

Treatment side effects and Supportive care

Thriving Together: Gynecologic Cancer Survivorship and Beyond

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Disclosures

I have no disclosures.

Except that this is a lot to cover.

Treatment side effects

With a focus on life after treatment

Objectives

- Understand most common chronic treatment side effects
 - Fatigue
 - Neuropathy
 - Cognitive changes
 - Menopausal symptoms
 - Sexual dysfunction
- Describe management approaches
- Identify resources to support rehabilitation

Thinking about “treatment side effects”

- Not all “treatment side effects” are directly related to treatment
- Many of these side effects are **interrelated**

Both of these factors can make management more challenging, but there are opportunities for support and interventions to consider

Fatigue

- Tiredness that doesn't improve with rest
- Too tired to do the things you normally do
- Heaviness in arms and legs
- Can be associated with weakness

- Experienced by 80% of cancer patients




Fatigue: management

- Is there a primary cause? If so, start there
 - Anemia
 - Poor sleep
 - Depression
 - Poor nutrition
- If generalized fatigue
 - Prioritize physical activity (start small, even a short walk)
 - Energy conservation
 - Lower stress
 - Focus on good sleep: 7-8 hrs, only short naps
 - Stimulants as needed

Fatigue: resources

CU Anschutz Health and Wellness Center
School of Medicine [Participate in Research](#)

[HOME](#) [FITNESS](#) [CLINIC & WEIGHT LOSS](#) [RESEARCH](#) [BfitBWell](#) [NUTRITION](#) [WELL-BEING](#) [NEWS](#)



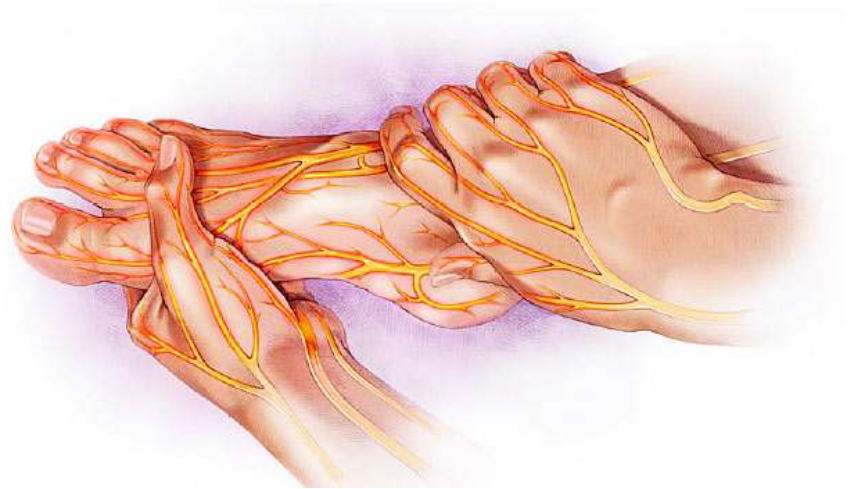
BfitBwell Cancer Exercise Program
Learn the best exercise methods to improve survivorship by taking advantage of a joint initiative between the Anschutz Health and Wellness Center, the University of Colorado Cancer Center and the University of Colorado Hospital. The BfitBwell program is designed to help you decrease fatigue, improve strength and balance, and establish lifelong positive behavior changes.

[Participant Information](#)

- Health and Wellness Center
BFitBWell
 - 3 month program
 - Cancer exercise specialist
 - Access to fitness center 8-4
- UCHealth Oncology
Rehabilitation Program
 - Physical therapy, occupational therapy, speech and language

Neuropathy

- Tingling (“pins and needles” feeling)
- Burning or warm feeling
- Numbness
- Weakness
- Discomfort or pain
- Less ability to feel hot and cold
- Cramps (in your feet)



Opportunity for prevention!

