



***Living Your Best after Cancer:  
Expert Advice on Healthy Lifestyle Choices for Survivors***

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***You and Your Primary Care Doctor Working Together***

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Hello. My goal for tonight is to talk to you a little bit about living your best after cancer. We're going to focus a lot on what you have to do – about talking with your primary care physician. Everybody needs a primary care physician. Sometimes you forget this after you've had cancer. You get so focused on the cancer diagnosis. Of course, as a cancer physician, I always want to encourage all types of good health habits. You may notice one of the ones that I really like people to do is don't smoke.

Why are we doing this talk? The main reason we are doing this talk is because there are over 10 million cancer survivors and increasingly many groups, including the American Society of Clinical Oncology, which does most of the research in treating all types of cancer, is saying survivorship is an issue. It's very important to be your own advocate. You, as a cancer survivor, need to be looking out for your health.

It's important, even though you have a cancer surgeon, an oncologist, and maybe a radiation oncologist, that you have a relationship with a general medicine physician. This is a physician who is going to look globally at your health and help remind you of all the different things that need to happen to keep you healthy for a long time. Remember, survivorship is our key. It's important that as you are your own advocate that you know how your cancer was treated. You need to know what drugs you received, what dosage of drugs you received, the type of radiation therapy, where it went, and that you have that available anytime you meet a physician. A good example of that is bleomycin, a drug often used to treat testicular cancer, which may affect lungs during anesthesia even many years out. So, if you were treated for testicular cancer as a young man

and, 60 years later you're having heart surgery or your gallbladder taken out, it's important that your anesthesiologist know this. This may affect how they take care of you at this time. One of the things we're working on is developing a system where you can carry your medical data with you no matter where you go.

It's also important to establish good health habits. That means starting early. Already you've heard about weight control and about diet – previous speakers have talked about that – exercise is a critical one and it's good for all types of health issues. Again, don't smoke. There are many, many things that smoking contributes to. Either don't drink alcohol consumptions or moderate greatly how much you drink. It's also important to realize that different cancers have different follow-up care guidelines. ASCO, again, the clinical oncology national group, is developing guidelines and many of these are accessible on the web. It's important to know which care guidelines apply to you. Breast cancer is followed up differently than lung cancer, and differently than colon cancer – it's important to know those things. It's also important to realize that routine scans – be it CT scans, PET scans, bone scans or lab work – are not recommended for all cancers. Different cancers have different follow-up needs. So know where you are in that spectrum of continuing care after a cancer diagnosis.

A couple of the things that we tend to think about is that everyone needs an annual physical. This has been a very controversial thing. Who needs one and who doesn't need one? It probably needs to be more directed, rather than just a general physical. What is important during your annual physical is to know your family history – not just about cancer but about other diseases such as a history of high cholesterol, heart disease or diabetes. This will help your general medicine physician, your internist, be able to further intervene and may direct some testing to see if you have any other high risk factors for early death or early complications. What should a physical exam include? Not only the physical exam, listening to you, looking at you, poking and prodding, but a lot of questions about history. A lot of questions about how you're feeling. Medication review, including all non-traditional medicines. And then selected testing. Not everybody needs everything done every year. It's important to know your family history. In large part that's because certain diseases are linked with certain diseases, which may lead to different types of screening. For example, if somebody has Lynch Syndrome/ Hereditary Nonpolyposis Colorectal Cancer, family members are also at risk for ovarian cancer. So, an approach to women who need their GYN exams and to evaluate for ovarian cancer, or if somebody has ovarian cancer, make sure the other family members are getting screened for colon cancer. Again, these are associations that important for global health care. We often see diabetes in families. So weight control and management of calories, as well as body size, may be important. Diabetes has multiple other sequelae. Knowing the history and knowing what to be alert for is important. Again, good health habits are always important.

