Uterine Cancer Survivors in Primary Care

Cordelia Cowan, DNP
Emily Lampshire, DNP

Columbia University School of Nursing
New York, New York, 10032

Abstract

The aging population and increasing prevalence of obesity are contributing to increased uterine cancer. Due to early diagnosis and effective treatment, the population of uterine cancer survivors continues to grow. This population is vulnerable to myriad of late and long-term effects associated with treatment. As the population of affected patients outgrows the number of gynecologic oncologists, primary care providers must be equipped to manage needs specific to uterine cancer survivors. Culling evidence from randomized control trials and systematic reviews, this project summarizes treatments and sequelae faced by uterine cancer survivors, as well as interventions within the scope of the primary care provider.

Objectives

- To summarize for non-gynecologic oncologist providers the common quality of life concerns of uterine cancer survivors
- To provide succinct suggestions for primary care-based symptom management

Background

- 61,380 cases of uterine cancer diagnosed annually
- 79% of patients diagnosed can expect to live 10 years or more from the date of diagnosis
- Simultaneous increase in incidence and survival rates threaten to overwhelm oncologists
- Number of available oncology appointments annually is increasing much more modestly
- Anticipated shift in follow-up care from oncologists to primary care providers or general gynecologists
- Primary care providers must be equipped to address needs specific to the uterine cancer survivor population
- This poster summarizes common patient concerns and offers primary-care based interventions for management

Methods

- Incidence and prevalence data retrieved from SEER 2017 Reports
- Literature review performed using primarily ScienceDirect, PubMed and EBSCOhost
- Inclusion criteria required articles to follow women with uterine body malignancies and were not limited by age, comorbidity, treatment, geography, or study type.
- Findings reviewed in conjunction with National Comprehensive Cancer Center guidelines

Data

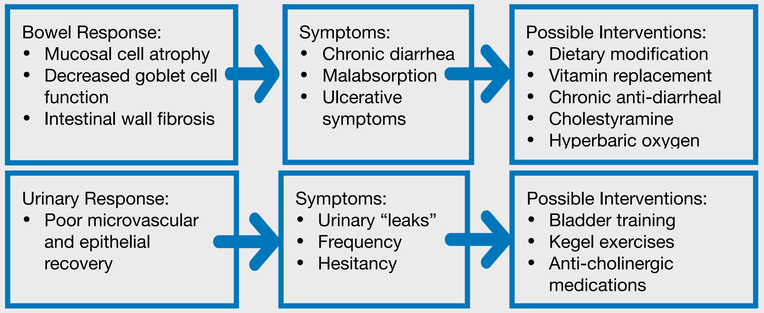
Surgical Treatment

The late and long-term effects associated with surgical treatment vary widely, depending on factors such as patient's menopausal status at the time of intervention, and if lymphatic nodes, fallopian tubes and ovaries are removed during surgery. Surgical sequelae often include menopausal symptoms, female sexual dysfunction (FSD), and fertility challenges in premenopausal women.

Side Effect	Symptoms	Interventions
Lymphedema	• Ipsilateral warmth, redness, heaviness • Increased lower extremity circumference • Decreased mobility	• Lower extremity elevation and compression • Education regarding infection prevention • Referral: certified therapist
Menopausal Symptoms	• Hotflashes • Nightsweats • Vaginal dryness	• Low-dose estrogen with oncologist's consent • SSRIs or SNRIs (Venlafaxine) • Gabapentin
Female Sexual Dysfunction	• Diminished sexual desire • Decreased frequency/intensity of climaxes • Painful intercourse	• Open discussion • Medication reconciliation • Moisturizers or lubricants • Vaginal dilation • Flibanserin or Osphena • Referral: psychotherapy

Radiation Treatment

Long-term effects on bowel and bladder control are significantly more likely in patients who were treated with radiation.



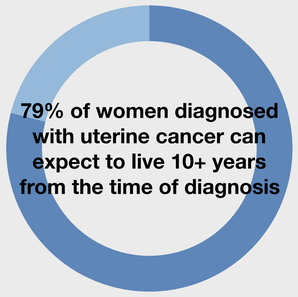
Chemotherapy Treatment

Uterine cancer is treated with a multi-drug regimen including a platinum-based drug with a taxane, or, less commonly, an anthracycline.

Agent	Side Effect	Interventions
Carboplatin, Cisplatin	Cardiac + Renal Toxicity	• Monitor cardiac/renal function PRN with regard to comorbidities
Paclitaxel, Docetaxel	Peripheral Neuropathy	• Medications including opioids, TCAs, SSRIs, SNRIs, AEDs, and/or topical anesthetics • Lifestyle modifications like avoiding temperature extremes and closing with button closures
Doxorubicin	Cardiac Toxicity	• Monitor cardiac function with intermittent echoes; frequency dictated by comorbidities

61,380

patients are diagnosed with uterine cancer annually



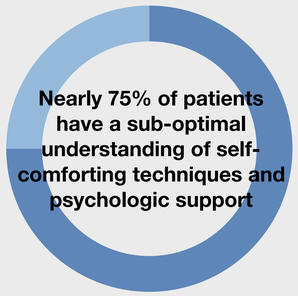
Psychological Symptoms

Symptoms

- Regardless of treatment, uterine cancer patients are at higher risk for symptoms like stress, fatigue and depression
- Compounding these symptoms can be a fear of recurrence
- These non-specific symptoms negatively impact quality of life

Interventions

- Establishing pyschosocial support is primary goal
- Also helpful is patient education regarding medical history and future
- Consistent reminders that life will normalize



Conclusions

Clinical Implications

Patients treated for uterine cancer struggle with long-term and late effects associated with surgeries, radiation and chemotherapy. They manage menopausal effects, sexual changes, lymphedema, bowel and bladder symptoms, neuropathy, cardiac and renal risk, and a variety of non-specific symptoms far beyond the conclusion of treatment. It is encouraging that this population is continuing to increase, but these women need resources for support and resolution of these life-altering issues. Survivorship clinics being introduced in major metropolitan areas, but this is not a feasible solution for rural patients. We know that patients are interested in primary care providers become more involved in their cancer care; let this poster be the impetus toward ensuring educated, empathetic involvement.

References

Akkuzu et al., (2016). Learning needs of gynecologic cancer survivors. J Canc Educ. doi: 10.1007/s13187-016-1118-y

Boer, H., Proost, J. H., Nuver, J., Bunskoek, S., Gietema, J. Q., Geubels, B. M., … Gietema, J. A. (2015). Long-term exposure to circulating platinum is associated with late effects of treatment in testicular cancer survivors. Annals of Oncology, 26(11), 2305–2310. http://doi.org/10.1093/annonc/mdv369

Caan, B., LaCroix, A. Z., Joffe, H., Guthrie, K. A., Larson, J. C., Carpenter, J. S., … Ensrud, K. (2015). Effects of Estrogen or Venlafaxine on Menopause Related Quality of Life in Healthy Postmenopausal Women with Hot Flashes: A Placebo-Controlled Randomized Trial. Menopause, 22(6), 607–615. http://doi.org/10.1097/GME.0000000000000364

Dobrzycka, B., et al., (2017). Quality of life in long-term survivors of early stage endometrial cancer. Ann Agric Environ Med 24(3) 513-516. doi:10.5604/12321966.1232759

Elit, L., and C. Reade. (2015). Recommendations for follow-up care for gynecologic cancer survivors. Obstet Gynecol 126:1207-1214. doi: 10.1097/AOG.0000000000001129

Evans, C., Williams, M., and D. Mazhar. (2010). Long-term cardiovascular risk following platinum-based chemotherapy for germ cell tumors. Future Oncol. doi:10.2217/FON.10.119

Hudson, S., et al., (2012). Adult cancer survivors discuss follow-up in primary care: 'Not what I want, but maybe what I need.' Ann Fam Med 10(5): 418-427.

Huffman, L., et al., (2016). Maintaining sexual health throughout gynecologic cancer survivorship: A comprehensive review and clinical guide. Gyncol Oncol. doi: 10.1016/j.ygyno. 2015.11.010

Lee JJ, Swain SM. Peripheral neuropathy induced by microtubule-stabilizing agents. J Clin Oncol 2006; 24:1633.

Manson, J., and A. Kaunitz. (2016). Menopause management: getting clinical care back on track. N Engl J Med 347:803-806. doi: 10.1056/NEJMp1514242

Matsuura Y, Kawagoe T, Toki N, et al. Long-standing complications after treatment for cancer of the uterine cervix--clinical significance of medical examination at 5 years after treatment. Int J Gynecol Cancer 2006; 16:294.
Miller, K., et al., (2016). Cancer treatment and survivorship statistics, 2016. Ca Cancer J Clin. 66(4)271-289. doi:10.3322/caac.21349.

National Comprehensive Cancer Network (2018). Adult cancer pain: Adjuvant analgesics for neuropathic pain. NCCN Practice Guidelines in Oncology. Version 1.2018. https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf

National Comprehensive Cancer Network (2018). Survivorship: Anthracycline-induced cardiac toxicity. NCCN Practice Guidelines in Oncology. Version 3.2017. https://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf

National Comprehensive Cancer Network (2017). Uterine cancer. NCCN Practice Guidelines in Oncology. https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf

Rowlands IJ, Beesley VL, Janda M, et al. Quality of life of women with lower limb swelling or lymphedema 3-5 years following endometrial cancer. Gynecol Oncol 2014; 133:314.

Salani R, Preston MM, Hade EM, et al. Swelling among women who need education about leg lymphedema: a descriptive study of lymphedema in women undergoing surgery for endometrial cancer. Int J Gynecol Cancer 2014; 24:1507.

SEER Stat Fact Sheets: Corpus and Uterus, NOS. seer.cancer.gov/statfacts/html.corp.html (Accessed on September 02, 2017)

Segal, S., et al. (2017). Urinary incontinence and other pelvic floor disorders after radiation therapy in endometrial cancer survivors. Maturitas: The Europoean Menopause Journal 105:83-88. https://doi.org/10.1016/j.maturitas.2017.03.313

Siegel, R.L, Miller, K.D., and A. Jemal. (2017). Cancer statistics, 2017. CA Cancer J. Clin. 67(7) 8-13. doi: 10.3322/caac.21387

Shisler, R., et al., (2017). Life after endometrial cancer: A systematic review of patient reported outcomes. Gynecol Oncol. doi:10.1016/j.ygyno.2017.11.007

Stacey, R., & Green, J. T. (2014). Radiation-induced small bowel disease: latest developments and clinical guidance. Therapeutic Advances in Chronic Disease, 5(1), 15–29. http://doi.org/10.1177/2040622313510730

Todo Y, Yamamoto R, Minobe S, et al. Risk factors for postoperative lower-extremity lymphedema in endometrial cancer survivors who had treatment including lymphadenectomy. Gynecol Oncol 2010; 119:60.

Viswanathan, A. N., Lee, L. J., Eswara, J. R., Horowitz, N. S., Konstantinopoulos, P. A., Mirabeau-Beale, K. L., Rose, B. S., von Keudell, A. G. and Wo, J. Y. (2014), Complications of pelvic radiation in patients treated for gynecologic malignancies. Cancer, 120: 3870-3883. doi: 10.1002/cncr.28849

von Gruenigen VE, Waggoner SE, Frasure HE, et al. (2011). Lifestyle challenges in endometrial cancer survivorship. Obstet Gynecol 2011; 117:93.

Yang, Wenya, et al. (2014). Projected supply of and demand for oncologists and radiation oncologists through 2025: An aging, better-insured population will result in shortage. Journal of Oncology Practice 10(1): 39-43. doi: 10.1200/JOP.2013.001319