- Cold gloves and booties
- Compression therapy with tight gloves
- Exercise – strength, balance, general movement

Neuropathy: management

- Exercise, physical therapy, occupational therapy
- Acupuncture
- Massage/acupressure
- Vibration therapy
- CBD/THC balm
- Oral medications
 - Duloxetine (Cymbalta), gabapentin (Neurontin), pregabalin (Lyrica)



Neuropathy: prevention of further injury

- Physical therapy
 - Balance, strengthening
- Occupational therapy
 - Sensory changes in hands can impact daily tasks
- Risk reduction:
 - Wear gloves to protect hands if doing work
 - Evaluate your feet, you may not feel small injuries
 - Use walking support if necessary
 - Cover hands in feet in cold weather

Neuropathy: resources

- Physical Medicine & Rehabilitation
- Physical therapy
- Occupational therapy

The screenshot shows the American Cancer Society website. The header includes the logo and navigation links: All About Cancer, Programs & Services, Ways to Give, Get Involved, Our Research, and About Us. A search bar is located in the top right. The breadcrumb trail reads: All About Cancer > Managing Cancer Care > Side Effects > Pain >. The main content area is titled "Peripheral Neuropathy" and includes a "Download Section as PDF" link. A left sidebar lists various cancer care topics under "Managing Cancer Care" and "Side Effects". The main text defines peripheral neuropathy (PN) as a condition caused by damage to the peripheral nervous system, leading to pain, tingling, numbness, or sensitivity. A section titled "What is the peripheral nervous system?" explains that it consists of nerves throughout the body that send signals between the central nervous system (brain and spinal cord) and other parts of the body.

American Cancer Society All About Cancer Programs & Services Ways to Give Get Involved Our Research About Us

[All About Cancer](#) > [Managing Cancer Care](#) > [Side Effects](#) > [Pain](#) >

Managing Cancer Care

- Finding Care
- Making Decisions and Managing Your Treatment
- Treatment Types

Side Effects

- Blood Counts and Blood Clots
- Bowel and Bladder Problems
- Cognitive Problems or Changes in Thinking
- Drinking and Eating Changes
- Mental Health and Distress
- Fertility and Sexual Side Effects

[Download Section as PDF](#)

Peripheral Neuropathy

Peripheral neuropathy (PN) is a condition caused by damage to the peripheral nervous system. It can cause pain, tingling, numbness, or sensitivity, often in the hands or feet.

On this page [show](#)

What is the peripheral nervous system?

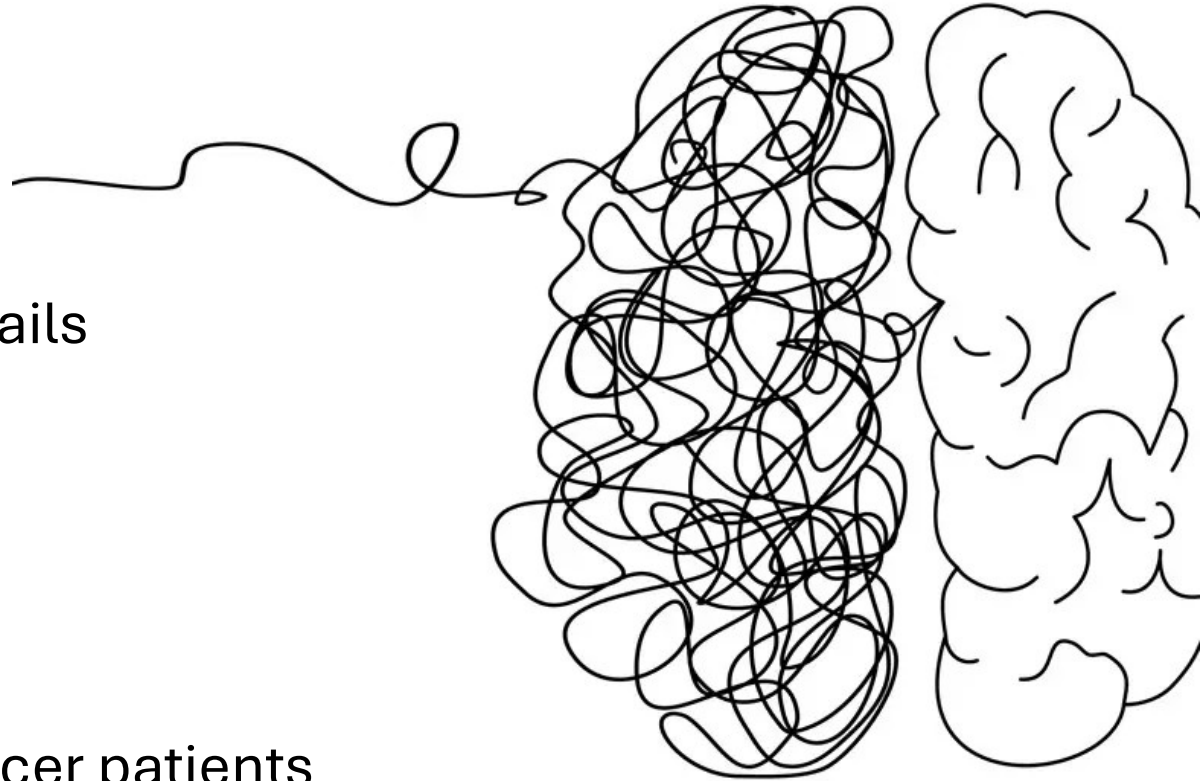
The nerves running throughout your body make up the **peripheral nervous system**. These nerves send signals between the **central nervous system** (the brain and spinal cord) and all other parts of the body.

