient characteristics such as age, sex, race, ethnicity, health history, employment status, past cancer treatment, and comorbidities is needed. The assessment must include psychosocial concerns (anxiety and depression), family issues, and overall functioning.[8] The frequency (intensity) and duration of screening (period at risk) should be established as active treatment ends and patient needs exist.

Age at the time of cancer treatment may be considered with patients’ response and type of residual and long-term effects. Patients under 45 years of age will respond differently and have different concerns about infertility, body image, sexual dysfunction, and persistent pain compared with older patients. Late effects that can affect employment are especially problematic to an employed population. For older individuals, physical and functional status, pre-existing and consistent co-morbid conditions, along with site and stage of cancer and treatment approach, are predictors of residual long-term and late.

Survivors who are younger and have lower levels of education, and those who are unmarried/not partnered at diagnosis report lower QOL during the survivorship period. There appears to be racial/ethnic variation in QOL among survivors. Latina women report more physical limitations and African American women report both poorer physical and social well-being but less emotional distress compared with white women.[9]

Enhancing health behaviors for the survivor is essential to long-term QOL. A focus on the patient’s current experiences (symptoms and side