The Contact Nurse Navigators Role in Cancer Rehabilitation and Survivorship

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There are no benign therapies. All treatment is potentially toxic and some therapy may itself be carcinogenic. People are living long enough to manifest the health consequences of efforts to cure or control their cancers. Who amongst our clinicians is responsible for helping us watch out for those consequences for the balance of our lives?

Jessie Gruman, 2011
Who Is a Survivor?

- “From diagnosis through the balance of life…”
  - Expanded to include family, friends, and caregivers
- Some individuals don’t like the term or don’t consider themselves a “survivor”

National Coalition for Cancer Survivorship; [www.canceradvocacy.org](http://www.canceradvocacy.org); retrieved 12/28/18
The Changing Demographics of Cancer Survivors

- The majority of survivors diagnosed today can expect to survive $\geq 5$ years (67%)
- 15% diagnosed 20 or more years ago
- 5% are younger than 40 y/o
- 46% $\geq 70$ y/o
- Treatments are increasingly complex and multi-modal
- For many, cancer is a chronic illness

What Survivors Tell Us…

- They want to know how to reduce the morbidity and mortality associated with their diagnosis
- They are also worried about the health as well as the impact on their family members
- They want to work with their healthcare providers to address these issues, but are frustrated that these individuals often have little to offer them in this regard
- The diagnosis of cancer may present a ‘teachable’ moment

Contact Nurse Navigator Tasks

- **Program**
  - Define survivor
  - Community Needs Assessment
  - Determine Metrics
  - Budget/Staffing
  - Relationship building/collaborations

- **Survivor**
  - Assess survivor/family needs
  - Serve as liaison between oncology/survivor/PCP
  - Ongoing Surveillance/Risk Reduction
  - Survivorship Care Plan
What Do Survivorship, Rehabilitation, and Palliative Care Have in Common?
Rehabilitation

Supportive and Palliative Care

Seasons of Survivorship

**Acute Survivorship**
- Initial Diagnosis
- Testing, Staging
- Treatment

**Extended Survivorship**
- Recovery from initial treatment
- Watchful Waiting
- Surveillance with Medical Testing
- Recovery, Coping, Fear

**Permanent Survivorship**
- Less focus on cancer
- Returned sense of permanence
- Coping with late & long-term medical, emotional, social, and other “fall-out”

Mullan, 1986
Proposed Model for “Seasons of Survivorship”

- Acute Survivorship
- Transitional Survivorship
- Extended Survivorship
  - Maintained Remission
  - Cancer Free
  - Living with Cancer

- Permanent Survivorship
  - Cancer Free-Free of Cancer
  - Long-Term/Late Problems
  - Second Cancers
  - Secondary Cancers

Miller, Merry, & Miller, 2008
Navigation for patients in “acute survivorship”

- Anticipate, mitigate, & manage symptoms
- Assess survivor for-
  - Co-morbidities
  - Overall health status (obesity/tobacco use/functional status)
  - Social Determinants of Health [living arrangements/finances…)
  - Age-related changes
  - Information needs
  - Anxiety, fear, depression
  - Residual and lingering symptoms
  - Threats to fertility
  - Actual and potential long-term and late effects
  - Potential and actual barriers to reaching the best outcomes
Establish Environment & Communication Strategies Conducive to Shared Decision Making

• Consider the context in which decision-making occurs:
  • Patients’ & carepartner’s emotional readiness
  • Levels of health literacy and numeracy
  • Clinician’s beliefs and values around patients’ roles in decision-making and communication skills
  • Clinician’s perception of patients’ life expectancy
  • Clinician’s understanding of patients’ beliefs, values, and wishes
Navigation for patients in “extended survivorship”

- Surveillance and Health Promotion:
  - Medical history and physical exam every 3 to 6 months for 3 years, then every 6 months for 2 years, then annually
  - Specific imaging tests/lab work recommendations are disease specific
  - As appropriate, refer to genetic counselors
  - Implement healthy lifestyle changes
  - Encourage survivors to report any new or persistent symptom
  - Continue with regular medical and dental screenings
Identify and Discuss Potential Treatment-Related Long-term and Late Effects

