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NAVIGATION OF PATIENTS WITH GASTROINTESTINAL CANCER

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The Role of Nurse Navigators in Patients With Pancreatic/Colorectal Cancer

- GI Nurse Navigators play a crucial role in the continuum of care for oncology patients
- This role spans from diagnosis through cancer survivorship
- Patient navigation in Oncology is essential and was a concept introduced by Dr. Harold Freeman “individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from pre-diagnosis through all phases of the cancer experience”

Freeman, H.P. 2011

Roles of GI Nurse Navigators

- Assessment of patient barriers and needs
- Education on disease state, implications of colorectal/ pancreatic cancer on lifestyle.
- Education on diagnosis work up screening procedures and treatment

Screening Education

- **Colorectal CA** screening starts at 50 years
- Colonoscopy every 10 years
- Flex Sigmoidscopy every 5 years
- Guaiac-based testing annually w/wo flex sign every 5 years
- **Pancreatic Cancer Screening**: No reliable test for early detection of Pancreatic Cancer.

(Itano, J.K 2016)

Common GI Procedures to Anticipate

- **Colonoscopy (Colorectal)**
  - Diet modifications1-3 days prior to procedure
  - Prep as prescribed
  - Side effects and when to call the MD post-procedure - bleeding, fever, etc.
  - Driver for transportation post procedure

- **CT SCAN CT/ABD/PELVIS with contrast**
  - CT/pelvis added on to evaluate for potential mets
  - Assess for allergies to contrast
  - NPO 4 hrs prior to procedure
  - Schedule procedure timely
  - Hold Metformin per institution guidelines (OR 48HRS after contrast)
  - Pancreatic Protocol for Pancreatic Cancer: diphasic cross-sectional imaging

Common GI Procedures to Anticipate (cont'd)

- **PET SCAN**
  - Sometimes CT is combined with PET (PET/CT)
  - Not routine for Colorectal CA
  - Done in high risk pancreatic cancer to detect mets
  - Assess for hx of diabetes due to sugar tracer that is used for testing
  - IV access is usually needed for tracer injection 60minutes prior to scan
  - NPO 4-6 hrs prior to procedure except water
  - Hot spots = high levels of metabolic/ chemical activity VS cold spots

Itano, J.K. 2016)

Common GI Procedures to Anticipate (cont'd)

- **Biopsy**
  - For definitive dx, staging, and grading
  - Educate patient on procedure depending on site and type
  - Side effects/adverse reactions to report post procedure: pain, bleeding, infection.
  - Expected time frame for results to alleviate anxiety
- **EUS with Biopsy (Pancreatic CA)**
  - NPO from midnight
  - Adverse reactions: Bleeding, GI perforation, Pancreatitis, infection
  - Driver for transportation home

Roles of GI Nurse Navigators (cont'd)

- Coordinating appointments and communication of appts
- Referral to interdisciplinary team based on patient barriers i.e. Social worker, dietitian, case management for resources as needed
- Emotional support
- Follow up and compliance management
- Advocacy

Barriers of GI Nurse Navigators

- Financial and economic difficulties of patients
- Poor Health Literacy
- Language Barriers
- Ineffective navigation due to being understaffed or having heavy nursing workloads
- Poor interdisciplinary team support
- Inadequate health insurance
- Complexities of the health care system

Barriers of GI Nurse Navigators (cont'd)

- Treatment facility hours of operation
- Appointment wait times
- Access to transportation
- Competing priorities of the patient
- Patient perception/beliefs of health care

Strategies to Overcome Barriers

- Introduce and explain the role of the Nurse Navigator
- Structured approach to identifying barriers i.e. Asking the right questions, standardized questionnaire
- Anticipate, Address, and Support
- Resourcefulness
- Transportation

Strategies to Overcome Barriers (cont'd)

- Effective Communication
- Interdisciplinary approach
- Social or Family support system and involvement

