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GISMa 2024
DIALOGO E CONFRONTO

Aula Magna "Rita Levi Montalcini"
Palazzina Anatomia Patologica
Ospedale di Cattinara

TRIESTE 15-17 MAGGIO 2024

Survivorship

l'altra faccia della medaglia

Marta Bonotto

GPO Senologica

Dipartimento di Oncologia

Azienda Sanitaria Universitaria Friuli Centrale - UDINE

DISCLOSURE OF INTEREST

Marta Bonotto

Personal financial interests (honoraria, consultancy or advisory role):

AstraZeneca, Lilly, MSD, Novartis, Pfizer, SeaGen

Travel grants:

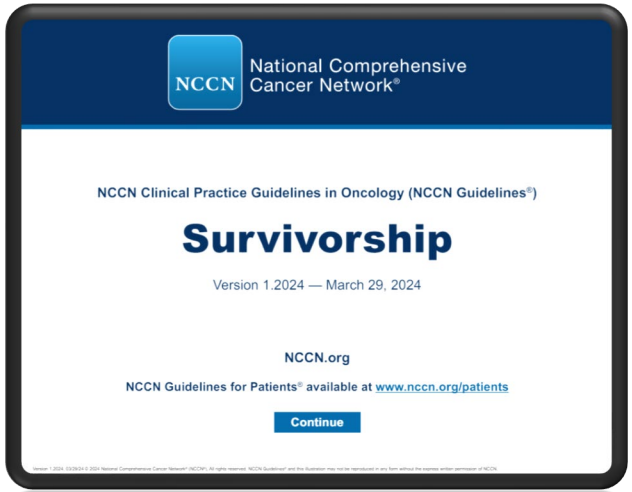
Lilly, Roche

SURVIVORSHIP:
HAVING A COMMON TERM FOR IMPROVING THE CARE

Survivorship starts at the time of cancer diagnosis and continues through life

SURVIVORSHIP:

HAVING A COMMON TERM FOR IMPROVING THE CARE



A.N.D.O.S.

LILT

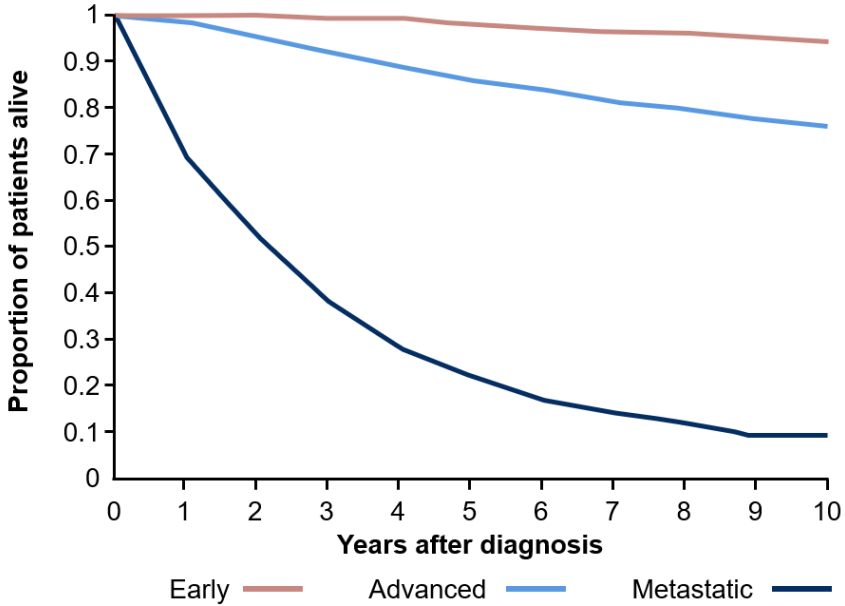
Five-year OS for patients with mBC

Early-stage diagnosis:[1]	Locally advanced disease:[2]	Metastatic disease:[2]
~96%	~85%	~22%

Ten-year OS

Locally advanced disease:[2]	Metastatic disease:[2]
75%	9%

Ten-year OS in patients with early and advanced breast cancer[2a]



[a]Based on a burden of disease study conducted in the Netherlands.
mBC, metastatic breast cancer; OS, overall survival.

