

YOUNG WOMEN AND LONG-TERM SURVIVORSHIP

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I, or an immediate family member, including spouse or partner, have no financial relationship(s) relevant to the content of this continuing education activity.



Any person with cancer, starting from moment of
diagnosis

National Coalition for Cancer Survivorship

National Cancer Institute

> 3,000,000 breast cancer survivors in the U.S.

Estimated 231,840 new breast cancer cases in the
U.S. in 2015 and 40,290 deaths

Median age 61

Across all stages of disease 5 year survival = 89.4%

New Cases according to Age

20-34 1.8%

35-44 9.1%

45-54 21.6%

55-64 25.6%

65-74 21.9%

75-84 14.2%

>84 5.7%

Percentage in age group 20-54

32.5%

Fear of Recurrence

- Majority of recurrence occurs in the first 3 years
- Hormone negative cancers recur sooner
- Hormone positive cancers may recur later

Brewster et al., Journal of the National Cancer Institute, 2008

- May spread locally, bone, liver, lung, brain
- Anxiety about symptoms

Management Options

- Normalize the feelings
- Listen to concerns and reassure
- History and physical exam, follow-up every 3-6 months x first 3 years, every 6 months year 3-5, then annually
- Support groups, e.g., Gilda's Club, FORCE, Facebook, etc.
- One to one support

Second Cancers related to Treatment

- Low Risk of myelodysplasia and leukemia related to certain chemotherapy drugs, e.g. cyclophosphamide
- Bladder cancer related to certain chemotherapy drugs, e.g. cyclophosphamide
- Skin cancer/sarcoma related to radiation therapy

Management Options

- Surveillance, including H&P
- Check periodic CBC, urinalysis
- Further imaging/biopsy if warranted

Hot flashes

- Up to 80% of women affected, 30% severely
- Related to affects on ovarian function by chemotherapy, medications (tamoxifen, aromatase inhibitors, Lupron), removal of ovaries
- In women with higher risk of relapse including younger than 35, ovarian suppression with exemestane is recommended over tamoxifen alone (SOFT and TEXT Trials)
- Varying degrees of intensity



Management Options

- Estrogen replacement contraindicated
- Gabapentin, SNRIs (Effexor), SSRIs (caution with tamoxifen as competes with CYP2D6 pathway)
- Acupuncture
- Layered cotton clothing, fans
- Avoid triggers – stress, alcohol, certain foods
- Exercise

Premature Menopause/Infertility

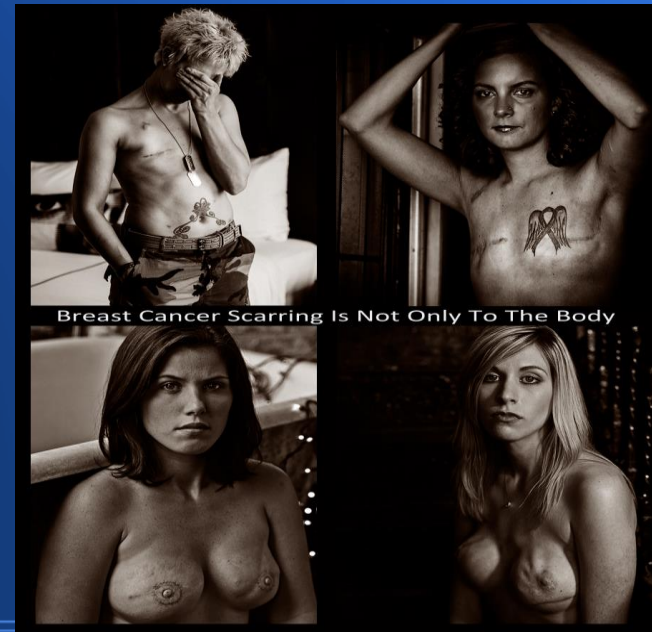
- Average age of menopause 51
- Chemotherapy may cause ovarian failure
- Tamoxifen may cause menopause to occur earlier if closer to average menopausal age

Management Options

- Refer to Oncofertility specialist at diagnosis for embryo/egg preservation
- Ovarian suppression

Body Image Disturbance

- Loss of breast and its meaning
- Asymmetry with breast conserving surgery
- Alopecia, hair thinning
- Weight gain



Management Options

- Validate significance of the changes
- Prostheses, wigs, scarves
- Plastics/Reconstruction
- Biotin 2500 mcg PO daily for hair thinning
- Consult with Nutritionist, exercise plan
- Counseling

Sexuality and Intimacy



- Lack of estrogen leads to thinning of vaginal tissues and dryness
- Body image changes may affect desire
- Some women need nipple stimulation for arousal

Management Options

- Discussing the issue is very important!
- Recommend certain lubricants, e.g., Astroglide, Slippery Stuff, Replens, Sliquid, etc.
- Topical estrogen, e.g., estrogen cream, Vagifem tablets, Estrin
- Neo-gyn cream
- Vaginal dilators, valium vaginal suppository
- Sexual gadgets
- Counseling
- Sex therapy



Genetic Considerations

- Majority of breast cancers are random
- 5-10% are related to a genetic mutation, e.g., BrCa 1 or 2, PALB2, etc.
- Breast cancer tends to occur at a younger age if there is a genetic mutation



Management Options

- Careful review of family history to include breast, ovarian and prostate cancers, especially at young age. Genetic counseling with a certified genetic counselor
- Ashkenazi Jewish ancestry
- Risk-reducing decisions to be made if test positive



