

# ***BCY4, SESSION 8: Survivorship and quality of life issues***

## **Quality of Life Issues and Access to care (including fertility preservation)**

Breast Cancer in Young Women BCY4

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# Disclosures

- Disclosures are online on BCY4 webpage
- No relevant disclosures for this presentation

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# Breast Cancer Survivorship Definitions

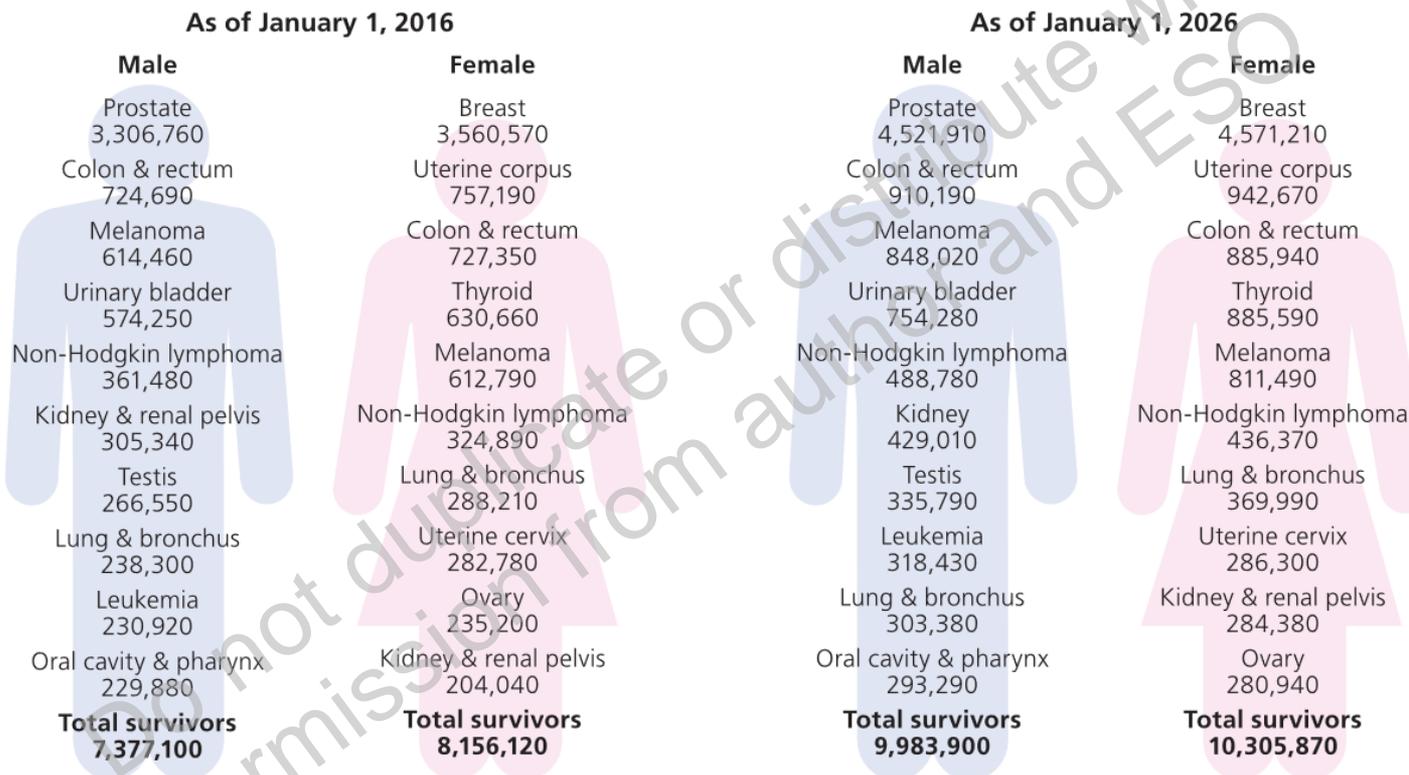
- **Cancer Survivor:**
- At 6 months of treatment with curative intent: patients who have entered the post-treatment phase after initial surgery, with or without chemotherapy and/or radiation (**BHGI Breast Health Global Initiative definition**)
- Starting from the moment of diagnosis of cancer **National Coalition for Cancer Survivorship & National Cancer Institute**

# Supportive Care, Palliative Care Survivorship care

- **Supportive care**: care delivered during treatment for potentially curable patients
- **Palliative (and supportive) care**: care delivered for patients with metastatic disease
- **Survivorship care** (is part of supportive/palliative care): for both groups of Early and Advanced Breast Cancer patients

# Magnitude of Cancer Survivorship

CA CANCER J CLIN 2016;66:271-289



**FIGURE 1. The Estimated Number of US Cancer Survivors.**

Note: Estimates for specific cancer types take into account the potential for a history of more than one cancer type.

