

# CANCER SURVIVORSHIP: MOVING BEYOND CURE

## Office of Cancer Survivorship

Julia H. Rowland, PhD., Director



D C C P S

[http://  
Survivorship.cancer.gov](http://Survivorship.cancer.gov)

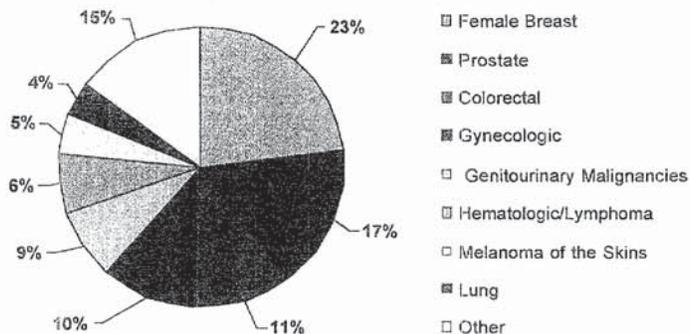
## # of Cancer Survivors

There are 8.9 Million Cancer  
Survivors in the United States.<sup>1</sup>

<sup>1</sup>Data Sources: 9 SEER Registries 1999 prevalence estimates applied to 1/01/99 population estimates based on the average of 1998 and 1999 population estimates from the U.S. Bureau of the Census.



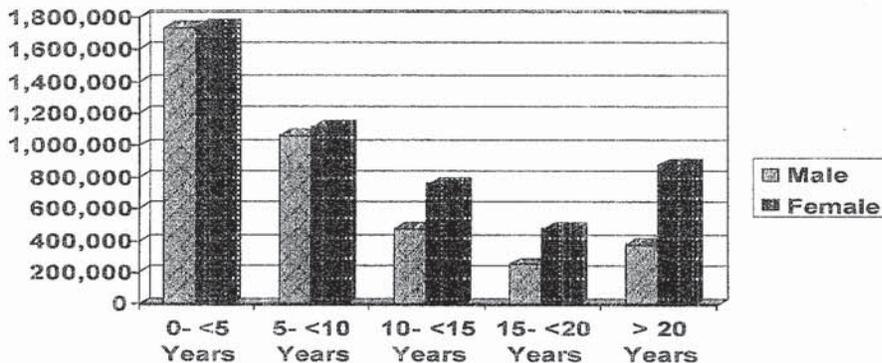
**Estimated # of Persons Alive in the U.S. Diagnosed with Cancer  
By Site  
Invasive /1st Primary Cases Only (N = 8.9)<sup>1</sup>**



<sup>1</sup>Data Sources: 9 SEER Registries 1999 prevalence estimates applied to 1/01/99 population estimates based on the average of 1998 and 1999 population estimates from the U.S. Bureau of the Census.



**Estimated # of Persons Alive in the U.S. Diagnosed with  
Cancer in By Time from Diagnosis and Gender<sup>1</sup>  
Invasive /1st Primary Cases Only (N = 8.9 Million)**

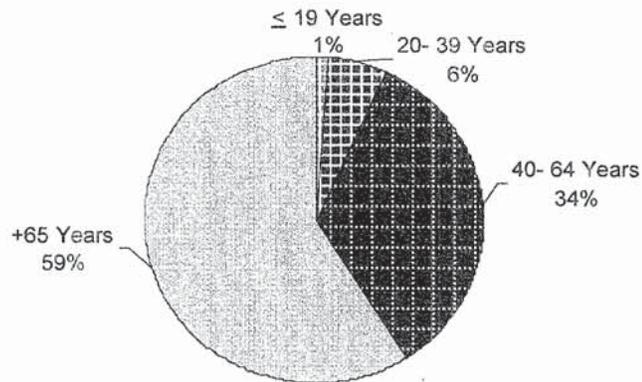


<sup>1</sup>Data Sources: 9 SEER Registries 1999 prevalence estimates applied to 1/01/99 population estimates based on the average of 1998 and 1999 population estimates from the U.S. Bureau of the Census.



**Estimated # of Persons Alive in the U.S. Diagnosed with Cancer in the last 20 Years By Current Age<sup>1</sup>**

**Invasive/1st Primary Cases Only (N = 7.6 Million Survivors)**



<sup>1</sup>Data Sources: 9 SEER Registries 1999 prevalence estimates applied to 1/01/99 population estimates based on the average of 1998 and 1999 population estimates from the U.S. Bureau of the Census.



