



ImmunoScience Academy

Partnering for Education & Optimizing Treatment in ImmunoScience

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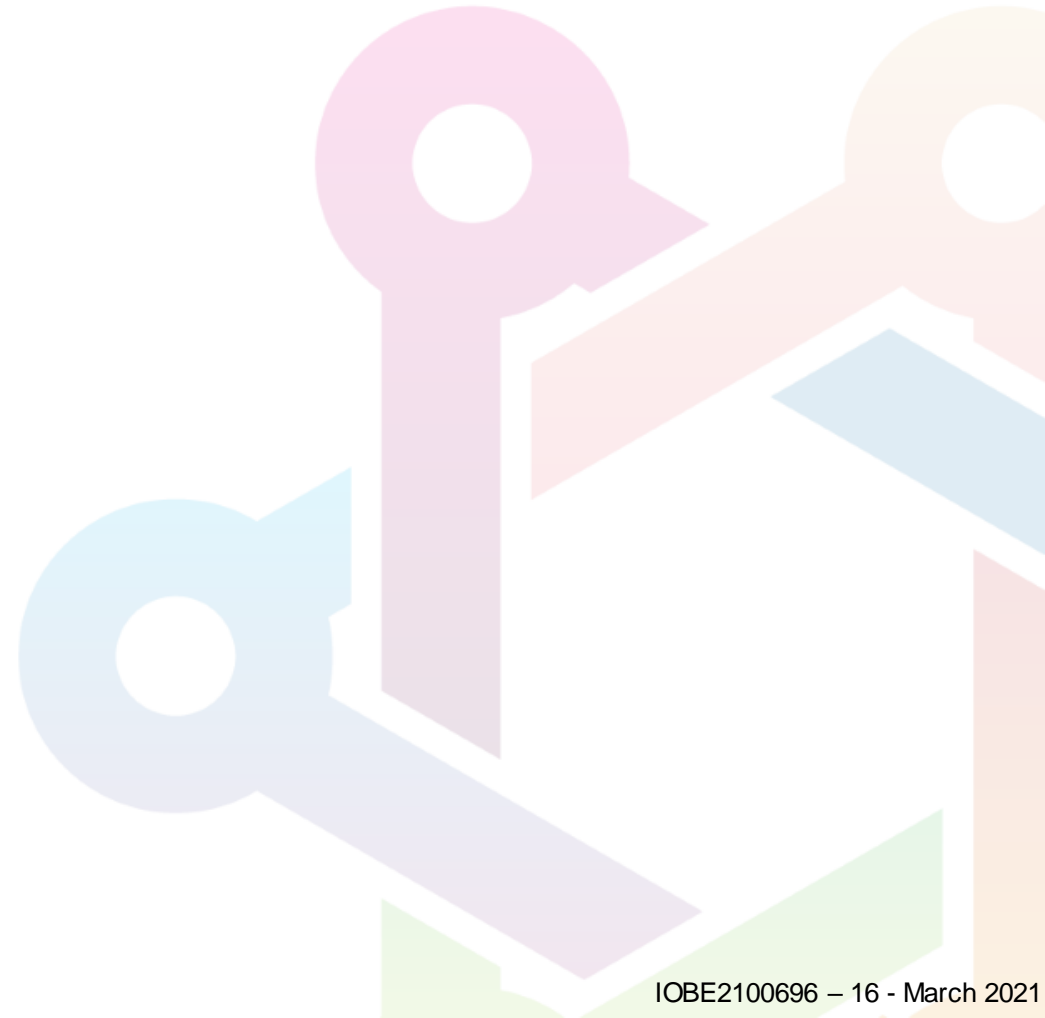
Emotional impact of stopping successful immunotherapy

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DISCLOSURES

Personal fees from Bristol-Myers Squibb, Merck Sharp & Dome and Janssen Pharmaceutica



12 million cancer survivors in Europe



Casus: F, 59 years

- Medical history:
 - 2018: diagnosis of Non-small cell lung carcinoma (NSCLC): start pembrolizumab
 - 2019: complete remission
 - 2018-2021: treatment with pembrolizumab
 - Immune-related side effects: fatigue, dry skin, pruritus and vitiligo
- June 2020:
 - Fear of cancer recurrence
 - Depressive symptoms
 - Cognitive dysfunction
 - Hopelessness and ruminations
- Psychosocial consequences
 - Job loss



STATE OF CANCER CARE

“... as if we have invented sophisticated techniques to save people from drowning, but once they have been pulled from the water, we leave them on the dock to cough and sputter on their own in the belief that we have done all we can...”