Cognitive changes

- Word finding difficulty
- Memory lapses
- Difficulty remembering details
- Poor concentration

- “Chemo brain”

- Experienced by 75% of cancer patients



Cognitive changes: management

- Identify exacerbating factors: poor sleep, depression
- **Exercise** – movement is good for your brain, improves thinking and focus
- **Focused or cognitive rehabilitation** – learn new ways to take in and learn information
- **Meditation and movement therapy** – clear your mind, improve focus
- **Cognitive therapy**

Cognitive changes: tips for coping

- Use a planner and set reminders
- Set up routines
- Do your hardest tasks when you have the most energy
- Take breaks
- Exercise your brain
- Prioritize good sleep
- Track your symptoms
- Talk about it

Cognitive changes: resources

- UCHealth Oncology Rehabilitation Program
 - Physical therapists, occupational therapists, and **speech/language therapists**



What to Do for Memory, Thinking, and Focus Changes

Some people with cancer notice changes in how they think before, during, or after cancer treatment. These are symptoms of cognitive impairment, often called “chemo brain” or “brain fog.”



What do changes in thinking feel like?

Many people report that they have trouble remembering things, finishing tasks, focusing, or learning new things.

If you have changes in thinking, you might have trouble:

- Remembering things that you can usually recall
- Focusing on what you’re doing and taking longer to finish things
- Remembering details like names, dates, and events
- Finding common words
- Doing more than one thing at a time without losing track of one of them

These changes can happen at any time when you have cancer. For some people, changes in thinking only last a short time. Other people may have long-term changes.



Can thinking changes be prevented?

There is no known way to prevent thinking changes. They seem to happen more often with high doses of chemotherapy and radiation treatment to the brain. These changes are usually mild and go away over time, so treatment plans are not usually changed.



Things you can do to deal with thinking changes

- Use a **daily planner, notebooks, reminder notes, or your smart phone.**

Keep everything in one place to make it easier to

Menopausal symptoms and sexual dysfunction

Menopausal symptoms

- Hot flashes
- Mood changes
- Weight gain
- Decreased libido
- Cognitive changes

Sexual dysfunction

- Decreased libido/sex drive
- Pain with intercourse
- Fear of intercourse

These symptoms are real and there are options for management to improve quality of life

Talk to your provider about them. We have resources that can help.

Fear and anxiety about recurrence

Addressing the fear of recurrence is considered a **critical unmet need** among cancer survivors


Fear of recurrence

- Repeated focus of emotion and attention on potential cancer-related symptoms that may suggest a disease recurrence or progression
- Persistent worry
- Intensive preoccupation (e.g., repetitive thoughts or concerns)
- Hypervigilance to bodily symptoms
- Intensive apprehensive negative expectations (e.g., thoughts that are difficult to control)
- Consequent disruption of daily activities

Fear of recurrence

- Share your concerns with your provider - early recognition, support, and validation of feelings associated with fear of cancer recurrence or progression can help
- Referral to psycho-oncology

University of Colorado Anschutz Medical Campus Webmail | UCD Access | Canvas | Quick Links | Q



Home > Research > Psycho-Oncology

psycho-oncology program

Oncology Counseling Services

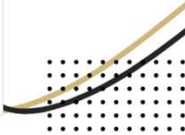
Our team of oncology trained licensed clinical social workers and psychologists work with you to alleviate mental health symptoms associated with cancer care. We first meet with you to assess your unique needs and then develop an individualized treatment plan.

[Learn More](#)

Parenting with Cancer

A therapeutic resource for parents with a cancer diagnosis where you will be able to come together to share and process the unique experiences that come with being a parent and living with a cancer diagnosis, as well as provide psychoeducation and parenting resources.