It's also important, as we're talking about family history, to realize how many things are linked. These are just a few of the family genetic pathways that we

have seen. Most people are familiar with the BRCA 1 and 2, the breast cancer genes 1 and 2, only seen in 5% of all breast cancers. But families that have this gene have a history of breast cancer, colon cancer, male breast cancer, and ovarian cancer. So the family needs to be evaluated globally. Cowden's disease has thyroid cancer and breast cancer associated. Li Fraumeni has brain cancer and leukemia associated. So looking at genetics is important.

Not all guidelines for routine care apply to the cancer survivor in the same way. A good example is breast exam and mammography. The general guidelines are to start doing mammography at age 40 and then yearly. You start earlier if there is a family history of breast cancer or chest wall irradiation. Monthly exams start in the twenties. Medical professional exams start in the twenties and then yearly. If you are a breast cancer survivor, however, these guidelines may vary a little bit. Most people with breast cancer have already started yearly mammograms. Occasionally they may need mammograms every six months, and their exams are more frequent especially if they're in their first five years after treatment.

Colonoscopy is another colon cancer screening test that can make a world of difference in the treatment and prevention of further complications of colon cancer. Traditionally, we recommend colon cancer screening start at age 50 and, depending on the results and whether or not they found polyps or other abnormalities, a follow-up colonoscopy will be done at either three-year, five-year or ten-year intervals. If there is a strong family history, screening starts earlier, or if the individual has a history of colitis, Crohn's or polyp history. We are less commonly using stool testing for blood, barium enema, or sigmoidoscopy, in large part because with colonoscopy once the physician sees an abnormality they can also do an initial diagnostic procedure or, if it's just a polyp, treat it by taking it out.

Similarly, gynecology evaluations. Currently, PAP smears are recommended every three years if they've had normal PAP smears. Most of us think about going for PAP smears on a yearly basis. But if there has been a normal PAP smear, and if there is no other strong family history or worries about risks of cancer, you can do a PAP smear every three years. A lot of people continue to do them yearly, in large part because it's much easier to remember something being done yearly. Hysterectomies – if you've had a hysterectomy for a benign cause such as fibroids, there is no need for a PAP smear because the cervix has been removed. There is a suggestion, however, that periodically there be an evaluation of the vagina. If the ovaries remain, then you need to do a bi-manual exam to make sure the ovaries have not changed or become enlarged. The human papilloma virus testing is certainly new. It's under development. There's now a new vaccine that may be considered for teenagers and women in their twenties. The guidelines for that are still under development. Again, if you have a cancer history, you will be getting more frequent exams and on a different schedule. Pay attention to the guidelines for that.

Everybody wants a blood test. Can there be a blood test for cancer? Is there something that can tell me if cancer is there or not? Probably the one we hear the most about is the Ca 125. It is not indicated for routine screening in the general population. It is used in some women who are at higher risk to assess whether or not they have ovarian cancer. But realize that it can go up with a lot of different things. There can be other inflammatory processes going on in the body that may lead to a falsely elevated Ca 125. The PSA (prostate specific antigen) is used to screen for prostate cancer. It is controversial. The current suggestions are starting at age 50 and yearly, but start earlier if there is a strong family history or if the patient is African-American. We tend to see prostate cancer about a decade earlier in the African-American population. Should it be done and what do you do with the results? Again, there is still a lot of controversy since sometimes in very early-stage prostate cancer there is no intervention. But many physicians and many patients still request this be done on a regular basis. It's also important to realize that there is no perfect blood test for any kind of cancer. People say, "Just test my blood." They are certainly looking at other ways of looking for cancer cells. There is a group that is looking at circulating tumor cells in the bloodstream in people who have had breast cancer. But we don't know how to use that information yet. We don't know what to do with it yet. There will continually be evaluation of that. There is no one test that says you are healthy and do not worry. That becomes an increasing challenge, not only for cancer survivors, but also for family members and others.

