Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital. Welcome to Yale Cancer Answers with your host, doctor Anees Chagpar. Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer. This week, it’s a conversation about cancer survivorship with licensed clinical social worker Angela Khairallah. Dr. Chagpar is a professor of surgical oncology at the Yale School of Medicine. Angela, maybe we can start off by you telling us a little bit more about yourself and what it is you do. I’m a licensed clinical social worker and currently I work in the Smilow Breast Center as well as the Smilow Cancer Survivorship Clinic and in part of my role I meet with patients and I spend time just getting to know them, checking in, see how they’re doing. You know, I really like to find out how patients are doing on an emotional level. Particularly with regards to their diagnosis, how they’re coping and managing throughout treatment. As well as into, you know, survivorship and when I meet with patients,
0:01:13.81 –> 0:01:16.042 you know what I’d like to talk to
0:01:16.042 –> 0:01:18.352 them about is that you know when
0:01:18.352 –> 0:01:20.008 you’re diagnosed with cancer,
0:01:20.01 –> 0:01:22.338 it can affect all aspects of your life.
0:01:22.34 –> 0:01:24.13 It can affect it socially,
0:01:24.13 –> 0:01:26.509 emotionally, spiritually, financially,
0:01:26.509 –> 0:01:28.888 and even sexually,
0:01:28.89 –> 0:01:31.218 and it’s really not uncommon that
0:01:31.218 –> 0:01:33.212 when patients are diagnosed with
0:01:33.212 –> 0:01:35.462 cancer and are going through treatment
0:01:35.462 –> 0:01:37.778 that they might develop some anxiety
0:01:37.778 –> 0:01:40.022 and some depression as a result.
0:01:40.03 –> 0:01:42.724 Of what they’re going through, and so it’s.
0:01:42.724 –> 0:01:45.23 It’s not uncommon for that to impact
0:01:45.303 –> 0:01:47.858 them shortly after their diagnosis,
0:01:47.86 –> 0:01:50.94 But on the other end,
0:01:50.94 –> 0:01:52.848 when I meet with patients in
0:01:52.848 –> 0:01:54.12 the cancer survivorship clinic,
0:01:54.12 –> 0:01:57.756 I often see it at that point as well.
0:01:57.76 –> 0:01:58.218 You know,
0:01:58.218 –> 0:01:59.821 I can’t tell you how many
0:01:59.821 –> 0:02:01.047 patients will share with me.
0:02:01.05 –> 0:02:03.795 You know, I did fine. I was strong.
0:02:03.795 –> 0:02:05.655 I fought this thing.
0:02:05.66 –> 0:02:08.076 I didn’t cry at all the whole through,
0:02:08.08 –> 0:02:09.63 throughout all of my treatment.
0:02:09.63 –> 0:02:11.42 And now that everything’s done
0:02:11.42 –> 0:02:12.852 and everything’s behind me.
0:02:12.86 –> 0:02:14.84 Now I’m starting to feel overwhelmed.
0:02:14.84 –> 0:02:17.857 I’m starting to get anxious and worried,
and you know, really, it’s just about listening and validating and normalizing their feelings that you know that what they’re going through is normal and actually is quite common.

You know, it’s pretty often that I meet with patients in the cancer survivorship clinic and they are experiencing those fears and those worries that the cancer could come back and even occur or reoccur. And so while I’m meeting with patients, I complete a full psychosocial assessment. Ask them a variety of questions to get to know them better and see how I might be able to best help them throughout this whole process. Yeah, you know, cancer is one of these things that really does strike the fear of. Of God and everything else in you. It is one of those things that doesn’t, you know, take time to schedule on your calendar. It comes oftentimes out of the blue and. And it really does have just tremendous fear associated with it, so you know and and from what
you’re telling me, and from what I’ve experienced as a clinician as well, is that this is something that never completely goes away. So let’s kind of walk through the journey of a cancer patient when they’re first diagnosed. Is that when you first meet them and.

And how do you kind of, aside from telling them that you know when you’re diagnosed with cancer? It does tend to be a little bit of a scary experience. How do you kind of help them to overcome that fear? Or deal with it or manage it. Or kind of not put their life on hold and somehow continue to put 1 foot in front of the other as they try to deal with this diagnosis, right?