[Learn More](#)



Bergerot et al, ASCO 2022

Recap

- Fatigue
- Neuropathy
- Cognitive changes
- Menopausal symptoms
- Sexual dysfunction
- Fear about recurrence

There are resources available:

- Oncology Rehabilitation Program
- Physical Medicine and Rehabilitation
- Reproductive endocrinology and gynecology subspecialties
- Psycho-oncology

What else comes to mind for you?

Stretch break



Supportive (palliative) care

Objectives

- Define palliative care and differentiate it from hospice
- Understand evidence-based benefits of palliative care
- Identify resources available through specialty palliative care

Acknowledgement: Dr. Carolyn Lefkowitz

What is supportive, or palliative, care?

Palliative care is **specialized medical care for people living with serious illness**. It focuses on providing relief from the symptoms and stress of a serious illness.

The goal is to improve quality of life for both the patient and the family.

It is appropriate at **any stage in a serious illness** and can be provided along with curative treatment.

Palliative care is an **extra layer of support**.

What is supportive, or palliative, care?

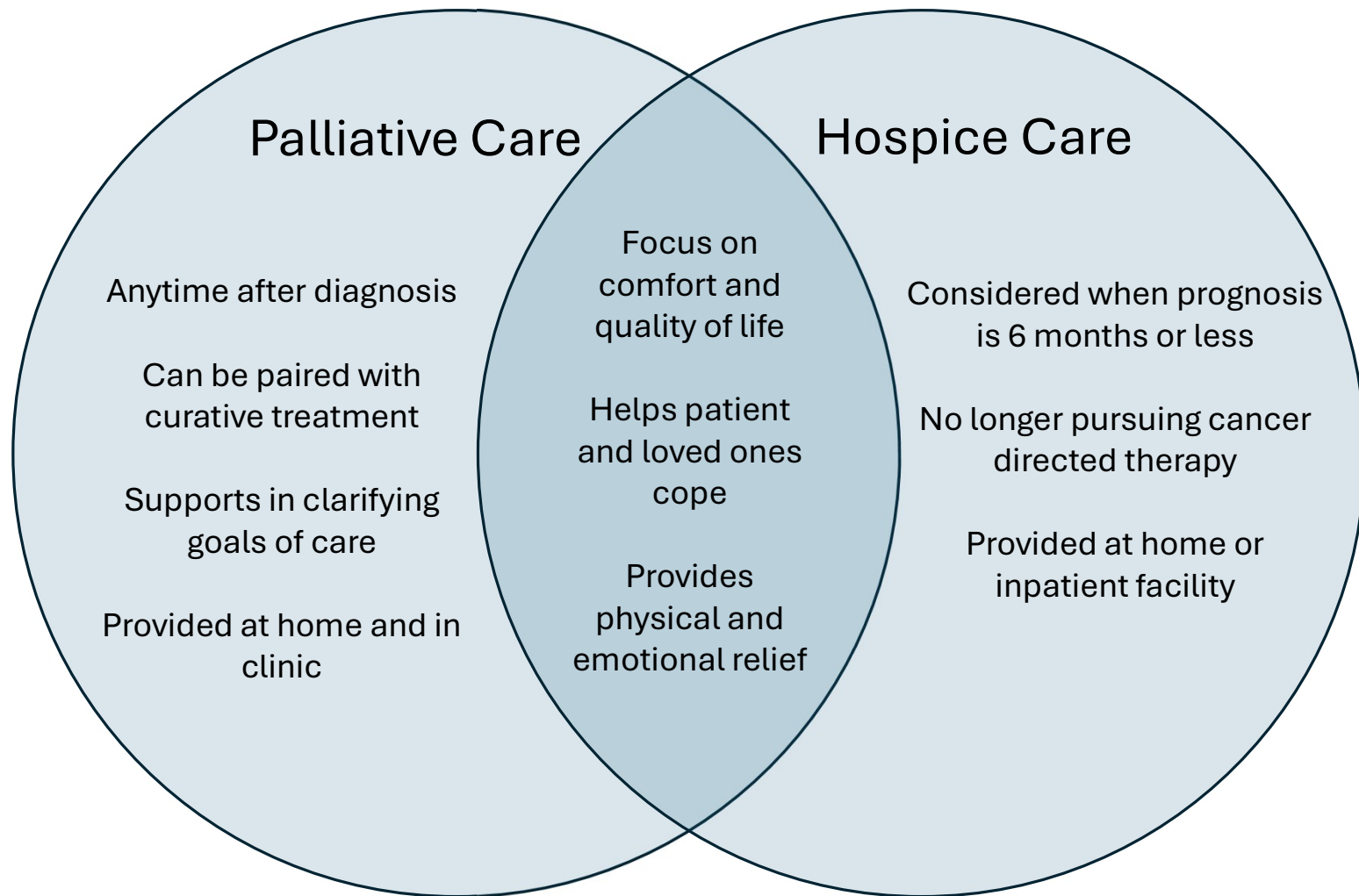
Palliative care **sees the person** beyond the disease.