• Provide patient & caregiver information crucial to informed & shared decision-making
• Provide information and education to facilitate adherence to the treatment regimen
• Provide information and education to facilitate adherence to follow-up
Assess for Issues of Sexuality & Sexual Function

• Sexual dysfunction is a common and enduring sequela of cancer treatment
• Estimates indicate half of women survivors of breast and gynecologic cancers have severe and long-lasting sexual problems
• Adolescent and Young Adult (AYA) survivors, both male and female, report low satisfaction with sexual function, particularly when combined with depression
• Consider psychological rehabilitation support during and after cancer treatment
• Recommend critical elements of AYA-specific, developmentally appropriate psychosocial care be made available to this population:
  • Fertility and sexuality counseling
  • Programs to maximize academic and vocational functioning
  • Financial support
Rehabilitation

- Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled.

Prehabilitation

- A process on the cancer continuum of care that occurs between the time of cancer diagnosis and the beginning of acute treatment… includes physical and psychological assessments that establish a baseline functional level, identify impairments, and provide interventions that promote physical and psychological health to reduce the incidence and/or severity of future impairments.

Value of Prehabilitation in Oncology Care

- Improved physical function is linked to improved psychological health and QoL outcomes.
- Survivor’s improved ability to function decreases financial burden r/t occupational.
- Patient-centered care encourages newly diagnosed persons to participate in preparing themselves for rigors of treatment.
- Survivors’ active participation in strategies aimed at improving health outcomes is empowering and may have lasting positive effects throughout life.
- Safely navigating the oldest and sickest patients through the cancer care continuum [is imperative] to improving health status may reduce complications and increase the likelihood that the patient will recover w/o hospital readmission.

Examples of Multimodal Prehabilitation Interventions

- **Lung Cancer**
  - Breathing exercises
  - Balance exercises
  - Total body strengthening
  - Cardiovascular exercises
  - Smoking cessation

- **Prostate Cancer**
  - Pelvic floor exercises
  - Balance exercises
  - Nutrition
  - Smoking cessation
  - Psychosocial support & stress reduction

- **Head and Neck Cancer**
  - Swallowing exercises
  - Balance exercises
  - Cervical ROM
  - Stress reduction strategies
  - Smoking cessation

- **Breast Cancer**
  - Shoulder & cervical ROM
  - Upper body strengthening exercises
  - Total body strengthening
  - Nutrition
  - Smoking cessation
  - Psychosocial support & stress reduction
Nutritional Assessment & Interventions

- The prevalence of malnutrition among people with cancer is noted as 39%, and is a predictor of toxicities and increased morbidity in people with cancer.
- Pre-operative low albumin level is correlated with worse outcomes – particularly post-operative wound healing.
- BMI > 30Kg/m² increases post-operative risks of venous thromboembolism, lymphedema, reduced healing.
Distress & Mental Health

• The incidence of cognitive distress and suicide is higher among patients with some cancers than that of distress in the general population, and is increasingly recognized as a public health challenge.

• It is recommended that patients with high risk of suicide be identified as early as possible, with appropriate action plans initiated proactively.
Ostomy Considerations

• Stoma outcomes negatively affect quality of life of the person with the stoma and their caregivers

• Stoma-related quality of life issues & patient-identified priorities: pouch leak problems, stoma appliance problems, and risk of hernia

• Marking optimal stoma location pre-op enhances likelihood of patients’ independence in stoma care, predictable pouching system wear times, resumption of normal activities, and improved QoL
According to its standard definition, palliative care involves providing relief of distressing symptoms. Palliative care has an important place throughout the cancer continuum.

- Presenting symptoms
- Anxiety, distress, uncertainty
- Diagnostic & staging processes
- Painful &/or distressing co-morbidities
- Treatment-related toxicities
- Fatigue
Summary

• Rehabilitation & survivorship begins at diagnosis

• Cancer is a chronic disease

• Treatment related side effects may linger on or appear years later

• Rehabilitation & survivorship is not a linear process

• Survivor education must be ongoing & include signs/symptoms to report to their health care team
Thank you!

“Cancer invades not only your body but every other area of your life. After treatment, although you may survive, you may be left with damage. The heart and other organs. The immune system. Emotions. Finances. Intimacy. Stress. Fatigue. There’s almost no place the tentacles of cancer don’t reach.”

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References


References


References


