

Mayo Clinic Q and A - Dr. Kathryn Ruddy - 05 10 21

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SPEAKERS

Dr. Halena Gazelka, Dr. Kathryn Ruddy, Narrator

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- N** Narrator 00:01
Coming up on Mayo Clinic Q&A:
 - D** Dr. Kathryn Ruddy 00:03
Some of the very common issues that cancer survivors deal with include fatigue, distress, the anxiety and emotional distress of dealing with the diagnosis and with the ongoing therapies for some people can be really significant, and even transitioning out of treatment can be a distressing experience.
 - N** Narrator 00:21
Living with cancer is different for every person, and at Mayo Clinic, Cancer Survivorship focuses on the well being of the patient from diagnosis through treatment and beyond. It's helped with the physical and mental aspects when coping with cancer.
 - D** Dr. Kathryn Ruddy 00:35
Our social workers and psychologists provide a really important type of care for our

patients, physical medicine and rehab to help with physical dysfunction. Pain Management is very important. It's really a very multidisciplinary practice that we bring to caring for our cancer survivors.

D Dr. Halena Gazelka 00:52

Welcome, everyone to Mayo Clinic Q&A. I'm Dr. Halena Gazelka. June is National Cancer Survivor month, dedicated to recognizing and celebrating the millions of adults and children in the United States who have experienced a cancer diagnosis. According to the National Cancer Institute, there are nearly 17 million cancer survivors in the US, and each one of them experiences cancer survivorship differently. Some are living with cancer, some are cured of their cancer, and some are suffering from long-term side effects of the treatment of their cancer. Joining us today to discuss cancer survivorship is medical oncologist, Dr. Kathryn Ruddy. Dr. Ruddy is the Associate Director of Patient and Community Education, and co-chair of the Symptom Control Survivorship Cross Disciplinary group at the Mayo Clinic Cancer Center. Thanks for being here today. Dr. Ruddy.

D Dr. Kathryn Ruddy 01:46

Thanks so much for having me.

D Dr. Halena Gazelka 01:47

I wasn't sure I could get that title out, that was a long one. I thought I was going to trip on that.

D Dr. Kathryn Ruddy 01:52

Well, thank you.

D Dr. Halena Gazelka 01:53

Thank you so much for being here. I find this topic fascinating because I think we think so much about treatment of cancer. But we don't necessarily think a lot about what happens after people have treatment for their cancer. And how wonderful that so many people are being cured or surviving such that this is a hot topic.

D Dr. Kathryn Ruddy 02:13
Absolutely.

D Dr. Halena Gazelka 02:14
Can you tell us how you define cancer survivorship?

D Dr. Kathryn Ruddy 02:18
Well, it's interesting. I think some people do think of survivorship as starting after cancer treatment, as you kind of alluded to just now. But I tend to think of it as actually starting kind of at the diagnosis of cancer and then going on through the rest of life. So, for lots of people, that means the time during treatment, and then after treatment. For some people who need indefinite treatment for their cancer, it means that they're always getting some type of treatment, but the survivorship periods kind of goes on throughout that.

D Dr. Halena Gazelka 02:53
Well, that is interesting, because you're right, I didn't think of it that way. I've already learned something today. That's always my goal.

D Dr. Kathryn Ruddy 02:58
Well, it's not that there's one right answer. That's just for me. That's how I define it.

D Dr. Halena Gazelka 03:02
So Katie, what is important about cancer survivorship? What kind of physical and emotional needs do patients and individuals have after a cancer diagnosis?

D Dr. Kathryn Ruddy 03:12
Well, it differs a lot from person to person, as you imagine, some related to the fact that people are getting all different types of treatments that have different side-effects. Some of the very common issues that cancer survivors deal with include fatigue, because lots of our different types of treatments can cause that, distress, the anxiety and emotional distress of dealing with the diagnosis and with the ongoing therapies for some people can be really significant and even transitioning out of treatment can be a distressing experience. There can be issues related to finances. The financial stress related to loss of

work, or medical costs can be significant. And then there are also physical side effects, things like numbness and tingling of the hands and feet for people who get chemotherapy that can cause that. So, it's really a wide variety of issues that can happen.

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Dr. Halena Gazelka 04:05

Well, I personally have experience with having patients come into the Pain Clinic to see me who've had chemotherapy induced neuropathies or other pain syndromes, or even just long-term chronic pain after their cancer treatment. So, I'm kind of familiar with that. What other kind of medical care do individuals need after a diagnosis of cancer, or even after their treatment is completed?

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Dr. Kathryn Ruddy 04:31

Our social workers and psychologists provide a really important type of care for our patients. It is, just as I mentioned, such a stressful experience that we try to engage our social workers and psychologists often and really offer that to all patients, and not everyone wants to take advantage of that, but that's certainly a key piece of care for a lot of people. Physical medicine and rehab to help with physical dysfunction, fatigue, that's a very important. As you mentioned, pain is a very common side-effect both related to the chemotherapy, but also to all sorts of other parts of cancer treatment, including surgeries and radiation. And so, pain management is very important. It's really a very multidisciplinary practice that we bring to caring for our cancer survivors.