What is supportive, or palliative, care?

Palliative care is delivered **concurrently** with disease directed therapy

What is supportive, or palliative, care?

Palliative care is **NOT the same** as hospice care.



Palliative Care

Anytime after diagnosis

Can be paired with curative treatment

Supports in clarifying goals of care

Provided at home and in clinic

Hospice Care

Considered when prognosis is 6 months or less

No longer pursuing cancer directed therapy

Provided at home or inpatient facility

Focus on comfort and quality of life

Helps patient and loved ones cope

Provides physical and emotional relief

Components of palliative care

Symptom
assessment and
management

Psychosocial
assessment and
management

Spiritual and
cultural support

Establishment of
goals of care

Communication
and shared
decision making

Advance care
planning

Hospice referral

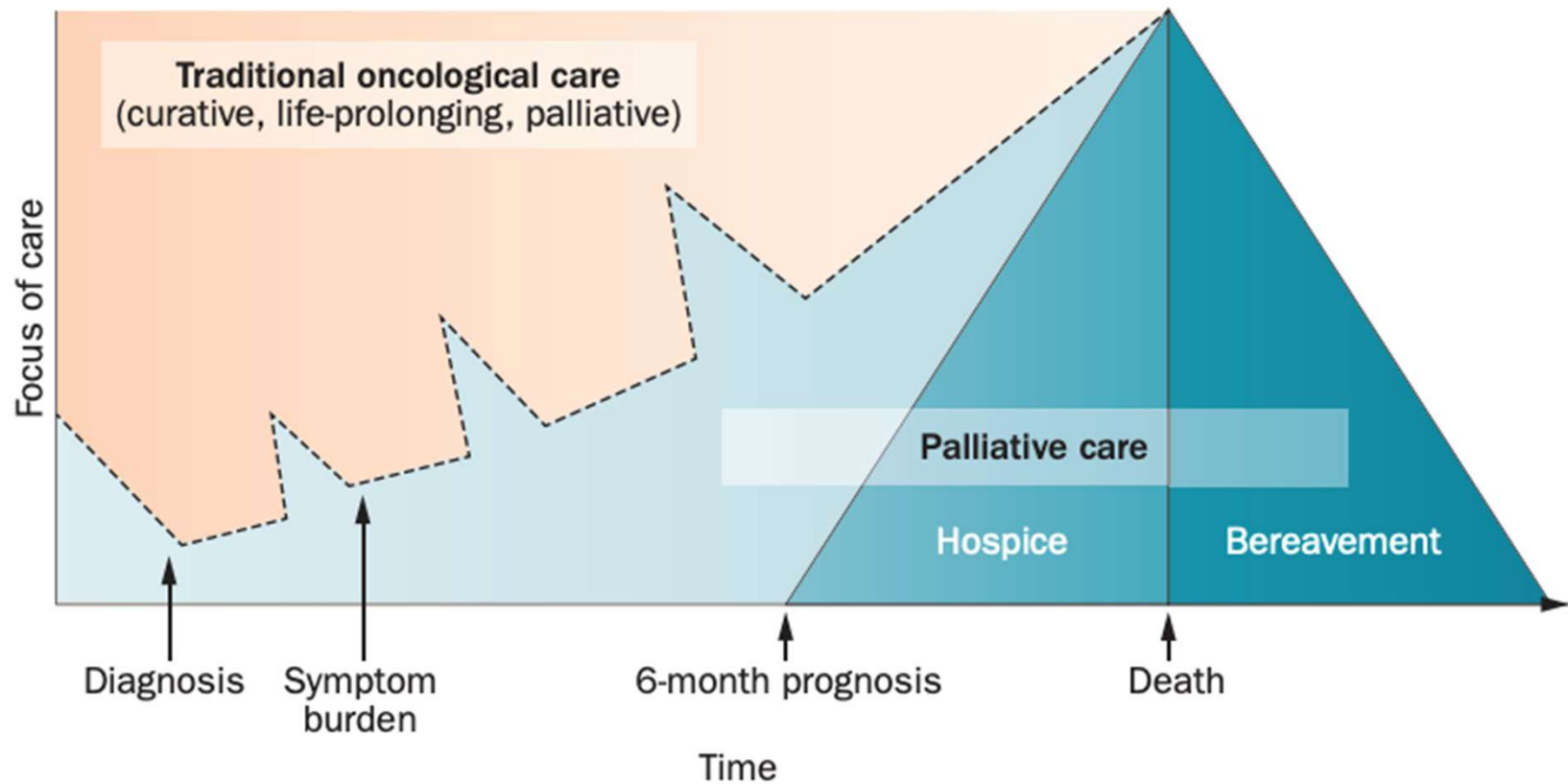
Caregiver
support

End of life care

What happens in a palliative care appointment?

- Appointments are structured to allow for time for conversation and counseling
- Multidisciplinary team: medical provider, social worker, chaplain
- General breakdown
 - Getting to know you and your loved ones
 - Symptom assessment and management
 - Illness understanding and education
 - Establishment of goals of care over time

When to integrate palliative care?



Why integrate palliative care?

- Nonrandomized studies have shown the following benefits without decreased survival:
 - Reduced pain & other distress
 - Improved health-related QOL
 - High patient & family satisfaction with care
 - Increased likelihood of location of death being outside of hospital
 - Reduction in hospital & ICU length of stay

ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

- 151 metastatic lung cancer patients
 - Randomized to routine care or palliative care integrated from time of diagnosis (monthly outpatient visit)
- Palliative care group demonstrated:
 - Improved quality of life
 - Less depression
 - Less aggressive care at the end of life
 - Statistically significant longer survival

Temel et al, NEJM 2010

ASCO Recommends:

Oncology clinicians should refer patients with advanced solid tumors and hematologic malignancies to specialized interdisciplinary palliative care teams that provide outpatient and inpatient care beginning **early in the course of the disease, alongside active treatment of their cancer.**



