Care of Cancer Survivors

We are seeking an author or author group to write a manuscript for this edition of *FP Essentials™* that will update family physicians about care of cancer survivors. This edition will cover four topics:

1. Mental Health of Cancer Survivors
2. Nutrition and Exercise for Cancer Survivors
3. Special Issues for Prostate Cancer Survivors
4. Special Issues for Colorectal Cancer Survivors

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each with an abstract of 200 words maximum for each section. In addition, there should be key practice recommendations, a maximum of 15 tables and figures, suggested readings, and a single reference list with up to 200 references to provide support for all factual statements in the manuscript.

The edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references here include information that should be considered in preparation of this edition. However, these references are only a useful starting point.

**Needs Assessment:** Cancer survivors need cancer surveillance and routine health maintenance. Of critical importance is the need to address mental health issues related to a cancer diagnosis and remission, to provide guidance for appropriate nutrition and exercise after treatment, and to address social determinants of health and barriers to care. When a patient is diagnosed with cancer, the role of the family physician may decrease as the patient’s care is directed by an oncology subspecialty team, but the importance of coordinating care remains. Prostate and colorectal cancer have complex treatment regimens, a high potential for adverse effects and complications from therapy, and substantial posttreatment impact on health-related quality of life. Family physicians have expressed a need to learn more about cancer survivor care. In a survey of American Academy of Family Physicians (AAFP) members, cancer survivor care was in the top third of topics for which there is a gap between the topic’s importance to practice and members’ knowledge and skill about the problem. The aim of this edition is to narrow those knowledge gaps and to build clinician confidence regarding the unique challenges in cancer survivor care.
Section 1: Mental Health of Cancer Survivors

Example case: JA is a 37-year-old man with a history of chronic myelogenous leukemia (CML) that has been in remission for several months. Overall, JA feels well, has returned to work, and engages in regular exercise. Today, JA comes to your office to discuss worsening moods and symptoms of anxiety and depression because of worries about CML recurrence.

Key questions to consider:

- What is the prevalence of mental health conditions in cancer survivors? How does this compare with the general population?
- Which mental health conditions are most common in cancer survivors? How do these conditions vary across various cancer diagnoses, long-term prognosis, ages, sexes, and populations?
- When should cancer survivors be screened for mental health conditions? What screening tools are recommended, and how effective are they in decreasing important mental health issues (eg, depression, anxiety) for cancer survivors?
- How is posttraumatic stress disorder different in cancer survivors compared with the general population?
- What are the unique and unmet mental health needs of cancer survivors? What are the barriers for cancer survivors in receiving appropriate mental health and social services?
- Is there a proven direct relationship between cancer treatment (eg, chemotherapy, surgery, radiation therapy) and the development of mental health conditions?
- What are the mental health implications for cancer survivors who return to work?
- What is the role of family physicians in the care of cancer survivor with mental health conditions? How does this differ from the role of the oncology subspecialist team?
- What are the current recommended treatment options for mental health conditions in cancer survivors? How does treatment vary compared with general population?
- What is the role of telehealth-based mindfulness strategies and cognitive behavioral therapy for cancer survivors? How effective are these interventions?
- What public health initiatives exist to address mental health conditions in cancer survivors?
- What home health services exist for mental health therapy? What are the indications for this care modality?
- What community-based mental health resources and services are available exclusively for cancer survivors? What is the role of support groups in the treatment of mental health conditions in cancer survivors, and how effective are they?

Initial references to consider:


Section 2: Nutrition and Exercise for Cancer Survivors

Example case: ZR is a 48-year-old woman with a history of breast cancer that was treated with a right radical mastectomy and chemotherapy. She was previously healthy and very physically active, but cancer treatment caused her to lose approximately 25% of her baseline body weight. She is taking tamoxifen and states that she has a decreased appetite, diminished taste, and chronic fatigue that limits her ability to exercise.

Key questions to consider:

- What is the prevalence of nutritional conditions in cancer survivors? How does this compare with the general population?
- Which nutritional deficiencies are most common in cancer survivors? How do these deficiencies vary across cancer diagnoses, ages, sexes, and populations?
- How often do cancer survivors gain or lose an inappropriate amount of weight? With which types of cancers is that most likely to occur?
- What are the unique and unmet dietary and exercise needs of cancer survivors? What are the barriers for cancer survivors to receive appropriate nutrition and exercise services?
- What are the current dietary guidelines and recommendations for cancer survivors? How do these guidelines vary for cancer patients who have undergone surgery, chemotherapy, radiation therapy, and combination therapy?
- Is there a proven direct relationship between specific cancer treatments (eg, chemotherapy, surgery, radiation therapy) and the development of nutritional deficiencies?
- What should family physicians do if cancer patients lose an inappropriate amount of weight?
- What guidelines exist for exercise for cancer survivors? How do these guidelines vary across cancer diagnoses, ages, sexes, and populations?
- What is the relationship between exercise and quality of life in cancer survivors?
- What behavioral health interventions have proven success in improving nutrition and exercise in cancer survivors?
- What integrative medicine approaches to nutrition in cancer survivors have proven efficacy?
- What is the role of the family physician in the care of cancer survivors’ nutrition and exercise needs? How does this differ from the role of the oncology subspeciality team?
- What factors limit adherence to recommended dietary and exercise recommendations in cancer survivors with devices affecting the gastrointestinal tract (eg, colostomy, percutaneous gastrostomy tubes) and/or those without such devices?
- What is the role for telehealth-based dietary and exercise strategies for cancer survivors? How effective are these interventions?