Treatment for Colorectal Cancer

- Surgery for early stage tumor
- Radiation: In rectal cancer, used in neoadjuvant and adjuvant settings in combination with chemotherapy to decrease risk of local recurrence
  - Can also be used in the palliative setting
- Chemotherapy
  - Used in the neo-adjuvant, adjuvant, and palliative setting

(Itano J.K. et al. 2016)

Treatment for Colorectal Cancer (cont'd)

- FOLFOX- Fluorouracil as a single agent but most commonly in combination with Oxaliplatin or Irinotecan
- Irinotecan can sometimes be used as a single agent
- Biotherapy: Used in the metastatic setting concurrently with chemotherapy or as a single agent
  - Avastin
  - Cetuximab
  - Panitumumab (Vectibix)
  - Stivarga - single agent only
  - Ziv-alferbecept (Zaltrap)

(Itano J.K. et al. 2016)

Treatment Pathways for Metastatic Colorectal Cancer

Treatment for Pancreatic Cancer

- Surgery
  - Whipple
  - Distal Pancreatectomy
- Radiation
  - Can be used in combination with chemotherapy in neoadjuvant, adjuvant stages of treatment and locally advanced or borderline disease

(Itano J. K., 2016)

Treatment for Pancreatic Cancer

- Chemotherapy
  - FOLFIRINOX - 5FU, Leucovorin, Irinotecan, oxaliplatin
  - GEMABRAXANE - Gemcitabine, Abraxane
  - Gemcitabine and Cisplatin
- Stent Placement - supportive for symptoms of obstruction

(Itano J. K., 2016)

Key Components for Counseling: General Overview

1. Reinforce goals of care and expectations of the patient
2. Assess readiness to learn
3. Provide teaching aides
4. Educate patient on expected side effects
5. Educate patient on appropriate interventions and when to call the nurse and/or go to the emergency room

Common Chemotherapy Side Effects

- Chemotherapy induced Nausea and Vomiting
- Neutropenia
- Fatigue
- Diarrhea
- Anorexia
- Hair loss

Nausea

- Nausea is one of the most feared and most common side effects
- Chemotherapy induced nausea and vomiting can be debilitating and affect patient's compliance with therapy
- Chemotherapy
- Radiation
- Surgery
- Disease/tumor complication ex bowel obstruction
- Polypharmacy
- Could be acute (within 24hrs); Delayed (24hr-120hrs) or Anticipatory Nausea triggered by anxiety, Breakthrough (despite prophylaxis) or Refractory (unresponsive to treatment)

CAUSES OF NAUSEA (ITANO ET AL, 2016)

Complications of Nausea When Left Untreated Could Include:

- Malnutrition and Weight Loss from poor intake
- Immunosuppression
- Fluid imbalance
- Mallory Weiss Tear, characterized by a tear in the esophagus from frequent vomiting
- Decrease in functional status
- Fatigue, physical and emotional

Navigator Interventions

- Identify patients that are more likely to experience N&V based on past experiences, type(s), dose, route and frequency of chemotherapy administration
  - Older adults >50-yr-old women, women with past history N&V during pregnancy, and motion sickness are more likely to experience N&V
- Chemotherapy Prophylaxis using the lowest effective dose before chemotherapy based on chemotherapy type and frequency
- Administer antiemetics 30mins before chemotherapy as recommended each cycle
- Reinforce education and ensure they understand the schedule for antiemetics both prophylactic and as needed
- Pancreatic Cancer is highly emetogenic, an antiemetic regime cannot be over-emphasized

Most Commonly Used Antiemetics

- Use a Neurokinin antagonist like Aprepitant 125mg on Day 1, then 80mg on Days 2 and 3 OR Fosaprepitant 150mg IV before chemotherapy
- Serotonin Antagonists: Ondansetron 8-16mg prior to tx and/or for up to 3 doses after chemo
- Corticosteroids: Dexamethasone PO, taken on days 2- 4 for up to 6 doses. Can also be given IV
- Metoclopramide 10mg PO q4-6hrs as needed
- Provide take home antiemetics for patients
  - Prochlorperazine 10mg q4-6hr scheduled or prn
  - Ativan 0.5-2mg q4-6hr as needed