Source: Surveillance Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, Bethesda, MD.

# Survivorship Issues for Young Women with Breast cancer

- Incidence & Prevalence of breast cancer is rising
- Survival rates are improving, variably:
  - 80-90% in High Income Countries (HIC)
  - 12-90% in Low Middle Income Countries (LMIC)
- Survivorship & Quality of Care Issues are relevant everywhere
- Fertility issues are becoming very relevant

# Survivorship care

- **Surveillance** for cancer recurrence or new cancers, new Family History, genetic counseling and testing
- **Management of symptoms** that persist after treatment ends
- **Evaluation of risk/ prevention of: late effects of treatment**
- **Access to survivorship care: Variable, within/across countries**

# Survivorship care

- Life style:
- psychosocial needs and provision of support
- Counseling, lifestyle modifications for prevention of cancer–related morbidity & mortality, improve quality of life
- Return to regular duties and work
- Access: Variable within/across countries

# Survivorship care

## Sexual functions and pregnancy:

- Education
- Sexual life
- Contraception
- Fertility preservation
- Family planning
- Possible pregnancy

Access: Variable, within/across countries

# Better access to care:

## → Reduces Disparities in:

- Detection/ Diagnosis/ Therapy
- Monitoring/ Management of side effects
- Detection/Prevention of future complications
- Options for normalization of personal and social life: work/ society/ family planning

Youlden DR, et al. Cancer Epidemiol, 36 (3) (2012), pp. 237-248, Anderson, BO et al Lancet Oncol 2011; El Saghir: Breast Cancer Management 2015

# Access to awareness, Screening, Treatment, Surgery, RT

- Awareness and breast exam: Reduce LABC
- Screening mammography:
  - debatable according to resources
  - along with awareness
    - downstaging breast cancer
    - reducing total mastectomy rates
- Surgery and Radiation Therapy: improve treatment results and have economic benefits to society in LMIC

# Survivorship & Quality Care

## Healthy Life Style, Cardiovascular Health

- Healthy lifestyle: decreases recurrence and death from breast cancer:
  - Healthy Diet
  - Physical Activity/Exercise
  - Avoidance of Weight Gain
  - Reduced alcohol intake
  - Stopping smoking
- → also good for CVS Health, & post-anthracyclines

# Complementary Therapies/ Relaxation & Mindfulness Practices/ Acupuncture

- Improve Quality of Life
- Less fatigue, less anxiety, less fear, ...
- Acupuncture also effect on decreasing hot flashes
- No evidence for increased survival

Lengacher CA, Reich RR, Paterson CL, et al. Examination of Broad Symptom Improvement Resulting From Mindfulness-Based Stress Reduction in Breast Cancer Survivors: A Randomized Controlled Trial. *J Clin Oncol* 2016; 34:2827; Bower JE, Crosswell AD, Stanton AL, et al. Mindfulness meditation for younger breast cancer survivors: a randomized controlled trial. *Cancer* 2015; 121:1231.

# Contraceptives in Young Women Survivors of Breast Cancer

## Hormonal OCP:

- Should be generally avoided

## Non-hormonal contraceptive methods

- Barrier methods: condom, diaphragm
- IUD, non-estrogenic IUD-copper

*Note: Different issue for Women with a positive FH and/or BRCA carriers: Risk does not seem increased; however, duration of OCP may increase risk*

# Survivorship: Patient Education Availability & Access

Roles for :

- Health Care Professionals
- Educational materials: videos, printed materials, online links
- Support groups
- Health Care Authorities/Institutions
- Advocates

# Vaginal Dryness and dyspareunia in Breast Cancer Survivors

- Very common; should not be overlooked!
- Moisturizers: Non-hormonal Moisturizers (polycarbophil, hyaluronic acid, gums, or gelatins, ... ..)
- If low dose estrogen has to be used: may be OK along with tamoxifen but not with AIs
- Lubricants (at time of sexual activity):
  - Water-based lubricants
  - Silicone-based lubricant