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Dr. Halena Gazelka 05:22

What are some of the most common long-term side-effects requiring treatment? You mentioned pain, and a couple of other ones. But what are some of the long-term physical side-effects that are left after cancer at times?

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Dr. Kathryn Ruddy 05:36

Well, you know, it is so different from person to person. I'm a breast oncologist, so one of the symptoms that my patients often are dealing with is hot flashes. And, of course, many women have hot flashes when we go through natural menopause. But breast cancer treatments can make that worse. Sometimes, women go through menopause at an earlier age and more rapidly because of breast cancer treatments. And our Women's Health Clinic is providing really important care to help people manage or reduce the amount of hot flash burden. Hot flashes can interfere with sleep and insomnia can be really, really big problem, both related to hot flashes and otherwise. And so, we have a Sleep Clinic

here, but we also have people in the Women's Health Clinic who help with kind of reducing the night sweats and hot flashes that for some people are really big problem overnight.

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Dr. Halena Gazelka 06:30

I think one of the key things that I got out of what you just said is that if people have side-effects, they should ask about them, because there may be solutions for them. I think sometimes we think, well, I've had, you know, an individual might think I've had cancer, I've had treatments. So, this is to be expected. I should just be grateful for what I have. But I think knowing that there may be symptom management available is really important.

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Dr. Kathryn Ruddy 06:54

Absolutely. It's really important to talk to your provider about these symptoms, but any symptoms that you're having, but there are things that can be done. Dr. Cheville, who is one of the PMR doctors, the rehab doctors here at Mayo Clinic, Rochester has a huge project right now ongoing to assess symptoms prior to every medical oncology visit in Rochester and also through the Midwest Health System. And this is really important. It is an incredible step forward because it is encouraging us to communicate about these symptoms, even prior to visits. And as part of her study, she has nurse symptom care managers involved to help us better address certain symptoms. Now that project doesn't address every symptom, but really, I hope it will get people talking more to their oncologists about all sorts of types of symptoms so that we can offer the best treatments we can.

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Dr. Halena Gazelka 07:47

That's great. Awareness is important. In the intro, Katie, I mentioned that there are children surviving cancer as well. And I imagine that they and their families have very unique needs. What would some of those be?

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Dr. Kathryn Ruddy 08:01

Well, you're absolutely right. For one thing, the cancers that afflict children are quite distinct from those that are common in adults. So, treatments and expected long term symptoms are not the same. And so, I'm not a pediatric oncologist. So, in my practice, I'm not seeing children or childhood survivors. I do see adolescent and young adult survivors. You know, breast cancer is one of the common cancers in young women. We usually define adolescent and young adult as actually going up to age 40. So, we do have many

young women in our clinic who actually can experience more severe side-effects, sometimes due to our breast cancer treatments, because of the sudden menopause. You know, going into menopause at age 30, or at least your body feeling like it's in menopause at age 30 comes with some pretty severe side-effects at times: vaginal dryness, sexual dysfunction, things that if you went into menopause at your normal age, you know, at 50 or 55, at an average age, it would come on more gradually and tend to be less of burdensome symptoms. So, in terms of actual children and teenagers who are having cancer and who are surviving, of course, there are all sorts of a wide variety of symptoms that can happen. And really, the experience of cancer is often both very difficult for the children but also for their parents and lots of supports are needed to help manage those.

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Dr. Halena Gazelka 09:38

So, tell us a little bit more about some of the unique things that Mayo Clinic is doing to help care for cancer survivors.

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Dr. Kathryn Ruddy 09:46

Well, I don't know if you've been to our Cancer Education Center, but in Mayo Clinic, Rochester, we've had this wonderful Cancer Education Center for years, and there are also wonderful educational offerings at our other sites in Florida and Arizona and the health system. Right now, what we're working to do is to really bring all of that together under a new education committee that will allow patients across the whole Mayo enterprise, and even outside of Mayo, to access these resources virtually, as well as in person when on site. But I think one thing that the pandemic has really helped to move forward is figuring out how we can get these resources out to people, make them accessible, even for patients who are living 10 hours away from here, or who are being seen in other sites for people to be able to get the information that they need about symptom management, about surveillance, about psychosocial supports. And that's really, I think, an exciting effort. We also have Mayo Clinic Connect, which is a social media connectivity for patients to find others who might be experiencing similar things and to have conversations virtually, and to get support through a moderated platform. So, these are things I'm really excited about, and I think we'll see continue to grow over the years to come.

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Dr. Halena Gazelka 11:14

I'm really glad you mentioned the virtual availability, because that's been one of the silver linings of COVID that I think many of us have seen. And we're always looking for silver linings. But we've talked so much about virtual visits and how we are offering those even

from our oncology department, but also there's a lot of virtual information that people can access. And so, I think that's wonderful that we have that available and are even kind of working on that program.