(Itano, J.K, 2016)

Side Effects and Complications

- Some antiemetic have side effects, ensure patients understand them and the appropriate interventions
- Treat complications of nausea and vomiting, ex. dehydration with IV fluids until able to tolerate oral fluids.
- Assess and evaluate effectiveness of antiemetic regime and adjust accordingly

Neutropenia

- A decrease in circulating neutrophils in the blood
- Puts patients at increased risk for infection
- Treatment is usually held
- Causes & Risk Factors
  - Chemotherapy and radiation induced
  - Immunosuppression from steroids or biotherapy

Neutropenia (cont'd)

- Causes & Risk Factors (cont'd)
  - Identify patients at risk
  - Prophylactic use of colony stimulating factors
    - Neupogen for up to 4 days of chemotherapy; Neulasta given once per cycle
    - Side effects bone pain, fevers, myalgia, arthralgia
  - Antibiotics when indicated
  - Educate patients on neutropenic precautions

(Itano, J.K. 2016)

Fatigue

- Common side effect of chemotherapy and radiation
- Assess nutritional status
- Encourage small frequent meals as tolerated
- Encourage exercise

Diarrhea

- Very common side effect especially in patients on Irinotecan
- RT to abdominal area can increase intestinal mobility due to damage to the bowel lumen
- Assess patients baseline bowel habits
- Source of increased anxiety to patients and change in lifestyle

Treatment

- Diet Modification: BRAT
- Antidiarrheal medication regime
  - Loperamide
  - Octreotide for diarrhea refractory to Loperamide
- Encourage hydration

(Itano, J.K. 2016)

Key Components of Survivorship

a) **PREVENTION** of recurrence or new cancer

b) **SURVEILLANCE** for late effects, recurrence, or new cancers

c) **INTERVENTIONS** to the effects of cancer, symptoms, and treatments. Physical, psychological, social

d) **COORDINATION** between providers

(Hewitt et al, 2006)

Key Components of Survivorship (cont'd)

- Cancer survivorship is a crucial part of the cancer continuum of care
- Begins after treatment is completed and there are no signs or symptoms of cancer left
- Survivorship should be guided with the presumed risk of recurrence
- Patient education on their cancer survivorship plan and goals
- Facilitate scheduling of appointments to ensure compliance

(Hewitt et al, 2006)

Key Components of Survivorship (cont'd)

- Follow-up to monitor for cancer recurrence
- Lifestyle & Health promotion recommendations - diet, exercise, smoking cessation
- Recognition of cancer survivorship by creating a survivorship care-plan with a comprehensive care summary and follow up plan. This should be given to pt for their records

Key Components of Survivorship (cont'd)

- Risk of long term side effects or late effects from their cancer and treatment during this period, treat symptoms as needed
- Peripheral neuropathy in patients that received oxaliplatin
- Second cancers are the most life threatening late effects
- Psychological effects: Depression, anxiety, fear of recurrence

Key Components of Survivorship (cont'd)

- Social & Financial Concerns: Changes in roles and relationships; financial burden; job loss; fear of workplace discrimination; prescription & healthcare costs
- Cognitive impairment: Memory loss, difficulty collecting thoughts
- Spiritual Concerns: religious faith, meaning of life
- Sexual Dysfunction

Metastatic Colon Cancer Follow Up Guidelines

Pancreatic Cancer Survival Rates

- All stages of Pancreatic cancer combined, the one-year average survival rate is 20%, and the five-year rate is 7%
  - These low survival rates are related to the fact that less than 20% of patients' tumors were localized at diagnosis
  - Most already had metastases, and surgical removal was not viable
  - 10%- 35% five year survival rate in patients that had whipple
- CT scans every 3-6 months; CA19-9 every 3-6 months after treatment

(American Cancer Society, 2016)

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