1. OECD and European Union. Health at a glance: Europe 2020 edition. Chapter 1: State of health in the EU cycle. Available from: https://www.oecd-ilibrary.org/sites/c63a671a-en/index.html?itemId=/content/component/c63a671a-en#:~:text=For%20women%20diagnosed%20at%20an,38%25%20(Figure%206.21). Accessed November 2023;
2. Vondeling GT, et al. *BMC Cancer*. 2018;18:262.

SURVIVORSHIP:

HAVING A COMMON TERM FOR IMPROVING THE CARE

Survivorship starts at the time of cancer diagnosis and continues through life

CANCER SURVIVORS ARE PEOPLE **FREE** OF CANCER AND THOSE LIVING **WITH** CANCER

SURVIVORSHIP:
HAVING A COMMON TERM FOR IMPROVING THE CARE

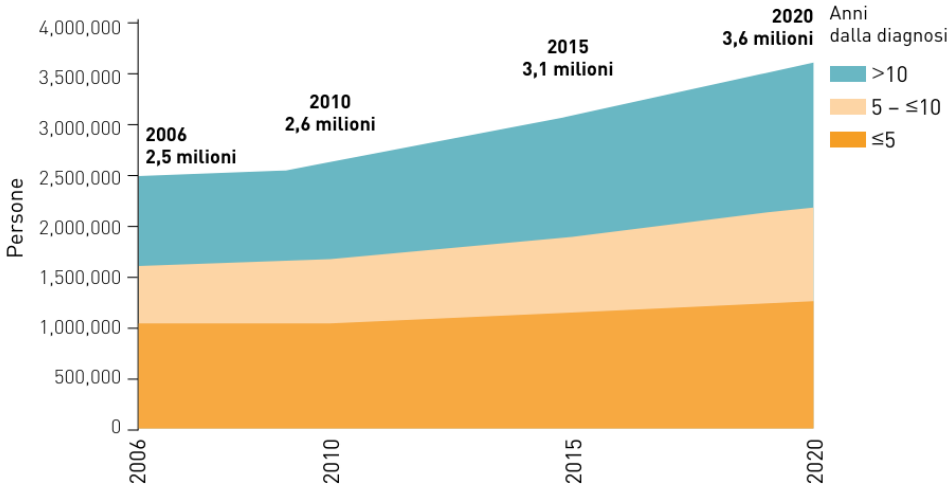


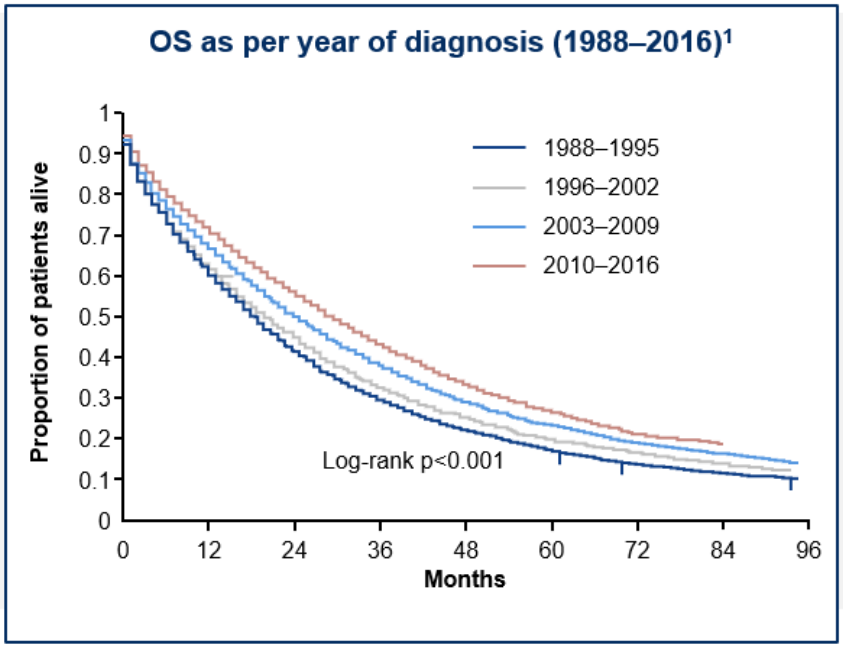
FIGURA 4. Numero di persone che vivono dopo una diagnosi di tumore per tempo dalla diagnosi

Fonte: Modificata da Guzzinati et al 2018

Five-year OS for patients with mBC

Early-stage diagnosis:[1]	Locally advanced disease:[2]	Metastatic disease:[2]
~96%	~85%	~22%

1-year OS has **steadily improved** from **1988** to **2016**
(62% vs 72%)[1]



ADC, antibody-drug conjugate; mBC, metastatic breast cancer; OS, overall survival; PFS, progression-free survival.

