



WHAT IS SURVIVORSHIP AND WHY DOES IT MATTER?

What is survivorship?

- Usually defined as a process starting at the point of diagnosis and continuing until the end of life – a survivor may be defined as someone living with or beyond cancer.
- Needs may be physical, psychological, spiritual and social.
- Ideally all would have a holistic needs assessment but resources often not available.

Why does it matter?

- Cancer survival rates are increasing so more people will live a life after cancer.
- As survival rates at later stages increase, more sequelae of treatment in survivors.
- Despite proposals for complex patients to be offered survivorship care in hospital, the reality is that most survivorship needs are managed in primary care.

WHAT ISSUES MAY AFFECT CANCER SURVIVORS?

Physical

- Recurrence.
- Immediate and longer term side-effects of treatment.
- Effects of the cancer or its treatment on co-morbidities and risk factors for other conditions.

Psychological

- Depression/anxiety.
- Fear of recurrence.
- Survivor guilt.
- Psychosexual issues and psychological complications of any loss of fertility due to cancer.

Social

- Finances.
- Employment.
- Disruption to education and/or difficulties with social interaction stemming from cancer at a young age.

ISSUES SPECIFIC TO BREAST CANCER SURVIVORSHIP

Contraception

- Limited data but [FSRH](#) advise avoid hormonal contraception if possible, even if cancer was oestrogen & progesterone receptor negative because recurrence/mets may have hormone receptors.
- Tamoxifen, aromatase inhibitors and GnRH analogues aren't contraceptive.
- FSRH recommend copper intrauterine device (Cu-IUD) if reversible contraception wanted.
- Ongoing use of hormonal contraception when non-hormonal methods unacceptable/inappropriate should be on case by case basis, progestogen only, with specialist involvement, when there are other gynaecological indications for the method.
- Benefits of hormonal emergency contraception probably outweigh risks if Cu-IUD not possible.
- Breast cancer diagnosed while on hormonal contraception (always d/w specialist):
 - Combined → change to non-hormonal/progestogen only as soon as possible.
 - Progestogen only → possibly continue while initial treatment decisions being made.

Fertility and menopause

- Access to egg cryopreservation varies by area.
- Pregnancy not thought to ↑ recurrence risk, but this may be a concern; specialist advice on how long to avoid pregnancy after treatment.
- Symptoms can be debilitating; specialist opinion needed before considering systemic HRT (more information in [BMS statement](#)).
- Vaginal oestrogen may be safe, particularly if cancer was oestrogen negative – see [NICE guidance](#) and discuss with her oncologist.
- Consider [non-hormonal options](#) (but not OTC phyto-oestrogens) or refer to menopause specialist.

PRACTICALITIES OF MANAGING SURVIVORSHIP

Medical

- Manage long-term consequences:
 - Lymphoedema.
 - Fatigue.
 - Peripheral neuropathy
 - Cognitive issues.
 - Osteoporosis.
 - Abdo/pelvic adhesions.

Psychological

- Be aware of fear of recurrence; consider discussing particularly if often presenting with apparently minor symptoms.
- Anxiety more common in cancer survivors and their spouses than general population.

Social

- Finances (time off work during cancer or for ongoing physical or mental effects).
- Involve social prescriber if necessary, e.g. to look for new work if unable to do old job.
- Consider local support groups for cancer survivors.