# Late Changes in Cognitive Functions: Chemobrain

- Decreased attention span, decreased concentration
- Forgetfulness and memory blocks
- Inability to perform regular work (ex.: teaching)
- Altered neuronal integrity, disruption of brain structural networks
- May persist for long
- After chemo, brain irradiation, ... even hormonal therapy
- Should be part of survivorship care
- Helpful Interventions: Mental/brain exercises and Rehab; occupational cognitive therapy, computer, physical exercises

# Bone Density in Breast Cancer Young Survivors

Treatment related risk factors	Osteoporosis (T score < -2.5 (in SOFT/TEXT))		
Tam	3.9%		
OFS + Tam	7.2%		
OFS + AI	14.8%		
Chemo-related premature menopause If <40 y: 22-61%; If >40 y: 61-97%	At increased risk		

**Interventions:** Vitamin D & calcium supplements  
Bisphosphonates / Anti-RANKL

# Bone Density in Breast Cancer Young Survivors: Modify Modifiable Risk Factors

Modifiable Risk factors	Interventions
- Smoking	Cut smoking
- Sedentary lifestyle	20-30 min/d of moving!
- Alcohol use	Only 1 glass for men and ½ glass for women ...
- Decreased sun exposure	20 minutes/day of sun
- Vitamin D insufficiency/Deficiency Common in many populations	Vit D/ Calcium supplements

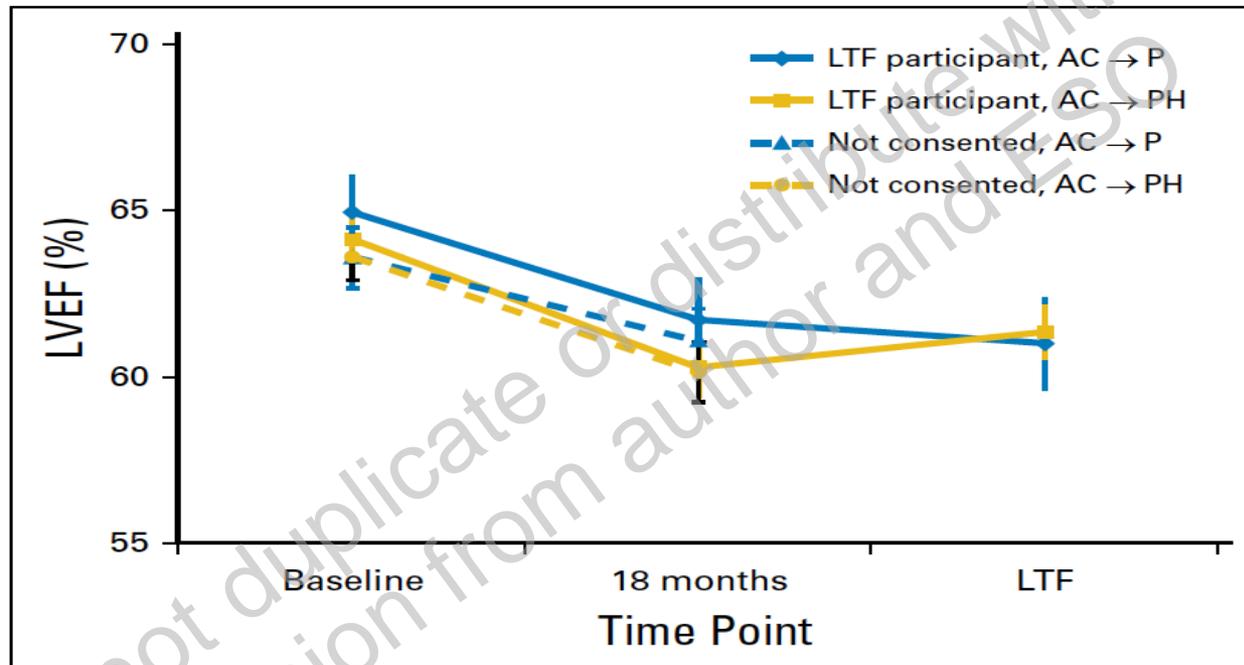
Dhesy-Thind S, et al: Use of Adjuvant Bisphosphonates and Other **Bone**-Modifying Agents in Breast Cancer: A Cancer Care Ontario and American Society of Clinical Oncology Clinical Practice **Guideline**. J Clin Oncol. 2017 Jun 20;35(18):2062-2081. doi: 10.1200/JCO.2016.70.7257