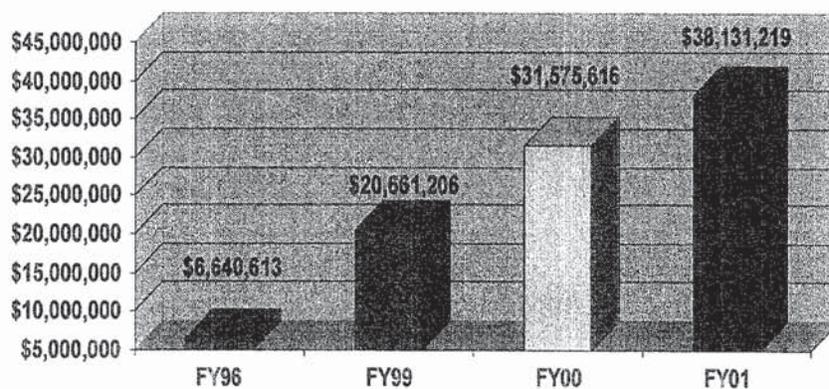
**Estimated # of Persons Alive in the U.S. Diagnosed with Cancer in the last 10 Years By Race/Ethnicity<sup>1</sup>**  
**Invasive/1st Primary Cases Only**

[http://seer.cancer.gov/csr/1973\\_1999](http://seer.cancer.gov/csr/1973_1999)

Race/Ethnicity	# of Cancer Survivors	% of Population by Race
White	4,988,400	Females: 1.9% Males: 2.3%
Black	481,109	Females: 1.5% Males: 2.5%
Hispanic	239,261	Females: 1.2% Males: 1.4%
Asian or Pacific Islander/All Ethnicities	108,379	Females: 1.3% Males: 1.4%



### NIH/NCI Survivorship Grant/Cooperative Agreement Awards By Budget Year



### National Cancer Advisory Board Mini-Symposium on Cancer Survivorship Presentations February 21, 2002

- **Patricia Ganz, MD**, UCLA, Jonsson Comprehensive Cancer Center  
"Understanding the Late Effects of Cancer Treatment: A Medical Oncologist's Perspective"
- **Tim Ahles, PhD**, Dartmouth Hitchcock Medical Center  
"Neuropsychological Impact of Systemic Chemotherapy"
- **Michael Antoni, PhD**, University of Miami  
"Stress Management: Effects on Quality of Life"

**Patricia Ganz, MD**

**Summary: Understanding the Late Effects of Cancer Treatment: A Medical Oncologist's Perspective**

- Physical/Medical Late Effects: (e.g., second cancers, cardiac dysfunction, pain, lymphedema, sexual impairment)
- Psychological (e.g., Depression, anxiety, uncertainty)
- Social (e.g., concerns regarding health or life insurance, job lock/loss, return to school, financial burden)
- Existential and Spiritual Issues (e.g., Sense of purpose or meaning, appreciation of life)



**Patricia Ganz, MD**  
**Summary cont'd**

- Are there interventions that hold the promise to reduce the incidence or impact of adverse sequelae and promote health?
- Who should monitor survivors for late effects (e.g. oncologists, primary care physicians, CNPs, survivors themselves)?
- Can we develop best-practice guidelines for cost-effective delivery of follow-up care?
- How do we increase survivors' knowledge and that of their healthcare providers' about the late effects of treatment?



## **Tim Ahles, PhD**

### **Summary: Neuropsychological Impact of Systemic Chemotherapy**

- Increasing evidence suggests that systemic chemotherapy can cause long-term cognitive problems in both children and adults.
- Promising approaches for understanding the mechanism of chemotherapy-induced cognitive changes:
  - Imaging techniques
  - Development of an animal model.
  - Examination of genetic factors (APOE-e4 allele) and role of hormones
- Development of Interventions:
  - Modifications in the treatment regimens
  - Cognitive rehabilitation
  - Use of medications and neuroprotective agents



## **Michael Antoni, PhD**

### **Summary: Stress Management: Effects on Quality of Life**

- Inconsistent associations to-date between psychosocial variables, immunohormonal parameters, and health / survival outcomes among cancer patients
- Need to identify consistent psychosocial predictors of cancer disease progression, their mediators, and meaningful effect sizes, and the health relevance of intervention-related immune changes



**Michael Antoni, Ph.D**  
Summary Cont'd

- Development of psychosocial interventions that are informed by consistent associations between the above, and have the potential to bridge the disconnect between studies relating psychosocial variables and immune status and those examining associations between psychosocial factors, disease relapse, and survival
- Cognitive Behavioral Stress Management (CBSM)



**National Cancer Advisory Board  
Mini-Symposium on Cancer Survivorship:  
Conclusion**

Ms. Ellen L. Stovall  
President and CEO,  
National Coalition for Cancer Survivorship  
NCAB Member

**“Cancer Survivorship From the  
Survivor-Advocate’s Perspective”**