Pregnancy after Breast Cancer

- Fertility may be impaired due to treatment
- 42% reduced risk of dying in women who become pregnant after breast cancer as compared to women who do not become pregnant – “Healthy mother effect”??
- No increased cancer risk to the fetus unless mother has a gene linked to cancer

Management Options

- Oncofertility preservation
- Tamoxifen contraindicated if considering pregnancy
- LIVESTRONG Fertility may have options to offset the cost



.Contraception after Breast Cancer

- Hormonal contraception contraindicated
- Pregnancy contraindicated if taking tamoxifen

.Management Options

- Barrier methods
- Sterilization

Pain

- Scar tissue
- Impaired arm range-of-motion
- Nerve pain in breast
- Arthralgias from aromatase inhibitors

Management Options

- Physical Therapy
- Massage Therapy
- Acupuncture
- Stretching, yoga, pilates
- Scar tissue release
- NSAIDs, glucosamine with chondroitin
- Switch aromatase inhibitor

Cognitive/Memory Impairment

- Causes unclear – plummeting estrogen levels?
- “Chemobrain”
- Word retrieval and short-term memory
- Varying degrees of impairment
- Usually improves



Management Options

- Evaluate sleep
- Assess for depression
- Suggest mind exercises, e.g., Lumosity
- Cognitive therapy
- Medications for ADD, Provigil



Cardiac Damage

- Low risk
- Related to certain chemotherapy drugs, e.g., anthracyclines, or radiation therapy
- Aromatase inhibitors may impact cholesterol
- Unknown → long term impact of early estrogen deprivation

Management Options

- Diet, exercise, weight management
- Blood pressure, cholesterol monitoring
- No smoking
- Measures to reduce risk from radiation
- Regular cardiac screening with EKG, ECHO, etc.
not recommended
- Evaluate symptoms

Lymphedema

- Chronic, painful condition
- Related to the number of lymph nodes removed, less risk with sentinel node biopsy
- Affects arms primarily but also trunk/chest wall may be affected

Management Options

- Prevention!
- Avoid prolonged constriction to the affected arm
- Protect hands from injury
- Physical Therapy
- Massage
- Sleeves
- Surgery



Insomnia

- Occurs commonly
- May be related to hot flashes
- May be related to depression/anxiety



Management Options

- Address hot flashes and depression
- Exercise
- Acupuncture
- Medications
- Melatonin
- Address sleep hygiene

Neuropathy

- Related to certain chemotherapy drugs, e.g., taxanes
- Affects hands and feet
- Numbness/tingling
- May be temporary/permanent



Management Options

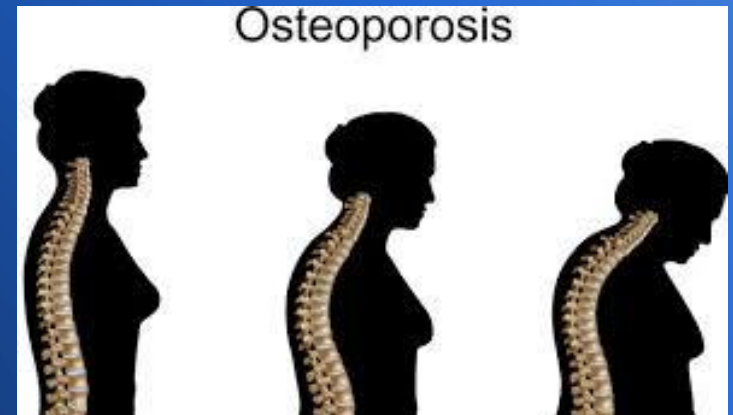
- Cymbalta
- Acupuncture
- L-glutamine possibly helpful in early phase of treatment

Bone Density

- Impaired by reduction in estrogen
- Aromatase inhibitors impact bone density

Management Options

- Calcium and vitamin D
- Weight-bearing exercise
- No smoking
- DEXA scan
- Bisphosphonate drugs, e.g., Fosamax, Boniva, denosumab, zometa



Case Study #1

45 year old woman diagnosed 3 years ago with a stage II estrogen receptor positive, progesterone receptor positive, HER-2/neu negative cancer of the (L) breast. Treatment included lumpectomy, chemotherapy and radiation therapy. She has been taking tamoxifen for 2 years. Her last menstrual period was 8 months ago.

Concerns:

1. Am I menopausal now?
2. When can I stop tamoxifen? I have 15 hot flashes a day and I can't sleep.
3. Intercourse is so painful. Can you suggest anything? Can I have hormone replacement therapy?

Case Study #2

30 year old premenopausal woman newly diagnosed with (R) breast cancer. Stage I, estrogen receptor positive, progesterone receptor positive, HER-2/neu negative. Family history of breast cancer in both her mother and her maternal grandmother. Treatment will include chemotherapy and endocrine therapy.

Concerns:

1. Why did I get breast cancer?
2. I wanted to have children and now that won't happen. I don't even have a partner.
3. What should I do for birth control?

Case Study #3

38 year old woman with history of stage II estrogen receptor negative, progesterone receptor negative, HER-2/neu negative (R) breast cancer 6 years ago. Treated with lumpectomy, chemotherapy and radiation therapy.

Concerns:

1. I'm trying to get pregnant but I'm worried if it will make my breast cancer return.
2. Will I be able to breastfeed?
3. Will my baby have problems because I had chemotherapy?

Questions?