1. Taskindoust M, et al. *Ann Surg Oncol*. 2021;28:7441–7449; 2. Miglietta F, et al. *ESMO Open*. 2022;7:100409; 3. Tarantino P, et al. *Nat Rev Clin Oncol*. 2023;20:558–576.

SURVIVORSHIP:
IMPROVING THE CARE

RETURN OF CANCER

SECOND CANCER

LONG TERM EFFECTS

HEALTH PROMOTION

SURVIVORSHIP:
IMPROVING THE CARE

RETURN OF CANCER **SECOND CANCER**

- Surveillance and screening

LONG TERM EFFECTS

- Management of late and long-term effect of cancer and treatment
- Prevention of harmful effect of cancer and treatment

HEALTH PROMOTION

- Coordinated care between providers

SURVIVORSHIP:
IMPROVING THE CARE

- Hormone-related symptoms
- Heart disease
- Lymphedema
- Cognitive dysfunction and mental health
- Sexual dysfunction and Fertility
- Fatigue and sleep
- Pain
- Work challenges

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SURVIVORSHIP:
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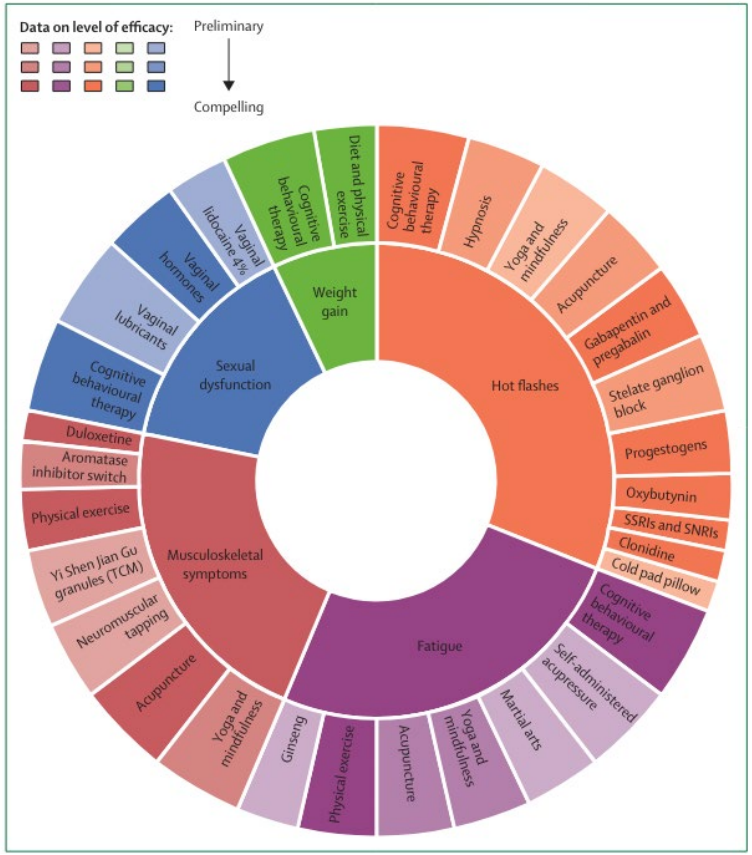
Hormone-related symptoms

Endocrine Therapy

- Tamoxifen
- Aromatase inhibitors
- Ovarian suppression (LHRH analogues) in high-risk premenopausal women
- Extended adjuvant therapy (10 yr vs 5 yr)