Fitzhugh Mullan, 1985



SEASONS OF CANCER

Diagnosis:

Rollercoaster of emotions, dealing with mortality

Acute Survival: Treatment phase

Period of fear, anxiety, physical symptoms

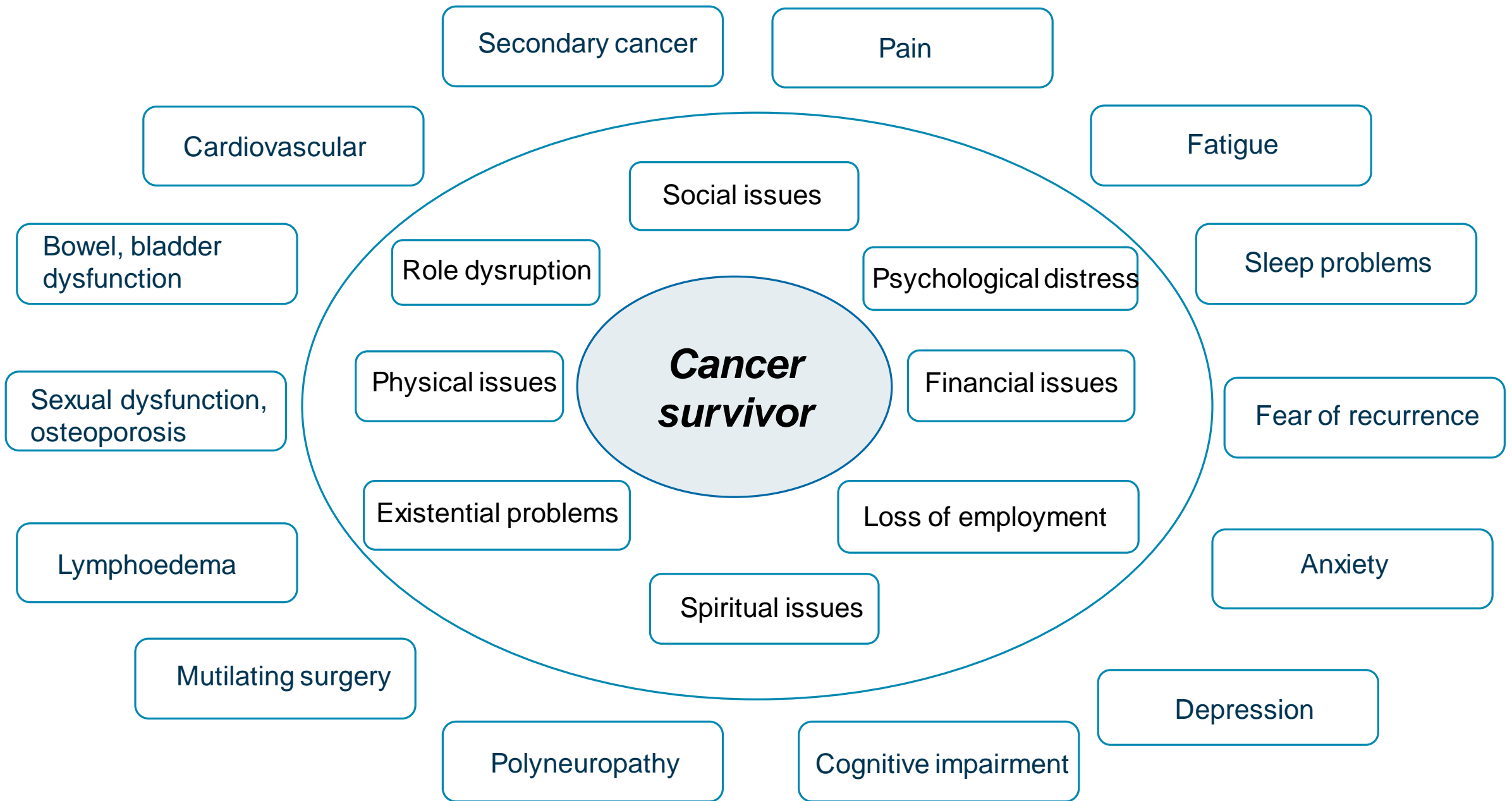
Extended Survival: Follow up phase

Phase of watchful waiting, fear of recurrence, physical long-term limitations, dealing with physical and emotional impact (long term effects)

Permanent Survival: Long term survivors

*Cancer can now be considered permanently arrested
Impact may persist, problems with employment or insurance or late effects of treatment (late effects)*