What other blood tests do we do routinely? Certainly if people are over 50, diabetic, they have a strong family history or are overweight, then cholesterol and lipid panels are important, especially because as women go through menopause they are less able to maintain their cholesterol levels. If people are overweight or diabetic, then that puts them at increased risk for cardiovascular disease, stroke and other complications. Kidney and liver function – there are specific situations, especially when people are on certain medications, where kidney and liver function need to be monitored on a routine basis. We oftentimes do this in cancer patients, however, it depends on the cancer and it depends on what treatment. It is not routinely recommended for most cancers.

The other blood test people commonly hear about is a complete blood count – white cells, red cells and platelets. When one is undergoing chemotherapy one hears about this test quite a bit because we are continually monitoring the white cells, red cells and platelets during chemotherapy. Once there has been recovery, this becomes less of an issue. However, there are times when complete blood counts need to be done as part of the follow-up care.

Other things to think about health maintenance wise. Our eyes change as we get older and so many people need ophthalmology evaluations. Many drugs and radiation can affect their eyes. Several drugs that we use, including tamoxifen and steroids, may increase the risk of cataracts. Survivors need to think about getting their eyes examined and evaluated on an appropriate basis.

We also tend to forget about some of the other things for good health maintenance, and those are vaccinations. If you are over 60, or if you've had a splenectomy, you need a Pneumovax every five years. It does not protect against all types of pneumonia, but it does protect against some of them. Many of us tend to forget about the tetanus shot until we have a cut. That should be given every ten years. In some patients, hepatitis exposure, the hepatitis vaccine is appropriate. If you've had a bone marrow transplant, particularly an allogeneic transplant from someone else, then there are a group of vaccinations usually given as children that are then repeated as adults. So talk with your bone marrow transplant physician if that is the case.

Again, things to do to help your health. Don't smoke. Think about other things about good health maintenance. Your dentist. Many of our drugs affect the gums and the teeth. You've heard a lot about good oral hygiene during your treatment, so it's important to continue that afterwards. It's amazing how many people have lost their teeth from just poor care, and it's much more fun to eat when you have your own teeth. Bone density. Definitely an effect on women as they go through menopause, but many of our chemotherapy drugs may also affect the bones. This can be true for both men and women. Exercise, calcium, and considering bisphosphonates. Most of us have heard about Boniva, Fosamax – those types of drugs may also help reduce the risk of bone complications.

Again, you have to think globally about your health. With all these increased survivors, we want people to feel well. The chances are that they may die of things other than their cancer, so we have to think globally. What do we do? You exercise. You keep your weight appropriate. You don't smoke. You limit or moderate your alcohol consumption. You know about your history. You know about your risk of further problems. These things will help you and your physician maintain your good health. It sounds very redundant. It's the same things I recommend to any patient who walks in to me, as an internal medicine physician, not just as a cancer physician. More and more patients are surviving so we need to keep the global health picture in good shape. I had one patient who didn't want to lose weight because she thought it would mean her cancer was coming back, yet the key is that you want to be able to keep your blood pressure under control and blood sugar under control. There is more information that suggests that better health and better exercise may actually reduce your risk of cancer recurrence.

What are we doing to help our increasing numbers – this 10 million plus survivors? We are developing programs to have specific information either in a packet, on a thumb drive, or on CD-ROM, some sort of format that patients can take with them as they visit different physicians throughout their lifespan. We're also looking at newer treatments. Some of our newer treatments, some of the monoclonal antibodies, will be less toxic to other organs in the body so that patients may have fewer sequelae from their treatment. There are a lot of things out there to help the cancer survivor. The key is being an advocate for your

health. There are web sites and there are journals. As I mentioned earlier, the ASCO group is looking at cancer survivorship as a mission of the American Society of Clinical Oncology. Here is a group whose previous mission has always been treatment of the disease. Now they realize that as you treat we have more and more survivors and we need to look globally at our patients. So, increasingly, the information will be out there. Again, 10 million and more are surviving. Don't be afraid to be your own advocate. Ask questions and realize that we're in the business of living – and that is the key – surviving and living. Thank you very much.