D Dr. Kathryn Ruddy 11:43
I agree.

D Dr. Halena Gazelka 11:44
Katie, supposing that an individual is nearing the end of their cancer treatment, what questions should they ask their doctor at some of their later appointments to prepare them for what things will look like in the future and what they should be watching for?

D Dr. Kathryn Ruddy 12:00
I think some of the important questions are, of course, what kind of care is going to be needed? You know, when do I need to come back? Who do I need to see? What kind of testing will I need if any? But then also, lifestyle wise, what can I do in between those visits whether that's medications I can take or not take or exercise or diet? Are there things I could do to help me feel better or have a better outcome in various ways? Those are the conversations, I think really we should be having those throughout the cancer journey, but from the time of diagnosis. But at the end of treatment is a nice time to kind of have those conversations again, and to help with the transition out of a more frequent visit schedule into something that's probably going to be coming back, meaning that patients are coming back less frequently. It's nice to kind of talk about, okay what can I do at home, and when do I need to come back?

D Dr. Halena Gazelka 12:56
I think that would help a lot with uncertainty. If people have a plan in place that's always good. Knowledge is important.

D Dr. Kathryn Ruddy 13:02
Yes, I don't know if you've heard about survivorship care plans, which kind of refer to a document that summarizes all of that, and survivorship care plans are great. We love when we can provide those to patients. But there's also just a real value to that conversation and talking it through. And of course, for people who sometimes all the visits can be very overwhelming. So, people should feel free to reach out again to clinicians, if

they're confused or can't remember what was said or, you know, sometimes it's hard to absorb and retain all that information at once.

D Dr. Halena Gazelka 13:38

Katie, we talk a lot about clinical trials for cancer and ongoing treatment for patients and various disease states. What about cancer survivors? Are we doing research at Mayo Clinic with cancer survivors?

D Dr. Kathryn Ruddy 13:53

We are. Well, I mentioned Dr. Cheville's really phenomenal symptom management study, which is called E2C2 that's actually funded by the National Institute of Health, and it's part of a much larger effort to better assess and manage symptoms across the country. And the symptoms I should mention on that study, the specific symptoms that are being addressed are insomnia, pain, anxiety, depression, fatigue, and physical dysfunction. So, it's kind of six specific things. It doesn't cover everything. It doesn't, for example, specifically address numbness and tingling. But it's hard for any one study to cover every symptom, it does cover what we think are the very common symptoms that can occur across really all cancers and across all types of treatment. And that's how this was developed. But there are other studies too, that are a little more focused, you know, focusing on clinical trials, sometimes focus on a particular medication or a particular type of exercise. And those are varied across the enterprise sector. Dr. Cheville's study is the largest study I'm aware of that's currently ongoing, that's both in Mayo Rochester and across the entire health system.

D Dr. Halena Gazelka 15:05

Katie, you know we're talking so much about health care disparities, and we've talked about virtual medicine as a way to be able to provide some equity and provide care in areas and to individuals who might not be able to readily receive it. Are their health care disparities related to cancer survivorship that we should be aware of?

D Dr. Kathryn Ruddy 15:27

Yeah, unfortunately, there are, and this is an area of research and growing research. We really want to do better with reducing these disparities. Some of the issues are related to geographical and financial barriers to care. Anything that makes it difficult to access health care can contribute to impure outcomes for patients. And so, it's important that we work hard to minimize these barriers. You know, here at Mayo Clinic, Rochester, one of the

issues is we're hard to get to for a lot of people. So, figuring out what we can provide virtually as we talked about earlier, how can we get our resources out and available to people who maybe live afar or have other barriers to getting here is part of what I think we're making progress on, but we need continued to work on.

D Dr. Halena Gazelka 16:15

Well, as we are celebrating June, National Cancer Survivor month, what else would you like caregivers and patients to know about cancer survivorship?

D Dr. Kathryn Ruddy 16:27

We're here for you. If you have questions, please talk to your caregivers. If you're a Mayo Clinic, patient, check out Mayo Clinic Connect, an incredible resource. Mayo Clinic Connect is actually a sort of entry point for our Cancer Education offerings of various sorts. National Survivor's Day is coming up. Although this year, instead of having a single day where we gather survivors in person, we're actually having a month of celebration throughout June. Every Monday in June, there'll be a new talk posted on Mayo Clinic Connect, hosted by our Cancer Education Center, focusing on different cancer survivorship topics. And on the last Monday of June, there'll be a talk by a survivor, a really inspirational talk. The talks will actually be available for access then afterwards, for some period of months. And so please, please check it out. And we hope that these will be useful. Oh, that's wonderful. Thanks for sharing that. And thanks for being here today, Katie. Thanks so much for having me.

D Dr. Halena Gazelka 17:32

It's wonderful. Our thanks to medical oncologist, Dr. Kathryn Ruddy for joining us today to talk about cancer survivorship. I hope that you learned something. I know that I did. And we wish each of you a very wonderful day.

N Narrator 17:46

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