Sanders et al, JCO 2024

How can you get palliative care?

Primary palliative care – delivered by non-palliative care specialists
(oncologist, primary care provider, etc)

Specialty palliative care – delivered by palliative care specialists
(in the hospital, outpatient visits, home)

Resources

- Your oncologist
- Center to Advance Palliative Care
 - Get Palliative Care (getpalliativecare.org)
 - Provider directory
- Colorado Gynecologic Cancer Alliance

Barriers to integration of palliative care

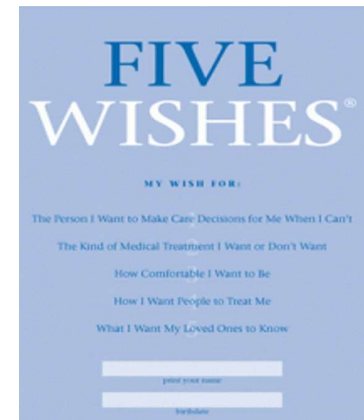
- Limited availability
- Poor reimbursement
- Lack of provider education
 - Survey 29 gyn onc fellowship directors - only half include training for fellows in palliative care
 - 14% written pall care curriculum
 - 48% elective/required pall care rotation
- Lack of understanding of palliative care resources
- Equation of palliative care with end-of-life care
- Challenge of selling the concept of palliative care

Institute of Medicine

One of the greatest remaining challenges is the **need for better understanding of the role of palliative care** among both the public and professionals across the continuum of care **so that hospice and palliative care can achieve their full potential** for patients and their families

Palliative care for you

- Familiarize yourself with palliative care resources
- When speaking with your oncologist:
 - Communicate what is important for YOU
 - How do you define quality of life?
 - Foster prognostic awareness
 - Where are we in the big picture?
 - What is the goal of this current treatment?
 - What is the chance of achieving that goal?
 - What are the expected side effects?
 - Ask for a palliative care referral



Advanced care planning is often a good place to start

- Medical power of attorney
- Five Wishes

Take home points

- Palliative care is an extra layer of support
- Palliative care ≠ hospice care
- Palliative care improves clinical outcomes WITHOUT impacting survival
- Palliative care can be yours through online resources (getpalliativecare.org) and your oncologist

- When is the right time? Why not now?

Anti-cancer treatment + palliative care → improved quality of life

What questions do you have?

Thank you for being here and for your attention

We are here for you.