Extended Survival: *Follow up phase*

Supportive Care in Cancer

<https://doi.org/10.1007/s00520-019-05168-3>

ORIGINAL ARTICLE



Check for updates

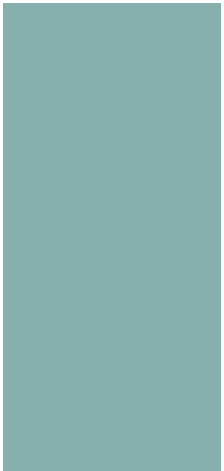
Health-related quality of life, emotional burden, and neurocognitive function in the first generation of metastatic melanoma survivors treated with pembrolizumab: a longitudinal pilot study

A. Rogiers^{1,2} • C. Leys³ • J. De Cremer⁴ • G. Awada⁵ • A. Schembri⁶ • P. Theuns⁴ • M. De Ridder² • B. Neyns⁵

Received: 28 June 2019 / Accepted: 31 October 2019

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STUDY DESIGN

Population

Survivors: ≥ 6 months disease-free after start anti-PD1

Primary objectives

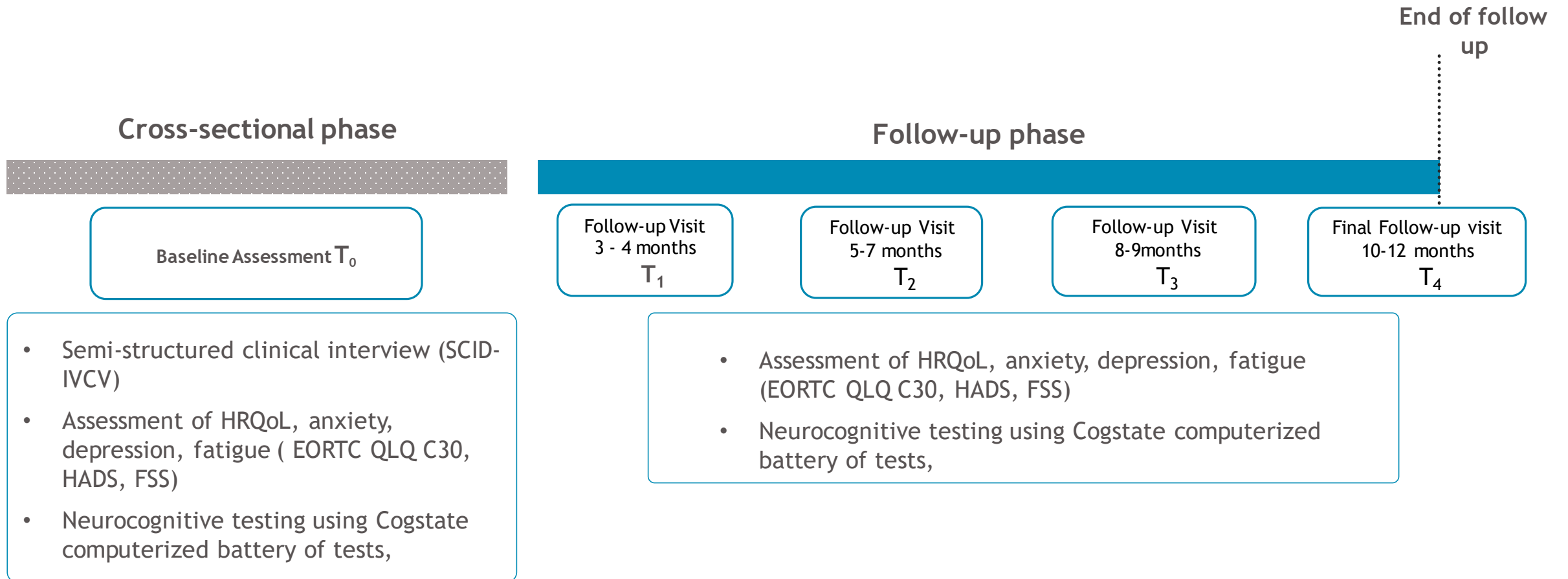
- Comprehensive study of the emotional burden in advanced melanoma survivors
- Neurocognitive function and subjective cognition
- Health-Related Quality of Life (HRQoL)
- Fatigue