WEIGHT GAIN
HOT FLASHES
FATIGUE
SEXUAL DYSFUNCTION
MUSCULOSKELETAL SYMPTOMS

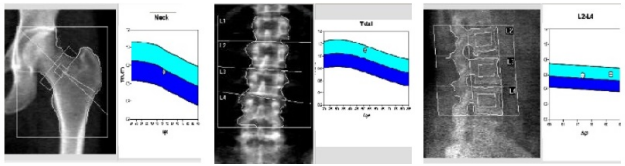


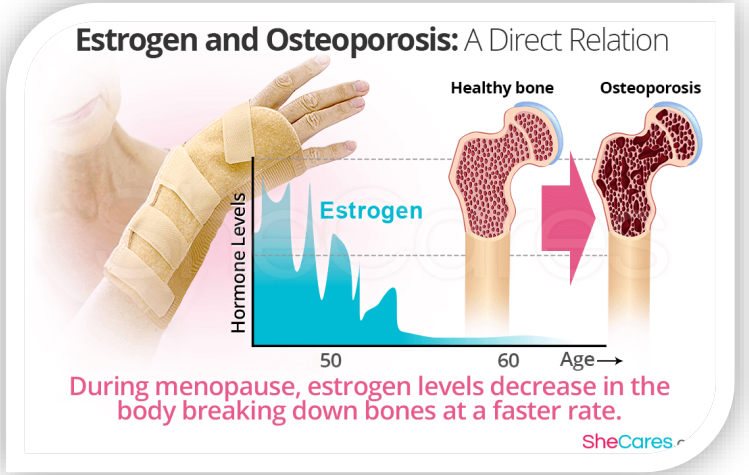
Franzoi et al. Lancet Oncol 2021

Hormone-related symptoms

Bone health: PREVENTION

DXA (DEXA) Scan





Qualità globale delle prove	Raccomandazione clinica	Forza della raccomandazione
Moderata	Per le pazienti con carcinoma mammario operato, recettori ormonali positivi, in terapia ormonale adiuvante in post-menopausa (naturale, chirurgica, da chemioterapia o da LH-RHa), la terapia con farmaci inibitori del riassorbimento osseo per la prevenzione primaria delle fratture ossee dovrebbe essere presa in considerazione sin dall'inizio della terapia ormonale adiuvante per ridurre il rischio di fratture ossee[416–420]	Forte a favore
COI: nessun conflitto dichiarato		

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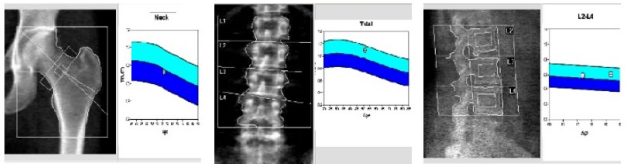
Hormone-related symptoms

Bone health: PREVENTION

DXA (DEXA) Scan



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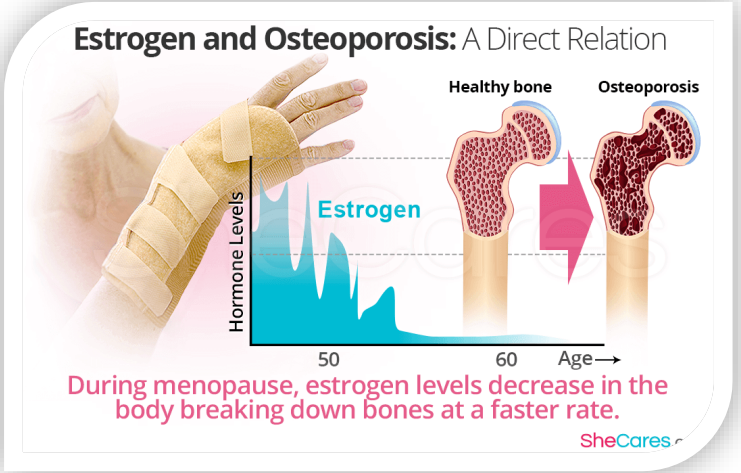
COI: nessun conflitto dichiarato		



