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Survivorship: Screening for Cancer and Treatment Effects, Version 2.2014:

Clinical Practice Guidelines in Oncology

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Abstract

The NCCN Guidelines for Survivorship provide screening, evaluation, and treatment recommendations for common physical and psychosocial consequences of cancer and cancer treatment. This portion of the guidelines describes recommendations regarding screening for the effects of cancer and its treatment. The panel created a sample screening tool, specifically for use in combination with the NCCN Guidelines for Survivorship, to guide providers to topics that require more in-depth assessment. Effective screening and assessment can help providers deliver necessary and comprehensive survivorship care.

Screening for Effects of Cancer and Its Treatment

All survivors should be periodically screened for symptoms related to cancer and previous cancer treatment, with appropriate follow-up care as clinically indicated. The panel does not assume that all survivorship issues will be addressed at every visit. Some tools that screen for long-term and late physical and psychosocial effects of cancer and its treatment in survivors have been validated.^{1–6} In addition, the NCCN Survivorship Panel created a sample screening instrument that is guideline-specific and can be self-administered or administered by an interviewer. This assessment tool was developed specifically for use in combination with the NCCN Clinical Practice Guidelines in Oncology for Survivorship to help providers deliver necessary and comprehensive survivorship care (to view the most recent and complete version of these guidelines, visit NCCN.org). Although this instrument has not yet been piloted or validated, the answers can be used to guide providers to topics within the guidelines that require more in-depth assessment via validated tools and/or clinical evaluation.

In addition to screening by history and physical examination, care providers should assess the following to determine whether reversible or contributing causes for symptoms exist:

Denlinger et al.	Crystal S. Denlinger, MD	Bayer HealthCare; Genentech, Inc.; ImClone Systems Incorporated; MedImmune Inc.; OncoMed Pharmaceuticals; Astex Pharmaceuticals; Merrimack Pharmaceuticals; and Pfizer Inc.	Eli Lilly and Company	None	None	10/16/14
		• Current disease status				
	Don Dizon, MD	None	None	None	American Journal of Clinical Oncology; ASCO; UpToDate	4/4/14
	Debra L. Friedman, MD, MS	None	None	None	None	7/31/14
	Mindy Goldman, MD	None	None	None	Lumetra	8/23/14
	Lee W. Jones, PhD	None	None	Exercise by Science, Inc.	None	8/21/14
	Allison King, MD	None	None	None	None	9/11/13
	Grace H. Ku, MD	None	Seattle Genetics, Inc.	None	None	9/16/14
	Elizabeth Kvale, MD	None	None	None	None	10/23/14
	Terry S. Langbaum, MAS	None	None	None	None	8/22/14
	Kristin Leonardi-Warren, RN, ND	None	None	None	None	1/6/14
	Jennifer A. Ligibel, MD	None	None	None	None	10/3/13
	Mary S. McCabe, RN, BS, MS	None	National Cancer Institute	None	None	5/6/14
	Michelle Melisko, MD	Genentech, Inc.; Celldex Therapeutics; and Galena Biopharma	Agendia BV	None	None	8/19/14
	Jose G. Montoya, MD	None	None	None	None	12/6/13
	Kathi Mooney, RN, PhD	University of Utah	None	None	None	7/15/14
	Mary Ann Morgan, PhD, FNP-BC	None	None	None	None	5/5/14
	Javid J. Moslehi, MD	Millennium Pharmaceuticals, Inc.; and Accleron, Inc.	ARIAD Pharmaceuticals, Inc.; Millennium Pharmaceuticals, Inc.; Novartis Pharmaceuticals Corporation; and Pfizer Inc.	None	None	10/5/14
	Tracey O'Connor, MD	None	None	None	None	9/4/14
	Linda Overholser, MD, MPH	None	Colorado Central Cancer Registry Care Plan Project; and George Washington Cancer Institute Survivorship Project	None	Athena Health	10/13/14
	Electra D. Paskett, PhD	Merck & Co., Inc.	None	Pfizer Inc.	None	9/24/14
	Jeffrey Peppercorn, MD, MPH	None	Genentech, Inc.	GlaxoSmithKline	None	9/2/14
	Muhammad Raza, MD	None	None	None	None	8/23/12
	M. Alma Rodriguez, MD	Amgen Inc.; and Ortho Biotech Products, L.P.	None	None	None	9/16/14
	Karen L. Syrjala, PhD	None	None	None	None	9/2/14
	Susan G. Urba, MD	None	Eisai Inc.	None	None	8/21/14
	Mark T. Wakabayashi, MD, MPH	None	None	None	None	9/5/14
	Phyllis Zee, MD	Philips/Respironics	Merck & Co., Inc.; Jazz Pharmaceuticals; Vanda Pharmaceuticals; and Aptalis Pharmaceuticals	None	None	8/28/14

- Functional/performance status
- Current medications
- Comorbidities, including weight and tobacco use
- Prior cancer treatment history and modalities used

This information can also inform about the patient's risk for specific late or long-term effects, including risks for second primary cancers and comorbidities. For example, patients who received pelvic irradiation or surgery are at risk for sexual dysfunction; patients with a history of brain metastasis or cranial irradiation have an elevated risk for cognitive dysfunction. In general, those who underwent more intensive therapy are at higher risk for multiple late and/or long-term effects. Survivors undergoing certain treatments, such as mantle radiation or certain systemic therapy agents, may be at increased risk for secondary malignancies. Survivors who continue to smoke are at increased risk for smoking-related comorbidities and second primary cancers.

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KEY:

*Writing Committee Member

Subcommittees: ^aAnxiety and Depression; ^bCognitive Function; ^cExercise; ^dFatigue; ^eImmunizations and Infections; ^fPain; ^gSexual Function; ^hSleep Disorders

Specialties: ξBone Marrow Transplantation; λCardiology; εEpidemiology; ΠExercise/Physiology; ΩGynecology/ Gynecologic Oncology; ‡Hematology/Hematology Oncology; ΦInfectious Diseases; ΠInternal Medicine; †Medical Oncology; ΨNeurology/Neuro-Oncology; #Nursing; ; ≈Nutrition Science/ Dietician; ¥Patient Advocacy; €Pediatric Oncology; θPsychiatry, Psychology, Including Health Behavior; £Supportive Care Including Palliative, Pain Management, Pastoral Care, and Oncology Social Work; ¶Surgery/Surgical Oncology; ωUrology

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NCCN Categories of Evidence and Consensus

Category 1: Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A: Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B: Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3: Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) are a statement of consensus of the authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult the NCCN Guidelines[®] is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network[®] (NCCN[®]) makes no representation or warranties of any kind regarding their content, use, or application and disclaims any responsibility for their applications or use in any way. The full NCCN Guidelines for Survivorship are not printed in this issue of *JNCCN* but can be accessed online at NCCN.org.

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SURVIVORSHIP BASELINE ASSESSMENT
(Patient version)

Please answer the following questions regarding possible symptoms that you may have experienced over the past 4 weeks:

Survivorship Concerns	Survivorship Care Survey
Anxiety and Depression	1. Do you often feel nervous or do you worry? Yes/No 2. Do you often feel sad or depressed? Yes/No 3. Have you lost interest in things you used to enjoy? Yes/No
Cognitive Function	4. Do you have difficulties with multitasking or attention? Yes/No 5. Do you have difficulties with remembering things? Yes/No 6. Does your thinking seem slow? Yes/No
Fatigue	7. Do you feel persistent fatigue despite a good night's sleep? Yes/No 8. Does fatigue interfere with your usual activities? Yes/No 9. How would you rate your fatigue on a scale of 0 (none) to 10 (extreme) over the past month? 0-10
Pain	10. Are you having any pain? Yes/No 11. How would you rate your pain on a scale of 0 (none) to 10 (extreme) over the past month? 0-10
Sexual Function	12. Are you dissatisfied with your sexual function? Yes/No 13. Do you have any concerns regarding sexual function or sexual activity? Yes/No
Sleep Disorder	14. Are you having problems falling asleep or staying asleep? Yes/No 15. Are you experiencing excessive sleepiness (ie, sleepiness or falling asleep in inappropriate situations or sleeping more during a 24-hour period than in the past)? Yes/No
Physical Activity	16. Are you exercising or doing some physical activity for less than 150 minutes a week? Yes/No 17. Do you have any limitations to participating in the physical activities that you enjoy? Yes/No
Immunizations and Infections	18. Have you received your flu vaccine this year? Yes/No 19. Have you received any vaccinations recently? Yes/No

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SURVIVORSHIP BASELINE ASSESSMENT^a
(Provider Key)

Please answer the following questions regarding possible symptoms that you may have experienced over the past 4 weeks:

<u>Survivorship Concerns</u>	<u>Survivorship Care Survey</u>	<u>Provider Key</u>
Anxiety and Depression	Questions 1-3	If YES to any question, refer to SANXDE-1*
Cognitive Function	Questions 4-6	If YES to any question, refer to SCF-1*
Fatigue	Questions 7-9	If YES to either question 7 or 8, or a rating of >3 to question 9, refer to SFAT-1*
Pain	Questions 10-11	If YES to question 10 and a rating of >4 to question 11, refer to SPAIN-1*
Sexual Function	Questions 12-13	If YES to either question, refer to SSFF-1* (female) or SSFM-1* (male)
Sleep Disorder	Questions 14-15	If YES to either question, refer to SSD-1*
Physical Activity	Questions 16-17	If YES to either question, refer to HL-1*
Immunizations and Infections	Questions 18-19	If NO to either question, refer to SIMIN-1*

*Available online, in these guidelines, at NCCN.org.

^aThis is a sample assessment tool. While this instrument has not yet been piloted or validated, the answers can be used to guide providers to topics within the guidelines that require more in-depth assessment. Validation of the best way to assess survivorship issues is ongoing.

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