Van Poznak C. Role of **Bone**-Modifying Agents in Metastatic Breast Cancer: An American Society of Clinical Oncology-Cancer Care Ontario Focused **Guideline** Update. J Clin Oncol. 2017 Dec 10;35(35):3978-3986. doi: 10.1200/JCO.2017.75.4614

# Cardiovascular Risks & Evaluation of Survivors

- Old regimens: 6 cycles of AC:  $6 \times (50 \text{ or } 60) \text{ mg/m}^2 = \text{Cum. Dose is } 300\text{-}360\text{/m}^2$
- Current practices: we give only 4 AC (alone, or with sequential taxanes): Total Cum. Dose is only  $240\text{mg/m}^2$ :
- Risk of cardiomyopathy: Remains  $<2\%$
- Current Tendancy to use less Anthracycline Regimens: TC vs AC: Cardiac toxicity is less.
- Old CMF regimen: remains in use: Cardiac toxicity is less.
- Avoiding anthacyclines especially if small tumors and node-negative: Less cardiac toxicity, and excellent survivals;

# Long-Term Cardiac Follow-up of Survivors post Anthracyclines/anti-HER2 LVEF, Over Time



**Fig 2.** Mean left ventricular ejection fraction (LVEF) measurements over time for National Surgical Adjuvant Breast and Bowel Project B-31 long-term cardiac follow-up participants and those who were eligible but did not consent. Vertical bars represent 95% CIs. AC, doxorubicin and cyclophosphamide; H, trastuzumab; LTF, long-term follow-up; P, paclitaxel.

# CVS toxicity & Treatment related MDS/Leukemias in Survivors

**Table 1: BCIRG-006: Therapeutic Index, Final Analysis at 10 Years**

	<b>AC-TH</b>	<b>TCH</b>
Disease-free survival events	269	279
Grade 3/4 congestive heart failure	21 (2%)	4 (0.4%)
Total disease-free survival events	290	283
Treatment-related leukemia	7	0
Sustained LVEF loss > 10%	200	97

AC-TH = doxorubicin and cyclophosphamide followed by docetaxel and trastuzumab; TCH = docetaxel, carboplatin, and trastuzumab; LVEF = left ventricular ejection fraction.

# Evaluation of survivors: Laboratory and Imaging

- Symptomatic Survivors: Absolutely yes!  
For diagnosis/ For Monitoring Response
- Asymptomatic Survivors: Not Recommended!

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# Survivorship: Image/ Sex/ Menopause