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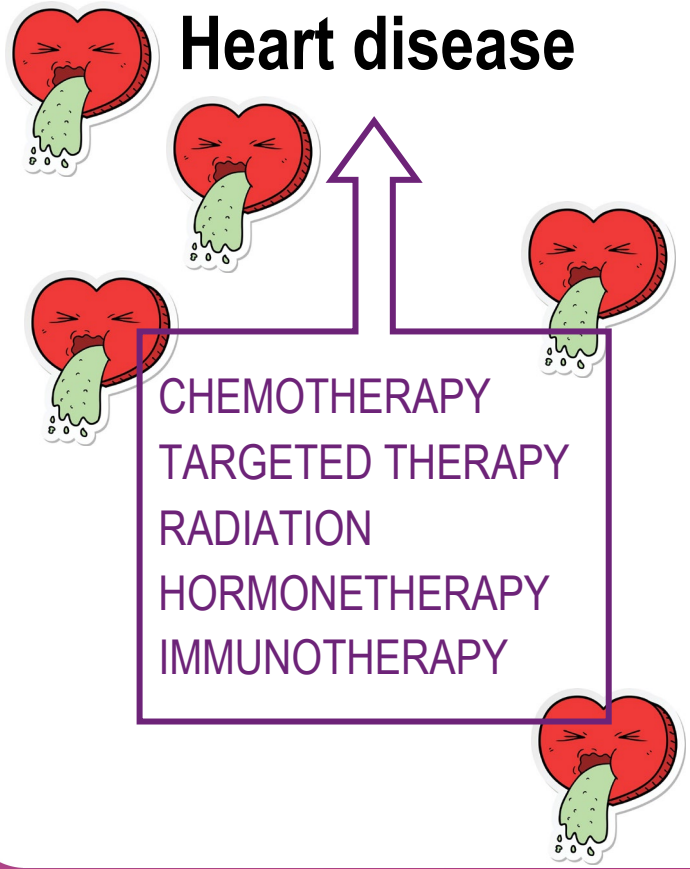
SURVIVORSHIP:
IMPROVING THE CARE

- Hormone-related symptoms
- **Heart disease**
- Lymphedema
- Cognitive dysfunction and mental health
- Sexual dysfunction and Fertility
- Fatigue and sleep
- Pain
- Work challenges

Heart disease



Guide 5 The ABCDEs of heart wellness in cancer survivors	
A	• Awareness of the risk factors and symptoms of heart disease • Assessment of being at risk for or having heart disease • Aspirin if needed
B	• Blood pressure management
C	• Cholesterol management • Cigarettes and other tobacco products are not used
D	• Diet and weight management • Doses of anthracyclines and chest radiation are standard • Diabetes prevention and treatment
E	• Exercise • Echocardiogram, electrocardiogram, or both—if needed

NCCN Guidelines for Patients® Survivorship Care for Cancer-Related Late and Long-Term Effects, 2024 22

SURVIVORSHIP:
IMPROVING THE CARE

- Hormone-related symptoms
- Heart disease
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- Sexual dysfunction and Fertility
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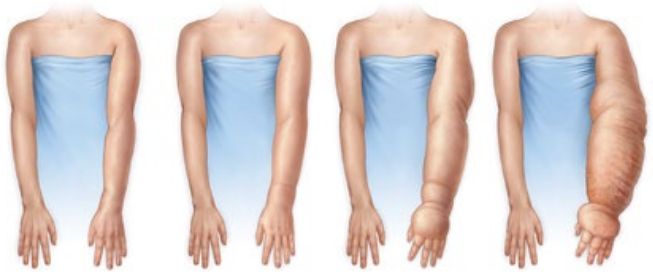
- Work challenges

Lymphedema

Lymphedema

From stage 0 to stage III:
Importance of EARLY DETECTION



Stage 0	No swelling but there may be subtle symptoms, such as: • A heavy feeling in a limb • Feeling of fatigue in a limb
Stage 1	• Swelling can be seen on the side of body that was treated • Swelling in a limb is reduced with elevation • An indent in the skin may occur when pressure is applied (called pitting) • Area with lymphedema is larger, heavier, or stiffer

TREATMENT

- Education about symptoms
- Self-management skills
- Compression
- Progressive resistance training
- Lymphatic massage
- Range-of-motion exercises
- Referral to specialists

