Survivorship and Advocacy

ROS POCHIN
GENERAL AND BREAST SURGEON
As of January 2012, it is estimated that there are 13.7 million cancer survivors in the U.S., representing approximately 4% of the population.

Approximately 15% of survivors were diagnosed 20 or more years ago.

Today, 68% of adults diagnosed with cancer will be alive in five years. Among children, over 75% of childhood cancer survivors will be alive after 10 years.
“Survivorship”

- Tricky concept
- Applies to those who have suffered emotional or physical trauma
- Not necessarily life threatening disease
- Tends to imply only those who have good prognosis and marginalise those with non survivable disease
defines a cancer survivor as someone who is "living with or beyond cancer", namely someone who:

- has completed initial cancer management and has no apparent evidence of active disease;
- is living with progressive disease and may be receiving cancer treatment, but is not in the terminal phases of illness; or
- has had cancer in the past.
National Coalition for Cancer Survivorship

http://www.canceradvocacy.org/resources/cancer-survival-toolbox/

- pioneered the definition of survivor as from the time of diagnosis and for the balance of life, a person diagnosed with cancer is a survivor.

- This expansive definition of "survivor" includes people who are dying from untreatable cancer.

- NCCS later expanded the definition of survivor even further to include family, friends and voluntary caregivers who are affected by the diagnosis in any way.
Living with cancer

- The experience of receiving a cancer diagnosis and any treatment that may follow. During this time, patients will undergoing active treatment.

- Patients and their caregivers may be offered services to help cope with emotional, psychological and financial concerns.
Living through cancer

- is the period following treatment in which the risk of cancer recurring is relatively high. Many patients are relieved that treatment is over, but anxious about no longer seeing their specialist on a regular basis.

- During this stage, patients typically see their specialist two to four times a year depending on their circumstances.
Living beyond cancer

- the post-treatment and long-term survivorship.
- Two out of three survivors say their lives return to normal, one-third report continuing physical, psychosocial or financial consequences.
- During this stage, most survivors go back to the care of their GP. Ideally, they will have developed a long-term health care plan with their specialist to be implemented by their GP.
The end of treatment can be both stressful and exciting. You will be relieved to finish treatment, yet it is hard not to worry about cancer coming back.

"While I was having chemo, I quit doing almost everything. So when treatment ended, the challenge for me was, what am I going to do now with my life? What should I go back to doing?"
Follow-up discussions

- Lymphoedema assessment
- Regular mammography
- Physio/Pink Pilates
- Fit Flamingoes
- Breast reconstruction discussion
- Genetic assessment
- Dietary suggestions
What does it mean?? What is needed?

- Treatment care plan
- Psychosocial support
- Clear follow-up care
- Screening for new cancers/recurrence
- Care co-ordination between GP’s and specialists
- Health promotion education
- Symptom management
- Palliative care
I'd like to know the status of Mrs. Stein in Room 206.

She's recovering well, her condition is good and vitals are stable...

She can go home tomorrow.

Are you a relative of Mrs. Stein?

This is Mrs. Stein, nobody around here tells me anything!
Common Questions

► Should I tell the doctor about symptoms that worry me?
► Which doctors should I see after treatment?
► How often should I see my doctor?
► What tests do I need?
Common Questions

► What can be done to relieve pain, fatigue, or other problems after treatment?
► How long will it take for me to recover and feel more like myself?
► Is there anything I can or should be doing to keep cancer from coming back?
► Are there any support groups I can go to?
Yes, They're Fake
The Real Ones Tried to Kill Me
Support Breast Cancer Advocacy
Breast reconstruction
Principles

- To take patients through from diagnosis to treatment and out the other side
- To ensure that all possible treatment options have been explained and offered as appropriate
- To provide the best cosmetic outcome for each individual patient
- To keep the patient informed and supported throughout their treatment
Oncoplastic Surgery Aim

- Improve breast cancer patients' cosmesis by:
  - Breast re-shaping
  - Volume displacement
  - Volume replacement

- Best cosmetic outcome is to avoid mastectomy
Key is to have a realistic awareness of what is possible

Ensure you are both expecting the same result
Goals

- To create a breast mound
- To achieve normalcy and symmetry with clothes on
- To avoid the need for a prosthesis
Techniques

- There are 3 methods of breast reconstruction
  - Implant based reconstruction
    - One or two stage
  - Autologous tissue reconstruction
    - TRAM
    - DIEPPE
    - IGAP
  - Implant plus autologous tissue reconstruction
    - Latissimus Dorsi
Implant Based Reconstruction

- Stage 1: Placement of tissue expander beneath the pectoralis major muscle
- Stage 2: Exchange of tissue expander for permanent implant
Breast Reconstruction

- Pectoralis muscle
- Butterfly needle
- Port
- Tissue expander
- Chest wall
- Skin
- Implant
Implant Based Reconstruction

**Advantages**
- Quicker procedure
- Shorter recovery
- Choose the size of your reconstruction
- Can provide a very symmetric result for bilateral procedures
- Only one operative site

**Disadvantages**
- Requires multiple procedures and surgeries
- May require revision surgeries
- Visibility and palpability of the implant
- Life-long risk of infection
- Life-long risk of capsular contracture
- Rupture
- Should not be used in the face of radiation
Implant + Flap (lat dorsi pedicle)
Implant plus autologous Tissue

Advantages
- Can be used in patients with previous radiation
- Can be used in patients who are too thin or have had previous abdominoplasty

