



Joining Forces to Fight Cancer

Wyoming Cancer Coalition

Study Confirms Benefits of Early Palliative Care for Advanced Cancer

By National Cancer Institute Staff

Patients who received palliative care along with standard treatment for advanced cancer reported having a better quality of life and mood than patients who did not receive early palliative care, according to the results of a randomized clinical trial. Patients who received early palliative care also scored better on an assessment of their ability to cope with their disease and were more likely to discuss end-of-life care preferences with their health care team. “We have now shown the benefits of early palliative care for patients with advanced cancer in two clinical trials,” said Joseph A. Greer, Ph.D., of Massachusetts General Hospital, who reported results from the study last month at the American Society of Clinical Oncology Palliative Care in Oncology Symposium in San Francisco. The other trial, reported by Dr. Greer and his colleagues in 2010, included only patients with advanced lung cancer and reported on the effects of early palliative care on quality of life and mood.



A new study confirms that, for some patients with advanced cancer, palliative care given early during treatment can improve their quality of life.

For the current study, the researchers enrolled patients with gastrointestinal cancers as well as lung cancers, and they explored new questions, such as the effect of early palliative care on coping skills and end-of-life care discussions.

“This was a well-conducted study that builds on the earlier work of Dr. Greer’s group,” said Diane St. Germain, R.N., M.S., of NCI’s Division of Cancer Prevention. “It is important to determine the impact of early palliative care in additional types of cancer.” Palliative care is care that is intended to improve the quality of life of patients who have a serious or life-threatening illness.

Most experts define this type of care, which includes managing symptoms, establishing goals of care, and providing psychosocial support, as beginning at diagnosis and continuing throughout a patient’s experience with cancer. “Palliative care helps individuals stay connected with the activities they care about,” said Dr. Greer. The palliative care team may include physicians, nurses, social workers, and chaplains who have experience helping patients cope with the psychological and spiritual aspects of living with a serious illness.

In the current trial, 350 patients with advanced lung or gastrointestinal cancers—including pancreatic, gastric, and esophageal—were randomly assigned to receive palliative care along with standard treatment or standard treatment alone. Patients in the palliative care group received a visit from a palliative care specialist at least once a month; both groups were evaluated 12 weeks and 24 weeks after their cancer treatment had begun. Patients with lung cancer who received early palliative care reported improvements in quality of life and mood at 12 and 24 weeks.

Among patients with gastrointestinal cancers, however, there was no difference between the two study groups in quality of life or mood at the 12- or 24-week evaluations. “This finding raises important questions for future research, such as whether palliative care interventions should be tailored by cancer type,” said St. Germain. The study also showed that 30% of all patients who received early palliative care reported having discussions about their end-of-life care preferences, whereas only 14% of patients receiving standard care alone reported having these discussions.

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How Caregiving is Like Football



Adapted from Cindy Lavery - AgingCare.com

Football season is in full swing! Yesterday I was watching a game and was struck by the similarities between football and caregiving. I watched the quarterback dodging tackles and doing everything to avoid getting sacked. It's hard to lead the team when you are running for your life. It's hard to keep your wits about you. My team's quarterback is very skilled at keeping his wits about him, but even he has challenging days.

Caregiving and football are similar. When you are a caregiver, you are the leader of the team. The success or failure of this journey rests, impart, on your shoulders and it's a heavy responsibility. Your team consists of the person needing care, doctors, nurses, accountants, lawyers, family members, outside forces, a home to keep intact, prescription medicine, dietary needs, organization, insurance claims, and any surprises that might present along the way.

It's a very complicated team and it doesn't always operate as a unified force in fact, usually it doesn't. So imagine what happens when someone tries to do caregiving alone – with no team in place; no family support; no outside help; without communicating with doctors and without asking for help. Imagine what that is like. I'm betting most people reading this can very well imagine, because most people have never set up a team!

We have caregiver teams in Wyoming, but sometimes it's hard to locate resources along with all the team members such as those described. The Aging Division, Community Living Section encourages you to contact your local senior center, 211; or the Community Living Section toll free at 1-888-442-2766 to find out about resources that can help you care for a loved one, including the National Family Caregiver Support Program.

CDC Recommends Only Two HPV Shots for Younger Adolescents

CDC now recommends that 11- to 12-year-olds receive two doses of HPV vaccine at least six months apart rather than the previously recommended three doses to protect against cancers caused by human papillomavirus (HPV) infections. Teens and young adults who start the series later, at ages 15 through 26 years, will continue to need three doses of HPV vaccine to protect against cancer-causing HPV infection.

For more information, read the full [press release](#).

Health care professionals: CDC is asking you, a trusted source of vaccine information, to lead the conversation about the importance of HPV vaccine for cancer prevention with your patients and their parents, your practice staff, and your colleagues in the community. See our [resources to answer the questions parents may have](#).