SURVIVORSHIP:
IMPROVING THE CARE

- Hormone-related symptoms
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- **Cognitive dysfunction and mental health**
- Sexual dysfunction and Fertility
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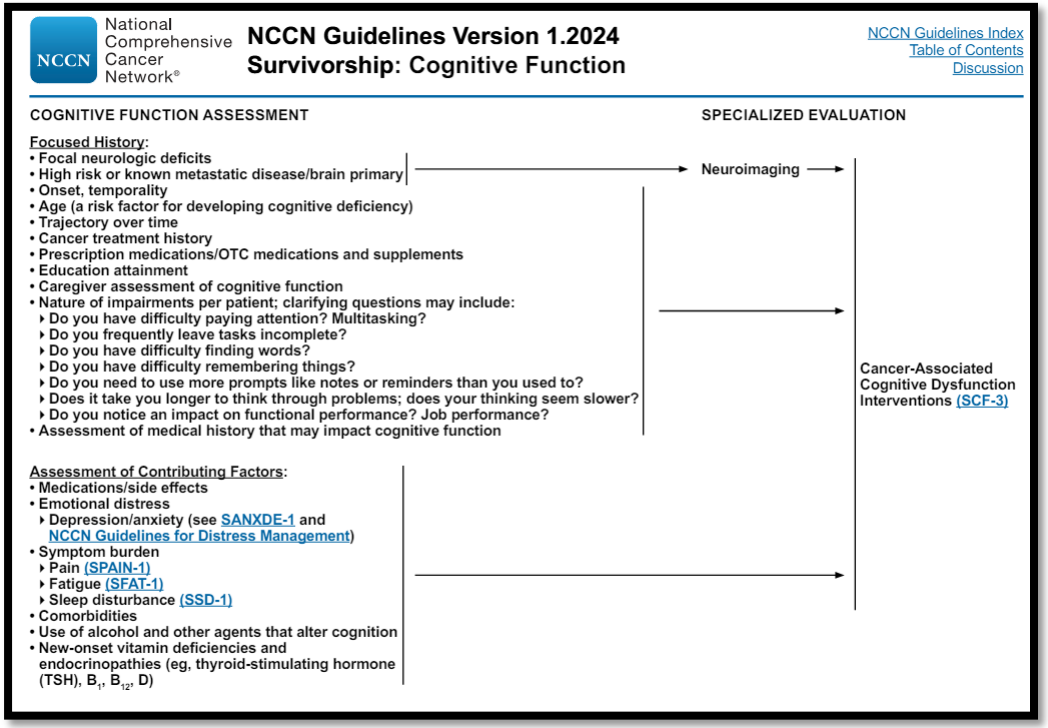
- Work challenges

Cognitive dysfunction and mental health

45% of pts with BC reporting decline in cognitive function



NCCN National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2024
Survivorship: Cognitive Function

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COGNITIVE FUNCTION ASSESSMENT

Focused History:
- Focal neurologic deficits
- High risk or known metastatic disease/brain primary
- Onset, temporality
- Age (a risk factor for developing cognitive deficiency)
- Trajectory over time
- Cancer treatment history
- Prescription medications/OTC medications and supplements
- Education attainment
- Caregiver assessment of cognitive function
- Nature of impairments per patient; clarifying questions may include:
  - Do you have difficulty paying attention? Multitasking?
  - Do you frequently leave tasks incomplete?
  - Do you have difficulty finding words?
  - Do you have difficulty remembering things?
  - Do you need to use more prompts like notes or reminders than you used to?
  - Does it take you longer to think through problems; does your thinking seem slower?
  - Do you notice an impact on functional performance? Job performance?
- Assessment of medical history that may impact cognitive function

Assessment of Contributing Factors:
- Medications/side effects
- Emotional distress
  - Depression/anxiety (see SANXDE-1 and NCCN Guidelines for Distress Management)
- Symptom burden
  - Pain (SPAIN-1)
  - Fatigue (SFAT-1)
  - Sleep disturbance (SSD-1)
- Comorbidities
- Use of alcohol and other agents that alter cognition
- New-onset vitamin deficiencies and endocrinopathies (eg, thyroid-stimulating hormone (TSH), B_1, B_{12}, D)

SPECIALIZED EVALUATION

Neuroimaging

Cancer-Associated Cognitive Dysfunction Interventions (SCF-3)

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TRIESTE 15-17 MAGGIO 2024

Cognitive dysfunction and mental health

National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2024
Distress Management

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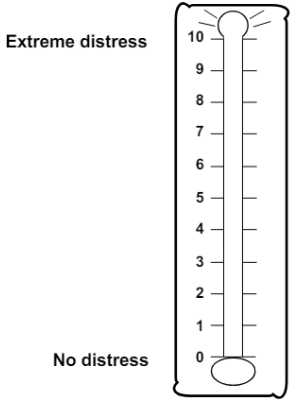
NCCN DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.



