ASCO Releases First Three Guidelines on Cancer Survivorship Care

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The American Society of Clinical Oncology (ASCO) today issued three evidence-based clinical practice guidelines on the prevention and management of symptoms that affect many cancer survivors—neuropathy, fatigue and depression, and anxiety. The guidelines are the first three in a planned series of guidelines on survivorship care. The recommendations reinforce the need to care for the both physical and psychological needs of cancer survivors.

The release of these guidelines come at a time when the number of people with a history of cancer in the United States has increased dramatically, from 3 million in 1971 to about 13.7 million today. Despite these important gains, cancer survivors still face a range of long-term challenges from their disease and its treatment. Cancer survivors face an increased risk for other health problems, premature mortality and side-effects from treatment. The transition from active treatment to post-treatment care is critical to optimal long-term health. If care is not planned and coordinated, cancer survivors are left without knowledge of their heightened risks and a follow-up plan of action.

In addition to the guidelines, Cancer.Net, ASCO’s patient information website, has updated information for survivors that is based on ASCO’s latest recommendations.

ASCO Guideline: Managing Chemotherapy-Induced Peripheral Neuropathy

ASCO’s new guideline, Prevention and Management of Chemotherapy-induced Peripheral Neuropathy in Survivors of Adult Cancers: American Society of Clinical Oncology Clinical Practice Guideline, provides evidence-based recommendations for prevention and treatment of chemotherapy-based peripheral neuropathy (CIPN)—a debilitating side effect of certain chemotherapy regimens, particularly those containing platinum drugs, vinca alkaloids, bortezomib and/or taxanes. An estimated 30 to 40 percent of people with cancer treated with chemotherapy will experience CIPN. Symptoms range from numbness and tingling to shooting pain in arms and
legs. Severe symptoms may necessitate reducing therapy dose or switching to another regimen. For a minority of patients, severe symptoms can last for years.

The ASCO guideline, published today in the *Journal of Clinical Oncology (JCO)*, identifies a handful of drugs that may be helpful in diminishing the symptoms of CIPN, but it does not recommend any agents for prevention of CIPN.

“There is no clear panacea for neuropathy,” said Gary Lyman, MD, MPH, co-chair of the ASCO Survivorship Guidelines Advisory Group. “Some of the drugs used for prevention or treatment of neuropathy may cause side effects or interfere with other drugs. We want to be clear that if there is no evidence of benefit from those drugs, it’s probably best not to take them.”

Key guideline recommendations are:

**Prevention**

- Due to lack of high-quality, consistent evidence, no established agents are recommended for the prevention of CIPN in people with cancer undergoing treatment with neurotoxic agents.
- Specifically, the following agents should not be offered for prevention of CIPN: acetyl-L-carnitine, amifostine, amitriptyline, CaMg, dietyldithio-carbamate, glutathione, nimodipine, Org 2766, all-trans retinoic acid, rhuLIF, and vitamin E.

**Treatment**

- Clinicians may offer duloxetine to patients experiencing CIPN.
- While there is no strong evidence of benefit from for use of tricyclic antidepressants, gabapentin, and a topical gel containing baclofen, amitriptyline, and ketamine, it may be reasonable to try those agents in select patients.

Physicians cannot predict who will develop CIPN, how severe the symptoms will be, and how long they will last. If CIPN is recognized early, symptoms and risk of permanent nerve damage can be decreased by selecting treatments that don’t have neuropathy as a side effect. Physicians are urged to talk to their patients about the potential for CIPN prior to starting therapy and to monitor for symptoms of CIPN during the course of therapy.

To develop this clinical practice guideline, an ASCO Expert Panel, co-chaired by Dawn L. Hershman, MD, and Charles L. Loprinzi, MD, conducted a formal systematic review of relevant medical literature. The review identified 48 randomized clinical trials for management of CIPN.

**ASCO Guideline: Screening and Management of Fatigue in Adult Cancer Survivors**

ASCO’s new guideline, *Screening, Assessment and Management of Fatigue in Adult Survivors of Cancer: an American Society of Clinical Oncology Clinical Practice Guideline Adaptation*, provides recommendations on screening, assessment, and treatment approaches for adult cancer survivors...
experiencing fatigue. It is recommended that all survivors be evaluated for symptoms of fatigue upon completion of primary treatment and be offered strategies for fatigue management.

“Fatigue is an extremely common symptom in people with cancer,” said Smita Bhatia, MD, MPH, co-chair of the ASCO Survivorship Guidelines Advisory Group. “We hope that this guideline will help ensure that screening for fatigue and appropriate management are incorporated in the care of every cancer survivor.”

A majority of patients experience some level of fatigue during cancer treatment, and approximately one-third suffer from persistent fatigue for years after completing treatment. In any given patient, fatigue may be associated with different contributing factors – cancer, cancer treatment regimen and/or other medications, blood counts, and having other chronic conditions. It is important to consider all of those factors.

Key guideline recommendations are:

- All patients should be screened for fatigue from the point of diagnosis onward.
- Healthcare providers should assess fatigue history, disease status, and treatable contributing factors.
- All patients should be educated about differences between normal and cancer-related fatigue, causes of fatigue, and contributing factors. Patients should be offered strategies to manage fatigue, including physical activity, psychosocial interventions (e.g., cognitive and behavioral therapies, psycho-educational therapies), and mind-body interventions (e.g., yoga, acupuncture).

To develop this guideline, published today in JCO, an ASCO Expert Panel, co-chaired by Julienne E. Bower, PhD, and Paul Jacobsen, PhD, conducted a formal systematic review of clinical practice guideline databases and relevant medical literature. The adaptation is based on a Pan-Canadian guideline on fatigue and two National Comprehensive Cancer Network guidelines on cancer-related fatigue and survivorship.

**ASCO Guideline: Anxiety and Depression Management in Adults with Cancer**

ASCO’s new guideline, *Screening, Assessment and Care of Anxiety and Depressive Symptoms in Adults with Cancer: an American Society of Clinical Oncology Clinical Practice Guideline Adaptation*, emphasizes that healthcare providers have a vital role to play in mitigating the negative emotional and behavioral side effects of cancer.

“Distress is very common among people with cancer, but the types and causes of distress vary. Depression can go undetected unless it is specifically sought for and evaluated,” said Dr. Bhatia.

The ASCO guideline, published today in JCO, recommends that all people who have been treated for cancer be evaluated for symptoms of depression and anxiety. Supportive care services should
be offered to all; those who display moderate or severe symptoms of anxiety and depression should be referred for appropriate interventions.

Additional key guideline recommendations are:

- Healthcare providers should periodically evaluate all survivors for symptoms of depression and anxiety.
- Assessment should be performed using validated, published measures and procedures.
- Supportive care services (e.g., education about normalcy of stress in the context of cancer, signs and symptoms of distress, stress reduction strategies, fatigue management) should be offered to all survivors.
- Psychological, psychosocial, and psychiatric interventions should be offered to survivors with moderate or severe symptoms of depression or anxiety.

“Doctors sometimes don’t give these symptoms much attention because they think it’s normal that their patients are a little anxious or depressed about their disease,” said Dr. Lyman. “But it’s important to keep an eye on the symptoms and step in when they start to interfere with the patients’ quality of life.”

To develop this guideline, an ASCO Expert Panel, co-chaired by Barbara L. Andersen, PhD, and Julia Howe Rowland, PhD, conducted a formal systematic review of clinical practice guideline databases and relevant medical literature. The adaptation is based on a Pan-Canadian practice guideline on psychological distress (depression, anxiety) in adults with cancer.

**Cancer.Net: Information for Cancer Survivors**


For copies of the guidelines, please visit [http://www.asco.org/guidelines/survivorship](http://www.asco.org/guidelines/survivorship).

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**About ASCO:**
Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With more than 35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation, which funds groundbreaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit asco.org. Patient-oriented cancer information is available at Cancer.Net.