Initial references to consider:


• Schwartz AL, de Heer HD, Bea JW. Initiating exercise interventions to promote wellness in cancer patients and survivors. *Oncology (Williston Park).* 2017;31(10):711-717.


Section 3: Special Issues for Prostate Cancer Survivors

Example case: EB is a 66-year-old man with a history of Gleason (4 + 3 = 7) metastatic prostate adenocarcinoma who has undergone a radical prostatectomy and currently is receiving androgen deprivation therapy with leuprolide for metastatic disease. Since the surgery, he has had urinary incontinence, erectile dysfunction, and fatigue. He admits that his quality of life has suffered and is concerned that he will continue to have a functional decline in the years to come.

Key questions to consider:

- What is the burden of prostate cancer survivorship on the health care system?
- What are the health priorities for prostate cancer survivors and their partners?
- What is the role of the family physician with respect to follow-up care; health promotion and maintenance, including screening for new cancers and conditions; and coordination of care with the prostate cancer subspecialist and treatment team?
- What is the prognosis for prostate cancer survivors according to stage and treatment?
- With what frequency and duration should the prostate-specific antigen (PSA) be monitored?
- What are the common adverse effects and complications of prostate cancer treatments (eg, surgery, androgen deprivation therapy, radiation therapy, chemotherapy)?
- What is known about health-related quality of life in prostate cancer survivors? What are the key factors that may decrease quality of life?
- What are the common sexual dysfunctions experienced by patients after prostate cancer treatment, and how are they best managed?
- Which adverse effects of prostate cancer treatments should family physicians be comfortable in managing? Which adverse effects should be managed by the prostate cancer subspecialist and treatment team rather than the family physician?
- What strategies exist to optimize the care of prostate cancer survivors?
- What factors affect the ability to return to work (versus disability) for survivors of prostate cancer?
- What does self-management involve for prostate cancer survivors? How effective is it?
- What is the relationship between socioeconomic status and mental health in prostate cancer survivors?
- What is the role of telehealth in prostate cancer survivorship care?
- What evaluation and treatment options should be offered in the prostate cancer survivor with a rising PSA?
- What is known about treatment decision regret versus acceptance in prostate cancer survivors?

Initial references to consider:

Section 4: Special Issues for Survivors of Colorectal Cancer

Example case: AR is a 52-year-old man with a history of stage 3 colorectal cancer diagnosed 1 year ago who has undergone sigmoid colon resection and adjuvant chemotherapy and is now in remission. AR reports a lower quality of life than before being diagnosed with cancer, but hopes to eventually return to work in a factory.

Key questions to consider:

- What is the burden of colorectal cancer (CRC) survivorship on the health care system?
- What are the health priorities for CRC survivors and their partners?
- What is the role of the family physician with respect to follow-up care, health promotion, and maintenance, including screening for new cancers and conditions, and coordination of care with the CRC subspecialist and treatment team?
- What are the current guidelines for surveillance of CRC survivors?
- What is the prognosis for CRC survivors according to cancer stage and treatment?
- After a patient undergoes CRC treatment, with what frequency and duration should the carcinoembryonic antigen (CEA) be monitored? How often and for how long should colonoscopies be continued? What evaluation and treatment options should be offered to the CRC survivor with a rising CEA?
- What are the common adverse effects and complications of CRC treatment (eg, surgery, radiation therapy, chemotherapy)?
- Which adverse effects of CRC treatment should family physicians be comfortable in managing? When should these adverse effects be managed by the family physician versus the CRC subspecialist and treatment team?
- What strategies exist to optimize the care of CRC survivors?
- What factors (eg, age, sex, location of cancer, sexual orientation) affect the recommended follow-up care for patients with CRC?
- What advice can be provided to patients about dealing with issues, such as early menopause, sexual dysfunction, anal intercourse, diarrhea, and fecal incontinence.
- What are the issues faced by patients who have a colostomy after CRC therapy? How can or should they be managed?
- What factors affect the ability to return to work (versus disability) for CRC survivors?
- What is known about health-related quality of life in CRC survivors?
- What is the role of self-management for CRC survivors? How effective is it?
- What is the relationship between socioeconomic status and mental health in CRC survivors?
- What is the role of telehealth in CRC survivorship?
- What is known about treatment decision regret versus acceptance in CRC survivors?

Initial references to consider: