This webinar is presented by

Panel
- Ms Meg Rynderman (Cancer Survivor)
- A/Prof Michael Jefford (Oncologist)
- Dr Craig Hassed (General Practitioner)
- Prof Phyllis Butow (Clinical Psychologist)
- Dr David Kissane (Psychiatrist)

Facilitator
- Dr Michael Murray (General Practitioner)

Ground Rules
To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the ‘general chat’ box. For help with technical issues, post in the ‘technical help’ chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Objectives
Through an inter-disciplinary panel discussion about Meg’s story, at the completion of the webinar participants will:

- Better understand the mental health indicators in the context of cancer survivorship
- Identify the key principles of the featured disciplines’ approach in screening, diagnosing, and supporting people who have survived cancer and may be experiencing depression and/or anxiety
- Explore tips and strategies for interdisciplinary collaborative care for people who have survived cancer and may be experiencing depression and/or anxiety

Meg’s Story
- Do you need a disabled parking sticker for when you go home?
- Have you tried music therapy?

Meg’s Story
- Supportive care screening
- Distress thermometer
Meg’s Story

- No-one ever enquired

Oncologist Perspective

The Challenge

1. Large number of cancer survivors
2. Breadth of issues that survivors may experience
3. Significant heterogeneity in survivors (one size does not fit all)
4. Limited health workforce
5. Imperfect evidence / guidance

Supportive care

- Interdisciplinary coordination
- Care plan

Listen

Survivor

- Oncologist
- Cancer hospital
- Survivorship clinic
- Practice/clinic nurse
- GP

Oncologist Perspective

A/Prof Michael Jefford

The Challenge

1. Large number of cancer survivors
2. Breadth of issues that survivors may experience
3. Significant heterogeneity in survivors (one size does not fit all)
4. Limited health workforce
5. Imperfect evidence / guidance

A/Prof Michael Jefford

Living Well After Cancer

An adrenalin information resource to assist in the transition from completion of potentially curative treatment for cancer through to survivorship

A systematic development process

A/Prof Michael Jefford

1311.20
**Oncologist Perspective**

**Consequences of cancer and treatments**

- Varied reactions to finishing treatment
- Persisting side effects from treatment
- Emotional, psychological issues
- Side effects that develop later (‘late effects’)
- Impact on relationships, family
- Vocational, financial and other practical impacts
- Post-traumatic growth

**General Practitioner Perspective**

**Ideal survivorship care**

**BOX ES-1**
Essential Components of Survivorship Care

1. *Prevention* of recurrent and new cancers, and of other late effects.
2. *Surveillance* for cancer spread, recurrence, or second cancers; assessment of medical and psychosocial late effects.
3. *Intervention* for consequences of cancer and its treatment, for example: medical problems such as lymphoedema and sexual dysfunction; symptoms, including pain and fatigue; psychological distress experienced by cancer survivors and their caregivers, and concerns related to employment, insurance, and disability, and
4. *Coordination* between specialists and primary care providers to ensure that all of the survivor’s health needs are met.

**Supporting Meg**

- Consider the whole person: importance of integrative Medicine approach
  - Easy for doctors to focus on physical and medical therapies
- Essence of self-care and managing cancer
  - Education, stress management (mind/body/mindfulness), spirituality, exercise, nutrition, connectedness, environment
- Link to support groups/programs
General Practitioner Perspective

Mindfulness: may be important for a range of reasons e.g.
- Mental health
- Resilience and coping
- Disease
- Symptoms
- Treatment
- Physical health
- Enjoyment of life
- Acceptance
- Change
- Death and dying

Dr Craig Hassed

Clinical Psychologist Perspective

Mindfulness: may be important for a range of reasons e.g.
- Disease
- Symptoms
- Treatment
- Physical health
- Enjoyment of life
- Acceptance
- Change
- Death and dying

Prof Phyllis Butow

Clinical Psychologist Perspective

Being a cancer survivor

There are challenges...
- Overall, cancer survivors have poorer health than the general population:
  - Psychological/emotional problems
  - Fear of the cancer coming back
  - Identity crisis – the new normal
  - Expected to be grateful, heroic, as before
  - Long-term side effects
  - Lymphoedema, fatigue, menopause, erectile dysfunction
  - Heart disease, lung and digestive disorders, musculoskeletal problems

Clinical Psychologist Perspective

“Being family or friend of a cancer survivor”

- Family impacted too
- Family members can be as distressed (or more distressed) as survivor
  - Worry about survivor
  - Fear for the future
  - Role changes
  - Sexual issues

(Hodgkinson, Butow et al. Supportive Care in Cancer 2007)

Clinical Psychologist Perspective

But there can be positive outcomes...

- 62% of patients reported at least 1 positive outcome
  - Females report more positive outcomes than males
- “As a result of the cancer…”
  - I focus more on things that are important 39%
  - I have made lots of positive changes in my life 39%
  - I have grown as a person 46%
  - I appreciate my relationships with others more 45%

(Hodgkinson, Butow et al. Supportive Care in Cancer 2007)

Clinical Psychologist Perspective

Distress Thermometer: useful for initial screening for psychological distress at the end of treatment

Clinical Psychologist Perspective

Provide:
- a rationale for survivor health care and
- to articulate a taxonomy of models of survivor care

Clinical Psychologist Perspective

Journal of Clinical Oncology

Models for Delivering Survivorship Care

Kerr C. Clephane and Mary S. Scala

Provide:
- a rationale for survivor health care and
- to articulate a taxonomy of models of survivor care
Clinical Psychologist Perspective

Current practice

Community based shared care practice

Survivorship care plan - periodic communication is essential

Psychiatrist Perspective

Overview of Survivorship Challenges

- Longer Term Effects of Cancer Treatments (neuropathy, fatigue, pain, infertility, sexuality)
- Late Effects (cardiac disease, secondary cancers, hypothyroidism)
- Risk of Recurrence – existential threat
- Social and Psychological – anxiety & depression
- Genetic and Familial Patterns: impact on family

Psychiatrist Perspective

Chronic Health Conditions in Adult Survivors of Childhood Cancers

- Over 30 years, 73% chronic health condition
- 42% severely disabled
- 50% functional limitations
- Secondary Cancers
- Cardiac Disease
- Anxiety, Depression or Somatization in 17%


Psychiatrist Perspective

Post-Treatment Issues

- Completion of Psychological Adaptation needs many months to years
- Rehabilitation - graduated exercise (correct anaemia)
- Dealing with Fear of Recurrence - frequency of scans; bodily vigilance; CBT helps
- Return to Work (20% persisting limitations)
- Need to integrate an Understanding of Diagnosis, Staging, and Treatment received, leading to plan for future care & health promotion

Psychiatrist Perspective

Long Term & Late Effects from Lymphoma Survivorship

- Infertility, early menopause, sexual functioning
- Thyroid effects – annual checks
- Comorbid physical illnesses: vaccinations if rituximab
- Inform about risk of secondary cancers, cardiac disease, leading to monitoring
- Psychological concerns, fear of recurrence
- With remission, majority of QOL measures show improvement over 6 months
- Health promotion & screening issues remain lifelong


Psychiatrist Perspective

Common-Sense Model of Illness Representation & Self-regulation

H. Leventhal et al, 1997

Key domains:
1. Identity: survivorship carries risks across life
2. Temporal: time-line for threats
3. Consequences: missed prevention or delayed recognition
4. Causes: chemo and radiation can produce secondary cancers
5. Controllability: Screening & health promotion

Development of a new health literacy about cancer survivorship
Thank you for your participation

- Please ensure you complete the exit survey before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks.
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days.
- Join us for our next webinar: Collaborative Mental Health Care to Support a Young Person from a Refugee Background, to be held on Thursday, 14th November 2013.
- For more information about MHPN networks and online activities in 2013 visit [www.mhpn.org.au](http://www.mhpn.org.au).

Are you interested in leading a face-to-face network in your local area with a focus on Cancer and Mental Health?
MHPN can support you to do so.
Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

Thank you for your contribution and participation.