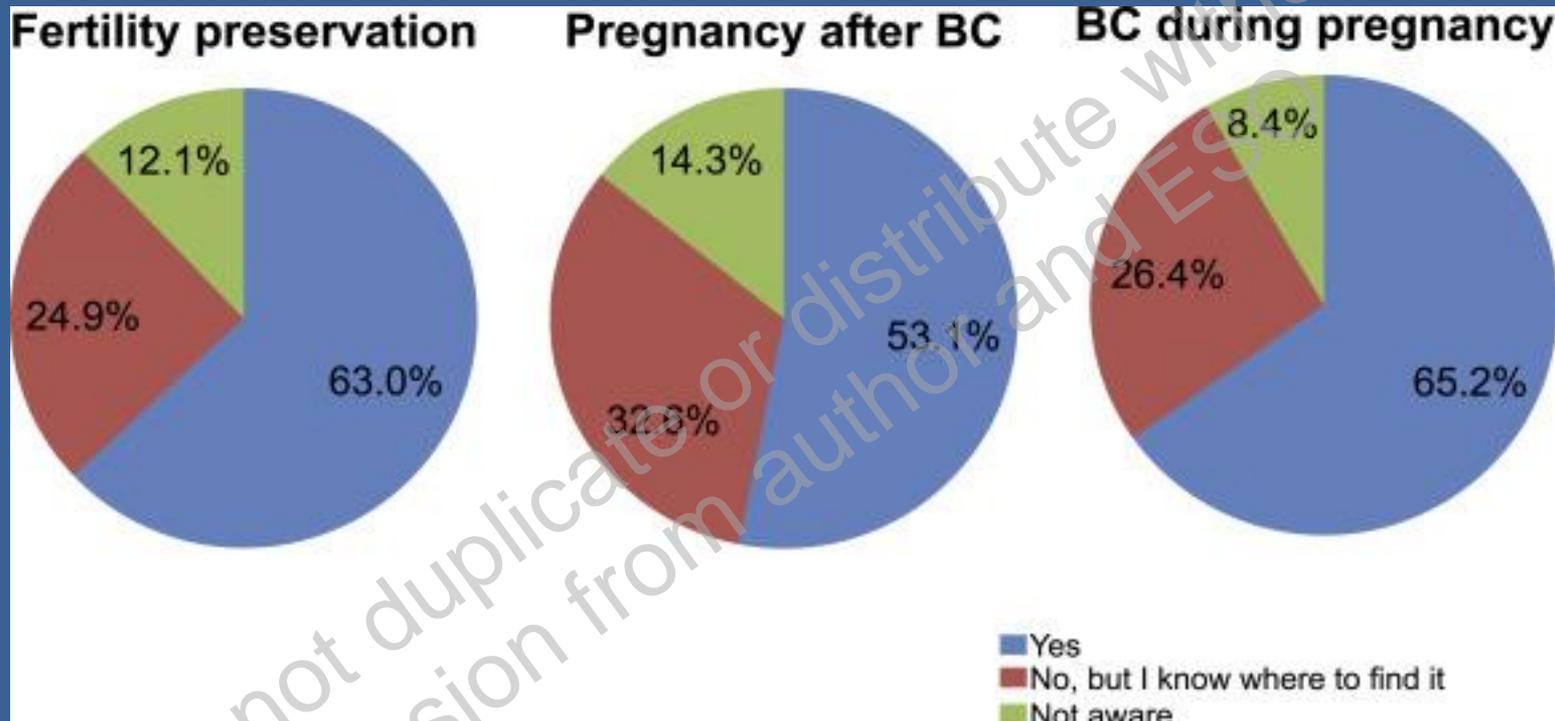
- Body image, surgical scars
- Weight changes
- Shoulder pains, arm edema, arthralgia
- Endometrial changes
- Bone health
- Early menopause
- Emotional distress, depression
- Sexual life: desire, satisfaction (survivor & partner), frequency of intercourse, dyspareunia, infertility and its prevention



# Pregnancy in Young Breast Cancer Survivors

- No longer a discouraged topic!
- Modern times trends: Pregnancy in early Thirties!
- Risk of cancer recurrence in breast cancer survivors is similar between those who get pregnant and those who do not!
- Current Guidelines recommend
  - discuss risks of treatment-induced ovarian insufficiency and infertility
  - discuss options for preservation

# Survey of physicians knowledge on availability of International Guidelines on:



Physicians' Education remains essential to ensure Access to information about Care and Fertility preservation

# Access, Modalities: Fertility Preservation

## Availability of fertility preservation modalities

- Embryo cryopreservation: Most available, presence of religious obstacles in different hospitals, countries, ...
- Oocyte cryopreservation: Availability is variable, use of AI may reduce fears and duration of stimulation; upfront if no risks of delaying therapy.
- Ovarian tissue cryopreservation and transplantation: Remains experimental
- OFS during chemotherapy: safety is OK, more return of menses, more pregnancies, most available; not to use if cryopreservation available

# Access to fertility preservation

- Non-oncology fertility preservation experience: OB/GYN
- Licensing of fertility centers is required to ensure quality control and avoidance of misinformation and abuse of women seeking fertility preservation
- **Discuss before initiation of therapy!**

# Limited Access to Fertility Care remains an issue worldwide

- In LMIC: majority of patients suffer from disparities
- In all Countries: availability of OB/GYN Fertility experts,
- In USA: Racial and ethnic minorities: health care availability, comorbidities, more likely to be uninsured, at greater risk of receiving care of poor quality than other Americans!
- In all Countries: Geography and distance from major referral centers may limit access
- In many Countries: Deductibles, Co-insurance, Out-of-Pocket payments!

# October: Breast Cancer Awareness Month → Breast Cancer ACTION Month



Lebanese Breast Cancer Foundation



Institut Curie, Paris



Lebanese Ministry of Health

**October: Quality of Life / Access to Care:  
Breast Cancer Action/Advocacy for:  
Better Early Detection & Screening  
Better care & QoL of Patients and Survivors**