PROBLEM LIST

Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns
- ❑ Pain
- ❑ Sleep
- ❑ Fatigue
- ❑ Tobacco use
- ❑ Substance use
- ❑ Memory or concentration
- ❑ Sexual health
- ❑ Changes in eating
- ❑ Loss or change of physical abilities

Emotional Concerns
- ❑ Worry or anxiety
- ❑ Sadness or depression
- ❑ Loss of interest or enjoyment
- ❑ Grief or loss
- ❑ Fear
- ❑ Loneliness
- ❑ Anger
- ❑ Changes in appearance
- ❑ Feelings of worthlessness or being a burden

Social Concerns
- ❑ Relationship with spouse or partner
- ❑ Relationship with children
- ❑ Relationship with family members
- ❑ Relationship with friends or coworkers
- ❑ Communication with health care team
- ❑ Ability to have children
- ❑ Prejudice or discrimination

Practical Concerns
- ❑ Taking care of myself
- ❑ Taking care of others
- ❑ Work
- ❑ School
- ❑ Housing
- ❑ Finances
- ❑ Insurance
- ❑ Transportation
- ❑ Child care
- ❑ Having enough food
- ❑ Access to medicine
- ❑ Treatment decisions

Spiritual or Religious Concerns
- ❑ Sense of meaning or purpose
- ❑ Changes in faith or beliefs
- ❑ Death, dying, or afterlife
- ❑ Conflict between beliefs and cancer treatments
- ❑ Relationship with the sacred
- ❑ Ritual or dietary needs

Other Concerns:

_____

_____

_____

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

DIS-A


QUINDICINALE DI ENIMMISTICA
ROMPICAPO
REBUS (6 1 3 6 2 5)
LA SETTIMANA ENIGMISTICA
1. PAROLE CROCIATE
LA RIVISTA CHE VANTA INNUMEREVOLI TENTATIVI D'IMITAZIONE
È IL PASSATEMPO PIÙ SANO ED ECONOMICO
RTR99
Self-management skills for cognitive problems
There are several things you can do to cope with thinking problems. One strategy is to use memory aids. Use notes, planners, and apps tor remind yourself of your schedule and things to do.
NCCN Guidelines for Patients® Survivorship Care for Cancer-Related Late and Long-Term Effects, 2024
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SURVIVORSHIP:
IMPROVING THE CARE

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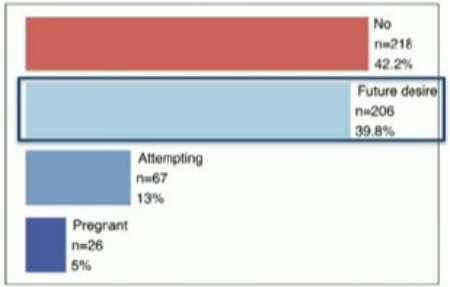
Fertility

Fertility and Pregnancy-related Concerns in Young Women with Breast Cancer

At time of decision making about treatment, concerned about fertility		
Not at all	301	49
A little	83	13
Somewhat	88	14
Very	148	24

→ ≈ 50%

Variable	Breast, n=223
Age at diagnosis, y	36.3±4.0
Age at survey, y	47.1±5.9
Years since diagnosis	10.8±4.5
No. of children before treatment (%)	163 (73)
No. desiring children after treatment (%)	104 (47)



Ruddy KJ et al. J Clin Oncol 2014;32:1151-6. Letourneau JM et al, Cancer 2012;118:1710-7. Mangiardi-Veltin M et al, RBO 2022;44(6):1031-44

Fertility

Safety of pregnancy after breast cancer

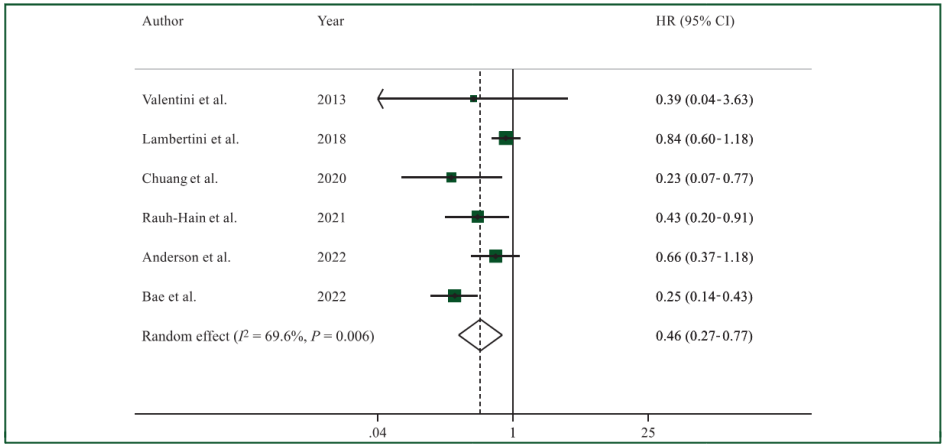


Figure 3. Forest plot describing overall survival of patients who had a pregnancy after hormone receptor-positive breast cancer as compared to the non-pregnancy cohort.
CI, confidence interval; HR, hazard ratio.

