The Nurses’ Guide to “Surviving” Patient Transition from GYN Oncology to Primary GYN

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Overall Goal & Objectives

At the end of the presentation, the learner will be able to:

Understand the unique needs of the gynecologic cancer survivor during transition from active treatment to primary care health promotion.

Objectives:
1. Define gynecological cancer survivorship.
2. Identify common health concerns of the gynecological cancer survivor.
3. Apply evidence-based guidelines to promote health among gynecological cancer survivors.
Who’s a Cancer Survivor?

"An individual is considered a cancer survivor from the time of cancer diagnosis through the balance of his or her life." — National Coalition for Cancer Survivorship

- >1 Million women with a primary gynecologic malignancy
- Gynecologic cancer is the 4th most common cancer in women

Survivorship Care

- A coordinated, interdisciplinary phase of cancer care for survivors that incorporates health promotion through prevention and detection of new cancers, cancer recurrence, or cancer spread.
- The distinct phase of care includes:
  - Prevention and detection of new cancers and recurrent cancer
  - Surveillance for cancer spread, recurrence, or second cancers
  - Intervention for consequences of cancer and its treatment
  - Coordination between specialists and primary care providers to ensure that all of the survivor’s health needs are met.
Survivorship Care Transition

- After completion of treatment (Surgery, Chemotherapy, Radiation)
  - Initial phase of long-term follow-up care (with GYN Oncology)
    - Focus on surveillance and disease-specific care
    - Routine based on specific cancer
  - Transition from initial phase into survivorship-focused care
    - Risk-based screening and health promotion (GYN Oncology Survivorship Clinic)
  - Transition back into the primary GYN setting
    - Ongoing surveillance per national guidelines with return to GYN Oncology as needed
- Determining when, where and which patients are followed will vary depending on individual patient need and the model of care delivery (ASCO, 2015).

Why worry about transitioning to primary care?

- Access to Care
  - > 1/3 of all US counties located more than 50 miles from nearest available GYN Oncologist/Gynecologic Oncology clinic
  - Need for ongoing support outside of cancer centers

(Shalowitz, D., Vinogradb, A.M., Giuntoli, R.I. (2015))

Common Concerns of the Cancer Survivor
Cancer Survivors’ Common Health Concerns

- Anxiety over recurrence
- Lack of immediate attention to needs
- Common symptoms post treatment:
  - Chronic fatigue
  - Menopausal symptoms
  - Sexual dysfunction
  - Neuropathies
  - Sleep disturbance
  - Cognitive decline
  - Lymphedema
  - Pain
  - Psychosocial
  - Financial

How do we care for the survivor in primary GYN clinics?

Surveillance Strategies

- Symptom inquiry/treatment
- Physical exam
  - General exam targeted to new symptoms/old concerns
  - Lymph node assessment
  - Axillar, supraventricular, inguinal
  - Pelvic exam
    - Speculum, bimanual, rectovaginal
- Labs
  - Tumor markers?
    - CA-125 normal in 50% early stage ovarian CA
  - Diagnostics
    - Radiographic imaging?
      - Avoid routine imaging for cancer surveillance in asymptomatic or low risk women
    - Biopsy?

(Rimel, 2015; Salani et al., 2011)
Health Promotion Strategies to Decrease Recurrence Risk

- Smoking Cessation Counseling/Treatment
- Exercise Promotion
- Weight management/Referral for surgical evaluation
- Osteoporosis prevention
  - Bone Density screening/treatment
- Breast cancer screening
  - Clinical breast exams
  - Mammography
- Colon screening
  - Colonoscopy/Flexible sigmoidoscopy
- Genetic counseling
- Menopause assessment/counseling/treatments
- Management of Medical co-morbidities

(Salani, 2013; Salaniet al., 2011)

To Pap or Not to Pap?

- Low rate of asymptomatic recurrence
  - Endometrial CA – 0-6.8%
  - Cervical CA – 0-18%
- Pap of vaginal cuff
  - Liquid-based cytology – 34% rate of abnormality
  - Only HGSIL require colposcopy
  - ASCUS HPV + and LGSIL – NO colposcopy
  - NO PAP in women with history of endometrial cancer
  - CAREFUL PELVIC EXAM for patient-reported symptoms
  - Pap after pelvic radiation therapy is significantly limited

(Rimel et al., 2011; Salani et al., 2011)

Survivorship Care Plans

- Recommendation from IOM
  - Patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan that is clearly and effectively explained.
  - Written by the primary provider of oncology treatment
- Copy provided to patient
- Communication made to the primary care GYN provider
References


• Institute of Medicine (2006). From cancer patient to cancer survivor: Lost in transition.