Secondary objective

- Social impact and care needs

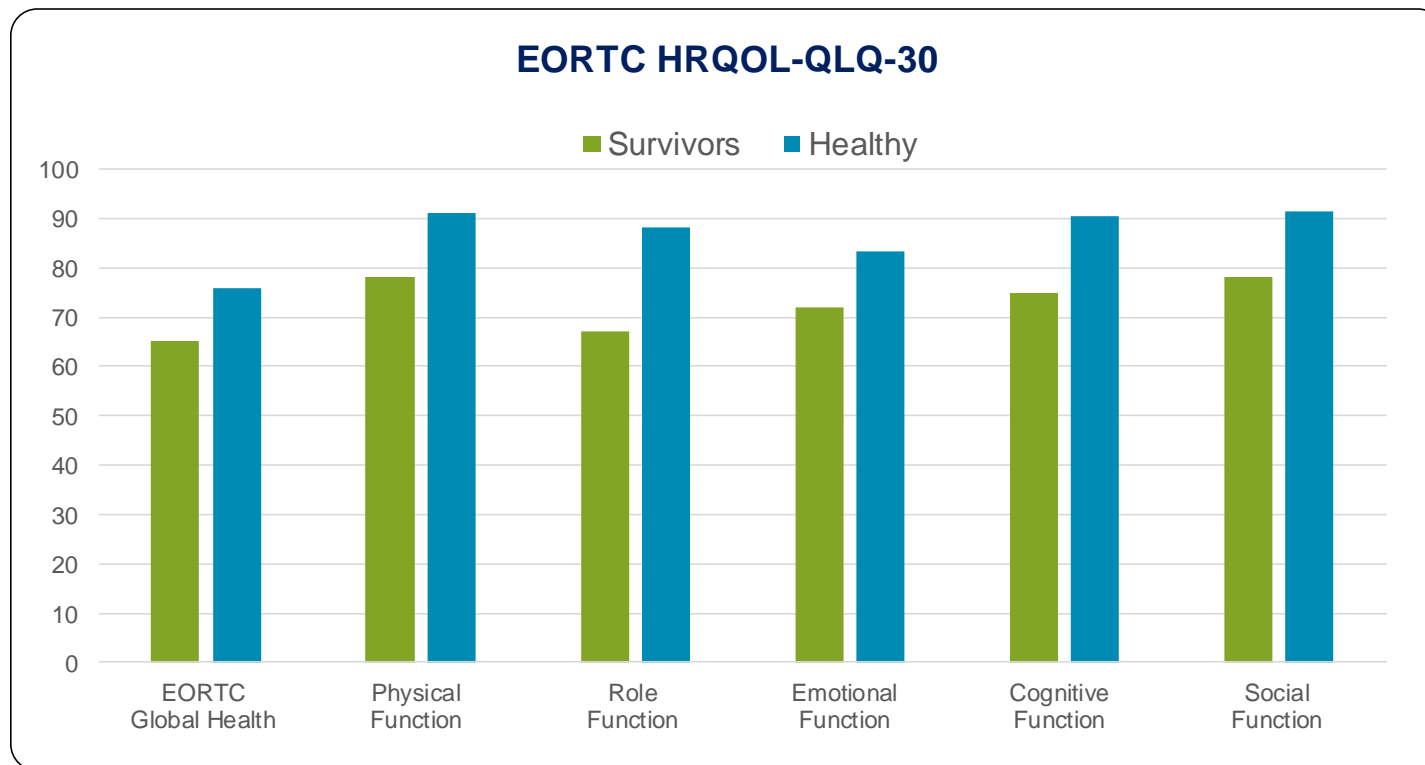


STUDY DESIGN



After stop treatment: Health-Related Quality of Life

- Global HRQOL ($P=0.005$)
- Physical function ($P=0.001$)
- Role function ($P=0.005$)
- Emotional function ($P=0.04$)
- Cognitive function ($P=0.00025$)
- Social function ($P=0.005$)

