

Psychosocial/Survivorship issues: Are we doing better ?



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More people are living longer after a cancer diagnosis than ever before, and this in itself can raise unsurmountable problems. Professor Fallowfield in her lecture on survivorship issues looked in particular at the psychosocial aspects of patients with a diagnosis of breast cancer.

Background

There has been a revolution over the last three decades in terms of advances in treatments. There are many more effective treatments and improvements in surgical techniques, with less radical procedures, thus offering better cosmesis, and more satisfactory outcomes. Plus better management of the axilla and radiotherapy techniques. This is really very good news and incredibly encouraging for women, and men, faced with a diagnosis of breast cancer and it means that the prospect of cure or living longer with their disease is very real.

However, Professor Fallowfield argues that “Nothing comes without cost” Many people find that when treatment is finished it isn’t the end of the story. These treatments - radiotherapy, chemotherapy, and hormone therapy can all cause very unpleasant side effects. The problems may be acute or long term, sometimes lasting many years or even a lifetime. Many side effects are not adequately managed, nausea and vomiting used to be the major issue but fatigue has replaced this, and can be unremitting, and constant. Vasomotor symptoms, vaginal dryness, loss of libido, can all severely affect quality of life. The easiest way to treat these side effects is to stop taking the pills which of course is no answer, so this is an area that needs work, which should happen over the next decade. With axilla surgery there is the potential for the severe chronic side effect, lymphoedema, currently treated with compression therapy and massage, but the condition can be debilitating. The main effect being lack of strength and mobility compared to that prior to diagnosis and treatment, therefore prevention of this is the key. Communication with the patient has become so complex with the advent of new information/knowledge, and these days’ attitudes have changed in so that

the clinician and the patient engage in much more interactive two sided way referred to as shared decision making. This is a good move but can bring problems. It's a huge order to put complex disease into simple lay language, at a time when the patient is more often than not completely overwhelmed with the diagnosis of cancer.

To come back to fatigue, this symptom can affect so many areas, not least impaired concentration, leading to poor quality of life (QoL). As opposed to previous thinking, there is now a great deal of evidence to show that exercise is very important in helping with fatigue and the "feel good factor". Aerobic exercise has been shown to be beneficial to breast cancer patients, but not enough research has been done yet into how much, or the timescale – when to start or for how long.

A diagnosis of cancer brings with it anxieties and depression. Professor Fallowfield listed the questions Why Me ? Will I die ? What shall I tell the children ? How will I look – will I lose my hair ? There's growing awareness of not only the physical but psychological aspects of the disease, partly due to raised awareness by formal and informal advocacy groups, so a shift in focus to the whole woman. There's a huge impact when a woman has a diagnosis of breast cancer, and faces a real risk of the cancer returning with implications for family and friends, and shouldn't just be left to charities to pick up on. Most oncologists are good at talking about the big physical consequences, but less good at talking about pain or sleeplessness, or the psychological effects that can occur. These things definitely aren't minor and people need support and help to cope with them.

Particularly following on from treatment, patients often have to cope with all the side effect issues without professional advice or support.

The other area that Professor Fallowfield discussed was "survivorship" in metastatic disease. Most survivorship focuses on early breast cancer, and hardly touches on metastatic breast cancer. This brings up the question of quality of life over quantity, and of particular note is the pain of it all, for instance skeletal pain interferes with function and can often be inadequately treated. New treatments which increase progression free survival (PFS) may not be of sufficient value to patients with advanced stage disease who have poor quality of life overall. Metastatic breast cancer is indeed a neglected area and there needs to be a focus on research to look at improving support services as well as better and timelier management of pain. Then the patient will not only live longer but will have a better quality of life also.

Conclusion

Professor Fallowfield concluded by saying that undoubtedly we are getting better at addressing these important issue but there's still a way to go. And yes, the huge advances in cancer treatment over the past few years mean that far more patients survive, yet there is an increasing need for post-treatment support. There is a great need to include support services and survivorship in care plans,

and to identify and target them to patients who most need particular kinds of support. Not just the same plan and not just a little bit of it to everyone. There has to be global access to the best treatments and systematic monitoring to permit early implementation of evidence based interventions.

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References:

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