Ovarian Cancer Screening

Despite extensive research and published studies, there are currently no screening tests for ovarian cancer that are sensitive enough to reliably screen for ovarian cancer without a high number of inaccurate results. However, over the years, numerous companies have marketed tests that claim to screen for and detect ovarian cancer. For example, recently, Abcodia Incorporated began marketing the Risk of Ovarian Cancer Algorithm (ROCA) test in the United States, with claims that the ROCA test can screen for and detect ovarian cancer before symptoms appear and increase the chance for survival. Yet, available data do not support its claims.

The FDA is concerned that women and their physicians may be misled by such claims and rely on inaccurate results to make treatment decisions. Based on the FDA's review of available clinical data from ovarian cancer screening trials and recommendations from healthcare professional societies and the U.S. Preventive Services Task Force, available data does not demonstrate that currently available ovarian cancer screening tests are accurate and reliable in screening asymptomatic women for early ovarian cancer. For example, some women may receive test results that suggest ovarian cancer even though no cancer is present (a false-positive). These women may undergo additional medical tests and/or unnecessary surgery, and may experience complications related to both. Additionally test results may not show ovarian cancer even though cancer is present (a false-negative), which may lead women to delay or not seek surgery or other treatments for ovarian cancer. Using unproven ovarian cancer screening tests also may be harmful for women with increased risk for developing ovarian cancer. For instance, these women and their doctors may not take appropriate actions to reduce their future risk if they rely on a result that shows no cancer currently present. Yet, this group of women is still at high risk of developing ovarian cancer later based on their gene mutation and/or family history. The FDA believes that women at high risk for developing ovarian cancer should not use any currently offered test that claims to screen for ovarian cancer. Screenings for breast, colon and cervical cancers are successfully used for early detection and prevention of cancer-related deaths. At this time, the FDA is not aware of any valid scientific data to support the use of any test, including using a test cleared or approved by FDA for other uses, as a screening tool for ovarian cancer. Any safe and effective ovarian cancer screening test would have to take into consideration the particular way in which this cancer progresses. Unlike other cancers, this type of tumor has no pre-cancer that is currently detectable without invasive surgery, and it usually spreads to other parts of the abdominal cavity before it is discovered.

Recommendations:

For women, including those at increased risk of developing ovarian cancer:

- Be aware that there is currently no reliable and effective way to screen for ovarian cancer. Do not rely on ovarian cancer screening test results to make health or treatment decisions.
- Talk to your doctor about ways to reduce your risk of developing ovarian cancer, especially if you have a family history of ovarian cancer, or have the BRCA1 or BRCA2 genetic mutations.



For physicians:

- Do not recommend or use tests that claim to screen for ovarian cancer in the general population of women. Be aware that testing higher risk asymptomatic patients for ovarian cancer has no proven benefit and is not a substitute for preventive actions that may reduce their risk.
- Consider referring women at high risk of developing ovarian cancer, including those with BRCA mutations, to a genetic counselor or gynecologic oncologist, or other appropriate health care provider for more specialized care.

Ten-year Study of Early Stage Prostate Cancer Saw No Difference in Death Rates Between Men Who Got Treatment or Were Monitored

Reprinted from *The New York Times*



A new study offers important information to men who are facing difficult decisions about how to treat prostate cancer in its early stages, or whether to treat it at all. Study findings were published in *The New England Journal of Medicine*.

Researchers followed patients for 10 years and found no difference in death rates between men who were picked at random to have surgery or radiation, or to rely on “active monitoring” of the cancer, with treatment only if it progressed. Death rates from the cancer were low over all: only about 1 percent of patients 10 years after diagnosis. The disease was more likely to progress and spread in men who opted for monitoring rather than for early treatment. About half of the patients in the study who started out being monitored ended up having surgery or radiation. The patients are still being followed, which should reveal whether the death rate will eventually increase for the men assigned to monitoring. Doctors say the findings should help reassure men that surgery and radiation are equally reasonable choices in the early stages of the disease. For the entire story, go to: <http://www.nytimes.com/2016/09/15/health/prostate-cancer.html?>

11th Annual Day of Hope & WYCC Meeting

The Wyoming Cancer Coalition invites you to join us for the Day of Hope to raise awareness about cancer prevention and control. The theme for the event will be palliative care. This will be an opportunity to learn more about palliative care: what it is, and what it means for Wyoming residents impacted by cancer.

Day of Hope is held in conjunction with the Winter/Spring WYCC Meeting where we will be reviewing recommended changes to WYCC bylaws, along with other Coalition activities, as we continue to focus on the Cancer Control Plan priorities and strive toward a better Wyoming for everyone affected by cancer.

Please join us on January 27, 2017, as we highlight palliative care and celebrate cancer patients, survivors, caregivers, healthcare providers, and others involved in cancer-related efforts in Wyoming.

To register for the event, please visit www.fightcancerwy.com and click on the "Upcoming Events" tab.

Date: Friday, January 27, 2017

Time: 9am - 3pm

Place: Radisson Hotel, Cheyenne (204 W. Fox Farm Rd., Cheyenne, WY 82007)

A room block has been set up at the Radisson Hotel. To receive the discounted hotel room rate of 91.00/night, please call 307-638-4466, and mention the "DAY OF HOPE" room block. If you have any questions please contact Jessica Howard at 307.777.7362 or via email at jessica.howard@wyo.gov