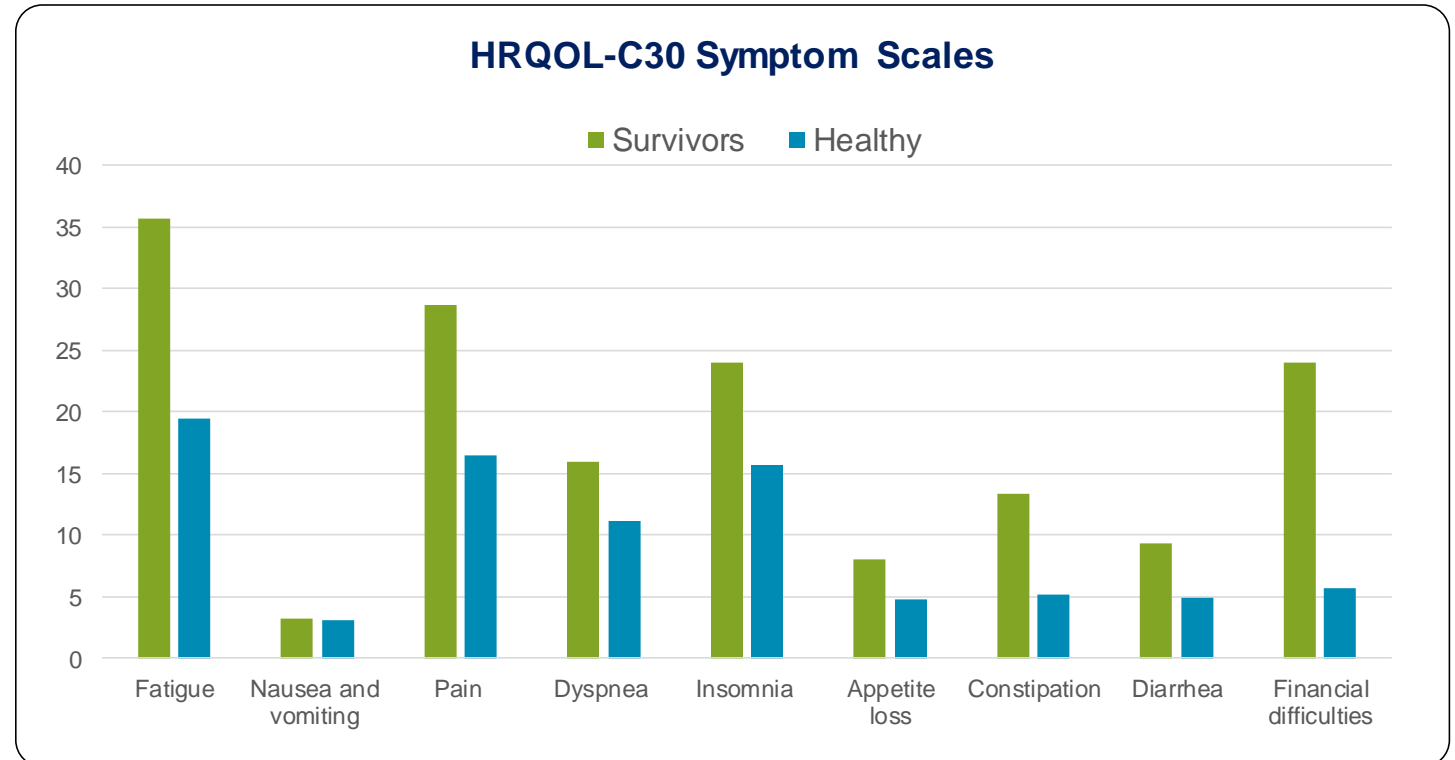


Unilateral one sample t-test to compare the study population with the normative data of the European Mean



After stop treatment: Health-Related Quality of Life

- Fatigue ($P=0.05$)
- Pain ($P=0.05$)
- Insomnia ($P=0.05$)
- Constipation ($P=0.05$)
- Financial difficulties ($P=0.02$)



Unilateral one sample t-test to compare the study population with the normative data of the European Mean



After stop treatment: Emotional impact

During the first year after STOP

- Fear of cancer recurrence (daily worrying) is present in 100% patients after stop:
 - Uncertainty of patients and caregivers
- Fear can lead to avoidance of control visits
- 7 (36%) survivors developed transient suicidal ideation

Emotional impact

- Panic disorder with agoraphobia: 1 (4%)
- Cancer related Post Traumatic Stress Disorder: 12 (48%)
- Anxiety or depression: 13 survivors (52%) and at 1 year follow-up up until 17 survivors (71 %)
- Fatigue: 15 survivors (60%) \geq 1 time-point (Fatigue Severity Scale)
- Subjective cognition (Cognitive Failure Questionnaire): 9 survivors (36%) \geq 1 time-point

Social impact

- 40 % had financial problems related to the disease
- 32 % reported worrying about their family



Conclusions

- Emotional issues are in accordance with uncertainty of the care giver, especially in the new field of immunotherapy
- Highest risk: just after the oncological control visit during the first year after stop treatment
- Important to organise survivorship care in parallel of the oncological control visits
- If untreated can persist during several years
- Social impact of cancer treatment is underestimated:
 - Financial problems, jobloss
 - Changed family relationships
- Timely detection and offering tailored care is mandatory to make the best of survivorship



*THE SECRET OF THE CARE
OF THE PATIENT IS IN
CARING FOR THE PATIENT*

F.W. PEABODY, JAMA, 1927

