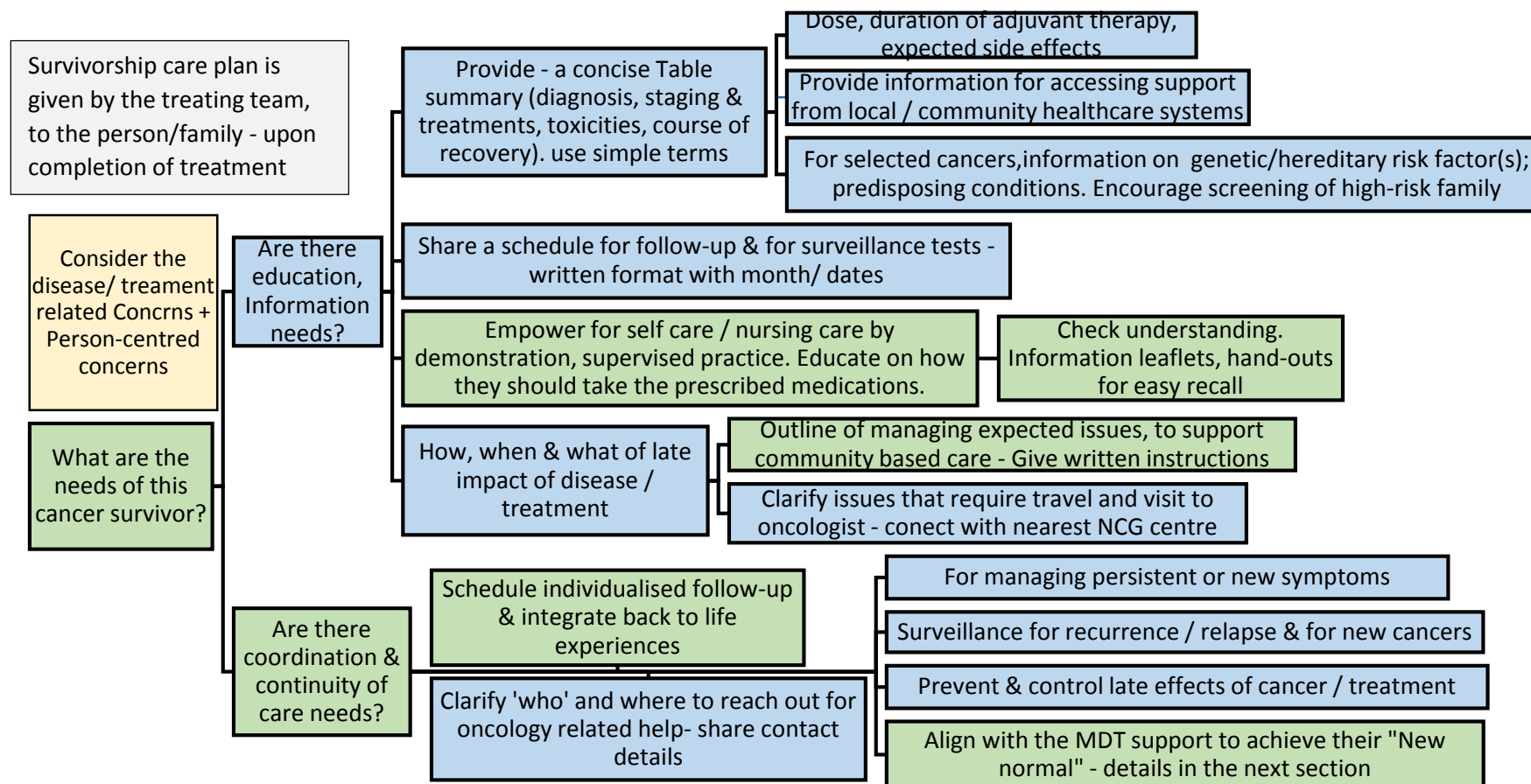


NCG Guidelines for Best Supportive Care for cancer survivors

Approach to providing care to survivors^{1 2}

Team-work: Oncology, MDT (Physio/Occupational therapist, Swallow-speech therapist, dietician, MSW) and Palliative-Care professionals

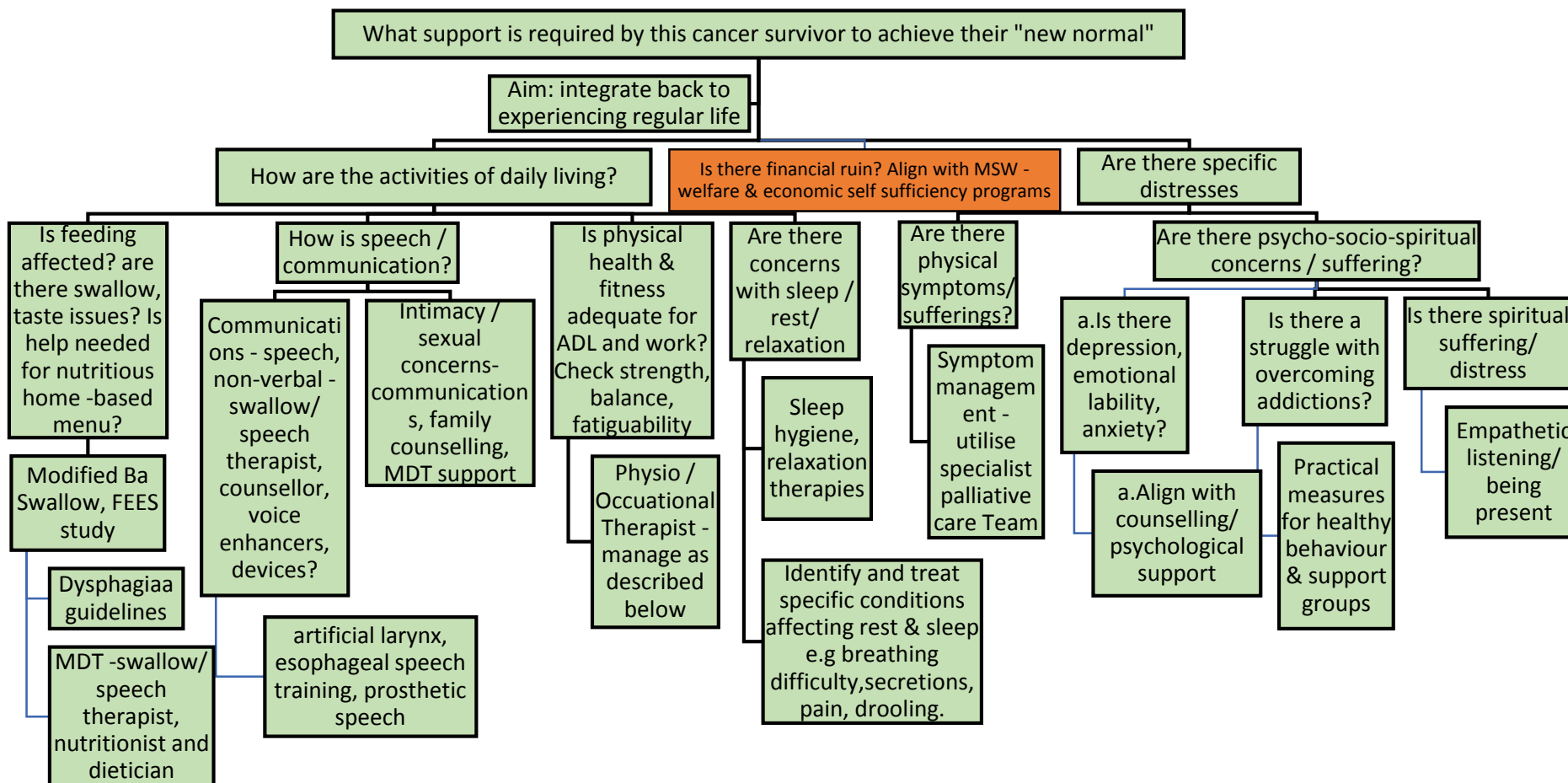


¹ Person living with, through and beyond Cancer - usually identified as those in the post treatment stage. It addresses the vast and persistent impact that both the diagnosis and treatment of cancer have on the person.

² <https://education.nccn.org/system/files/CSOI-S1-08042017.pdf>

NCG Guidelines for Best Supportive Care for cancer survivors

Best Supportive Survivorship Care³



NCG Guidelines for Best Supportive Care for cancer survivors

Recommendations when developing the Care plan for cancer survivors

1. Use simple language of patient's preference in the information sheets: Instead of listing symptoms of recurrence a statement "Any new, unusual and/or persistent symptoms should be brought to the attention of your doctor" is recommended⁴.
2. Individualised instruction on healthy diet, exercise, smoking cessation and alcohol use reduction
3. Long term care related to new normal – e.g. living with colostomy – irrigation, economic options of colostomy bags, support groups, help-line
4. List issues commonly experienced by survivors in terms of emotional or mental health, parenting, work/employment, financial issues, and insurance – which a named team member to coordinate with.
5. Link with local / national resources for accessing help, when relevant. Wig services, travel support for cancer patients etc
6. Make instructions user friendly E.g. recipes and menu for liquid nutritious foods -should reflect their conventional home cooked meals.

Common symptoms seen in survivors (use Symptom-inventory tools during review meetings)

1. Physical:
 - a. Shoulder syndrome, neuropathic pain, numbness / paraesthesia, persistent pain, ostomy/ lymphedema care needs
 - i. Refer to pain and palliative care specialised team
 - b. **Rehabilitation:** Strength, balance, fatiguability- check readiness for rehab work, check prior activity levels, barriers. Ensure safety, instil confidence, and initiate graded individualised exercise regimes & range of movements - provide video links
2. Emotional:
 - a. Anxiety and fear of recurrence/of a new cancer
 - b. Adjustment issues with new normal
 - c. Depression, anxiety
 - d. **Manage**
 - i. Use informal conversations with team members with communication skills,
 - ii. Utilise Chemotherapy time as educational session, align with supportive counselling

³ <https://www.nccn.org/patients/guidelines/content/PDF/survivorship-hl-patient.pdf>

⁴ ASCO guidelines

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- iii. Align with Psychotherapy, Stress management, CBT,
 - iv. When relevant - Supportive-expressive psychotherapy, Mind-body strategies
3. Social:
- a. Isolation, stigma, fear of facing people / social gatherings due to face/body image, voice & speech issues or altered feeding
 - b. Struggles with addictions
 - c. **Manage:** Listen, align the patient with MDT for practical measures for healthy behaviour, connect with support groups
4. Spiritual?
- a. Suffering and distress due to guilt, anger with the life situation
 - b. **Manage:** Empathetic listening and Being present to help the patient find answers to the dilemmas and be able to reframe the situation