

## NCCN

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

## Clinical Practice Guidelines in Oncology

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## 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

### 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. (*J Natl Compr Canc Netw* 2014;12:1526–1531)

### 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.

All recommendations are category 2A unless otherwise noted.

**Clinical trials:** NCCN believes that the best management for any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

### Please Note

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](http://NCCN.org).**

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### Disclosures for the NCCN Survivorship Panel

At the beginning of each NCCN Guidelines panel meeting, panel members review all potential conflicts of interest. NCCN, in keeping with its commitment to public transparency, publishes these disclosures for panel members, staff, and NCCN itself.

Individual disclosures for the NCCN Survivorship Panel members can be found on page 1531. (The most recent version of these guidelines and accompanying disclosures are available on the NCCN Web site at [NCCN.org](http://NCCN.org).)

These guidelines are also available on the Internet. For the latest update, visit [NCCN.org](http://NCCN.org).

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for long-term and late physical and psychosocial effects of cancer and its treatment in survivors have been validated.<sup>1-6</sup> 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](http://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:

- Current disease status
- 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 cogni-

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Gynecologic Oncology; †Hematology/Hematology Oncology; ‡Infectious Diseases; †Internal Medicine; ‡Medical Oncology; ΨNeurology/Neuro-Oncology; #Nursing; ; ≡Nutrition Science/  
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Oncology Social Work; †Surgery/Surgical Oncology; ωUrology

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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:

<u>Survivorship Concerns</u>	<u>Survivorship Care Survey</u>
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<sup>a</sup>  
(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.

<sup>a</sup>This 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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tive 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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Individual Disclosures for the NCCN Survivorship Panel					
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