Disadvantages
- All the risks of implants
- All the risks of using tissue from another part of the body
Pedicled Flap (TRAM flap)
<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>Does not require more than one surgery</td>
<td>Longer procedure</td>
</tr>
<tr>
<td>Uses patient’s own tissues</td>
<td>Longer recovery</td>
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<tr>
<td>Life long</td>
<td>Separate donor site</td>
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<tr>
<td>Wake up with a breast mound</td>
<td>May require revision surgeries</td>
</tr>
<tr>
<td>Best substitute for a natural looking breast</td>
<td>Vascular occlusion</td>
</tr>
<tr>
<td>Secondary abdominoplasty</td>
<td>May lead to abdominal weakness or hernia</td>
</tr>
<tr>
<td></td>
<td>Can be used only once</td>
</tr>
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<td></td>
<td>More scar burden</td>
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Alcohol leads to

- increased mortality
- increased violent deaths
- no increase in CHD/heart disease
- increase rate of certain cancers
  - oesophagus
  - liver
  - throat
  - bowel
  - breast

**EPIC (European Prospective Investigation into Cancer)**

It is studying the links between lifestyle and cancer and involves around 380,000 people in 10 European countries. Accrued 1992-99
Reduce your Risk of Breast Cancer

APPROXIMATELY 232,000 NEW CASES OF BREAST CANCER ARE DIAGNOSED EVERY YEAR IN THE UNITED STATES.¹

1 IN 8 U.S. WOMEN WILL GET BREAST CANCER AT SOME POINT IN THEIR LIVES.¹

INCREASES RISK
- EXCESS BODY FAT
- ALCOHOL

DECREASES RISK
- REGULAR PHYSICAL ACTIVITY
- BREASTFEEDING

AICR estimates that 38% of U.S. breast cancer cases or about 1 in 3 could be prevented by being at a healthy weight, being physically active, avoiding alcohol and breastfeeding.²

That's over 89,000 cases each year that never have to happen.

The Promise of Survival

There are now nearly 3 million breast cancer survivors in the U.S., who are living longer, healthier lives than ever before.¹


The evidence in the latest from the AICR/WCRF Continuous Update Project (CUP), which systematically updates and reviews the research conducted worldwide on cancer risk related to diet, physical activity and body weight. All the evidence gathered is then assessed by a panel of independent scientists who make recommendations for cancer prevention.

This review will be conducted according to the Cochrane Handbook for Systematic Reviews of Intervention. Randomized controlled trials of diet, exercise, or both, compared with usual care, after treatment of breast cancer stage I to III will be included in the systematic review.
The results suggest that a higher consumption of veg and fruit may be associated with \(\downarrow\) risk of breast cancer, esp among women who are less physically active.

No association between diet high in carbohydrate and breast cancer.

Higher intake of sweets and desserts may by associated with \(\uparrow\) risk of breast cancer among women who were less physically active.
Preventing breast cancer with diet

- It may help to prevent breast cancer if you
- Replace animal fats with polyunsaturated fats (in many vegetable oils and margarines) and monounsaturated fats (such as olive oil)
- Eat more isoflavones (found in soy, peas and beans) and lignans (found in vegetables, fruits, grains, tea and coffee)
Eat more fibre from wheat bran, cereals, beans, fruit and vegetables

Make sure you have enough calcium in your diet – from milk and other dairy foods, green leafy vegetables (such as broccoli, cabbage and okra, but not spinach), soya beans, tofu, nuts, bread, and fish where you eat the bones, such as sardines and pilchards

Eat plenty of fruit and vegetables
If you follow these guidelines, you will be eating a healthier diet.

This helps you keep your weight within normal limits and can help protect against a variety of chronic health conditions.

Reducing your alcohol intake can also reduce your risk of breast cancer and other illnesses.
A Survivors wellness plan

- **Quit smoking** - smoking can increase the risk of getting cancer at the same site or another site.

- **Reduce alcohol** - Research shows that drinking alcohol increases your chances of getting certain types of cancers.

- **Eat well.** Healthy food choices may help reduce the risk of cancer or recurrence.
Survivors Wellness Plan

- **Exercise and stay active.** Reports suggest that staying active after cancer can help lower the risk of recurrence and can lead to longer survival. 30 minutes a day can:
  - Reduce anxiety and depression
  - Improve mood and boost self-esteem
  - Reduce fatigue, nausea, pain, and diarrhea
JUST OUTSIDE THE BOX

Juggling work life balance needs.

I'M AFRAID YOU'LL HAVE TO STAY LATE TONIGHT, I WANT YOU TO ATTEND THIS TALK ON WORK-LIFE BALANCE

I've officially reached Counterproductive O'Clock.

Beer me.
Enjoy the little things in life...
...for one day you'll look back and realize they were the big things.

Robert Brault.
The physiological aspects of dying are often important for survivors to understand.

Health care professionals can help initiate discussion about dying by talking about personal experiences.

Sometimes we overlook the fact that people who are dying are also still living, and they may need emotional help to live as fully as possible until the end.
Dying Well - the final stage of Survivorship

- Choices and Control
- Managing Hope and Expectations
- Managing Anxiety and Depression
- To Treat or Not to Treat
- Living with Dying
- Hospice and Palliative Care
- Symptom Management
- Signs of Approaching Death
- Role of Spirituality
- Managing Grief
YESTERDAY IS HISTORY
TOMORROW IS A MYSTERY
TODAY IS A GIFT