Arecco L et al ESMO Open. 2023

SURVIVORSHIP:
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Fatigue and sleep

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Tabella 7. Elementi chiave degli approcci non farmacologici ai disturbi del sonno

Norme igienico-comportamentali	Coricarsi e svegliarsi a orari costanti	
	Attività fisica regolare al mattino e/o al pomeriggio. Evitare l'attività fisica moderata/intensa nelle 3 ore prima di andare a letto.	
	Aumentare l'esposizione a luce intensa durante il giorno. Ridurre l'esposizione a luce intensa (per es. computer, cellulare o altre fonti di luce vicino agli occhi) nelle ore prima di coricarsi e durante la notte.	
	Evitare i pasti pesanti e limitare l'assunzione di liquidi nelle 3 ore prime di andare a letto. Evitare l'alcol e la nicotina prima del momento di coricarsi. Limitare il consumo di caffeina ed evitarne il consumo nelle 4 ore prima di coricarsi.	
	Migliorare l'ambiente del sonno (stanza buia e silenziosa, temperatura confortevole).	
	Abbandonare il più possibile ogni forma di preoccupazione prima di andare a dormire.	
	Evitare di guardare l'orologio quando si è svegli durante la notte.	
	Limitare i sonnellini diurni (al massimo uno, di durata inferiore ai 30 minuti).	
***Cognitive-Behavioral Therapy For Insomnia* (CBT-I)**	Controllo	Associare la camera da letto come luogo dedicato unicamente al dormire o all'attività sessuale.
	Restrizione del sonno	Limitare il tempo speso a letto senza dormire. Mantenere orari regolari nel coricarsi e alzarsi.
	Terapia cognitiva	Superare i pregiudizi e preconcetti del paziente riguardo ai disturbi del sonno.
	Tecniche di rilassamento	Le tecniche includono il rilassamento muscolare, la respirazione profonda, la meditazione, lo yoga, il *biofeedback*

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Work challenges

- ✓Understand your likely ability to work
- ✓Take your personal, family, and financial needs into account
- ✓Learn employer's work policies
- ✓Discuss work accomodation with your employer

Notiziario AIOM

OBLIO ONCOLOGICO: "SÌ A TERMINI PIÙ BREVI IN ALCUNI TUMORI. UN PASSO AVANTI IMPORTANTE NELL'ATTUAZIONE CONCRETA DELLA LEGGE"

29 Apr 2024

La soddisfazione di AIOM e Fondazione AIOM per la pubblicazione in Gazzetta Ufficiale della tabella delle neoplasie con tempi ridotti per il superamento della malattia.

Tipo di tumore	Specificazioni	Anni dalla fine del trattamento
Colon-retto	Stadio I, qualsiasi età	1
Colon-retto	Stadio II-III, >21 anni	7
Melanoma	>21 anni	6
Mammella	Stadio I-II, qualsiasi età	1
Utero, collo	>21 anni	6
Utero, corpo	Qualsiasi età	5
Testicolo	Qualsiasi età	1
Tiroide	Donne con diagnosi <55 anni - uomini con diagnosi <45 anni. Esclusi i tumori anaplastici per entrambi i sessi	1
Linfomi di Hodgkin	<45 anni	5
Leucemie	Acute (linfoblastiche e mieloidi), qualsiasi età	5

ALLEGATO *1*

Tabella delle patologie per le quali è previsto un termine ridotto per il maturarsi dell'oblio oncologico rispetto al limite dei dieci anni (o cinque se diagnosi precedente al compimento del 21° anno di età) dalla fine del trattamento o dall'ultimo intervento chirurgico

WHY IS HEALTHY LIVING IMPORTANT?

"Move every day, eat healthy foods, and reduce your stress. Watch funny movies and hug loved ones often. Spend time in nature. Never lose hope!"

NCCN Guidelines for Patients®
Survivorship Care for Healthy Living, 2024