So I think that yes I do meet a number of patients who are diagnosed at the beginning of treatment and I really think it’s about talking to patients and really understanding where they’re coming from validating their feelings. Normalizing that, what they’re going through is very
similar to what many others go through,
and those fears those worries that those
concerns that they are having those are real.
And many people also experience that,
I think just being there to provide them
with support as they go through the process,
you know and really helping them
understand that a side effect of
going through cancer and treatment is,
you know, experiencing some anxiety.
Some worries, some fears,
sadness as a result of what
they’re going through.
And from my standpoint,
I like to assess and make sure that
those worries those fears those sadness.
Isn’t impacting somebody’s quality of life,
you know,
and I’d like to educate them and
explain that it’s OK to have a day
once in a while when you’re sad or
where you’re worried or scared.
You know,
it’s OK that you might be feeling
anxious and and you lost a night
of sleep or two over this,
but when you’re noticing that those worries,
those fears that sadness it goes on for
several days on to several weeks at a time,
you really do need to make sure
that you’re letting your team know.
Let your medical oncologist or your surgeon know, asked to speak with. A social worker who would be associated with your clinic and then they can further assess is their need for additional support and services. If I do identify that a patient would benefit from additional support and services, I frequently refer out to providers in the Community who can provide, you know, mental health counseling and support. I'll often encourage patients to attend a local Cancer Support group in that area to provide additional layer one of the other things that I will. Do is you know I talked to patients about one of one of the helpful interventions for people that are experiencing anxiety and depression is meeting with a professional who specializes in cognitive behavioral interventions. You know, talk to patients about you. Know the connections between their thoughts, their feelings and their behaviors, as well as what truly is and what isn’t in their control. As a result of everything that you’re going through. You know when someone is
initially diagnosed with cancer, it truly does feel like it’s completely out of their control. And what lies at the core of our fears and our worries often are things that feel like they’re out of their control or out of our control. And so I will talk to patients about how can you bring back control over something that feels so out of control in your life and help them identify strategies to help them move forward. I also like to encourage patients to make sure that they have an adequate support system around them. We do know that by having family and friends and neighbors and a medical team that surrounds you through this process helps you in the long run. And and that’s so important, I think one of the things that you know for cancer patients as well and for people going through whatever ailment you may be going through thinking about what is within your control and what is not within your control. There are things that you can do that are constructive that are within your control and you know the fact that.
and in so doing reduce your fears. So can we talk a little bit more about some of those strategies? What kinds of things would you talk to a patient about that are within their control that might reduce their anxiety, right? Well, first and foremost, I would encourage patients to think about what is in their control and some of the things that patients have identified when I’ve worked with them are things like, well, I have control whether or not I choose to even treat this cancer. I have control whether or not I choose to go to my appointments or follow up with my scans or get my blood work so that that’s a choice that they have that is in their control. But what we also know, and one of the things I educate patients about, is that you have control over well what we do know is that if we’re getting adequate sleep, you know adequate hydration. Making healthy food choices, you know, exercising or walking as much as we can. Those are all things that help us feel better.
Those are things that help with sadness and depression, and those are things that we do have, you know, control over, and so I will encourage them to just think about. Or kind of reframe. You know how they’re thinking about something else thinking about? You know trying to take this whole process one step at a time. I have patients who often feel completely overwhelmed by all of the things that they are asked to. Do you know this appointment? That appointment surgery? Dealing with this side effect, that side effect, it’s just sometimes can feel so daunting and overwhelming. I’ll encourage them to try to take it one day at a time or even one hour at a time to try to move forward in accomplishing the things that they need to accomplish. Yeah, that’s such such good advice. I mean, I think when we think back to what you were talking about in terms of what you can control, you may not be able to control the fact that you got cancer.
That that is.

A historical fact for cancer patients that they can’t go back in time and change, but what they can change is what they do moving forward. So going to your appointments, choosing to get treated. And at least those are things that you are doing to help overcome this cancer. You can’t control whether or not your cancer will respond, but you can control whether or not you talk to your medical oncologist. And you know.

Surround yourself with a team who can treat the cancer, no matter whether it chooses to respond to one therapy or not. You know the other thing that I think is overwhelming for a lot of patients is that it’s not just the cancer which is scary in and of itself. Many patients are are looking at their cancer diagnosis and kind of looking in the mirror and evaluating their own mortality, which they may not have done in a while. But at the same time, there’s also other fears and you kind of alluded to this at the top of the show as well.
You know fears about well.
Are my friends still going to be there for me?
Is my spouse still gonna love me?
Am I still going to be able to have a sexual relationship and am I going to be able to afford all of these medical bills that are piling up?
And oh, by the way, how am I going to communicate this diagnosis to my children?
Are they going to be scared?
Are they going to be diagnosed with cancer?
And so the snowball kind of spins sometimes out of control with.
It’s not just.
A disease it’s not just a cancer, it’s all of these other things that kind of add complexity to what is already a harrowing experience.
So can you kind of break that down for us and and give us some advice that might be adding to their anxiety.
So I think that encouraging and talking to patients that this is the one time in your life where it’s OK to ask for help. It’s OK to turn to others and
say I can’t do this on my own.
What do you suggest?
How do you think I should manage and deal with this? You know, I,
I will often talk to patients and say,
you know, this is the time in your life where it’s OK to also be accepting of help.
So not only ask for it but also be accepting of it and so really you know.
Letting talking to family members, talking to your friends, you know.
Letting your medical team know.
Also, you know again, asking to speak with your social worker within your clinic.
These are all people in your lives that are there to help and support you.
And So what I was about to say was I think that there are so many resources that people can avail themselves of that can help.
But we need to take a short break for a medical minute.
No worries though.
When we come back on the other side of the break,
Angela and I are going to take a deeper dive into all of the resources that can help you if you or someone you love is going through a cancer diagnosis in
It is an honor to celebrate Cancer Survivorship month by acknowledging the brave souls who have overcome the challenges of cancer. Funding for Yale Cancer answers comes from Smilow Cancer Hospital, which is hosting a Smilow shares cancer survivors series on June 15th. To register, visit Yale Cancercenter or e-mail cancer answers at yale dot edu.

The American Cancer Society estimates that over 200,000 cases of Melanoma will be diagnosed in the United States this year, with over 1000 patients in Connecticut alone. While Melanoma accounts for only about 1% of skin cancer cases, it causes the most skin cancer deaths, but when detected early, it is easily treated and highly curable. Clinical trials are currently underway at federally designated Comprehensive cancer centers such as Yale Cancer Center and Smilow Cancer Hospital to test innovative new treatments for Melanoma. The goal of the specialized programs of research excellence and Skin Cancer Grant is to better understand the biology of skin cancer where the focus on discovering targets that will lead to improved diagnosis and treatment. More information is available at yalecancercenter.org.
to Connecticut Public Radio.
Welcome back to Yale Cancer Answers. This is doctor Anees Chagpar and I’m joined tonight by my guest, Angela Khairallah. We’re talking about cancer survivorship and the fear of recurrence and a number of anxieties that cancer patients face along this journey and we started off by talking about, you know, things that you can control and things that you can’t control. And the fact that fear is a totally normal part of any cancer patients journey. But Angela right.
Before the break we were starting to get into practical advice as we started to talk about the fact that it’s not just, you know, the fear of the diagnosis of cancer itself. There’s also for some patients, a spiritual kind of fear when they’re thinking about their mortality and what’s going to happen when they die. For some patients, there’s also a relationship.
Fear what’s going to happen with my relationships with my spouse, sometimes a sexual fear. Am I going to be able to have the kind of sexual relationship I did before? Sometimes there’s fears of.
Employment and the repercussions of a cancer diagnosis in terms of either employment or insurance. Am I going to be able to continue my job and my ever going to get health insurance again? Am I ever going to get life insurance again? There’s often fears associated with children do. How do I tell my child about this? What are they going to go through? What is going to be their emotional tool? And, you know, could they potentially get cancer as well as a fear of? And a guilt sometimes of my God. Am I doing this to my child? And and then. And then there’s the whole financial fear of. Great, well I’ve got this diagnosis and I I’ve chosen to trade it, but then that’s going to be associated with all kinds of bills that are going to come in. And my gosh now is there a fear of bankruptcy? And so while people are going through that treatment phase even before they get to survivorship in the whole fear of recurrence,
which we’ll get to. Can you talk a little bit more about specific strategies that people can use in dealing with all of these other fears that just kind of compound things as they’re going through treatment?

Absolutely, you know, I would say there are a variety of resources and services within the Community that can help with a number of the things that you identified. Again, I think you know, reaching out to your team asking to speak with your clinic social worker, your clinic social worker should have access to and a list of a variety. Of resources and services? Uh, they would be able to answer questions you know related to how to apply for disability. They’d be able to answer questions about applying for FMLA here in the state of Connecticut we actually had something that started as of January. The Connecticut Family Leave Act.

They’d be able to help address any questions or concerns that you had related to that. Also with cancer, depending on what type of cancer you have,
there is a handful of.
Financial grants that you can apply while you’re in active treatment and active treatment is typically defined as recently having surgery, going through chemotherapy or radiation treatment, and they help. Not ongoing, but kind of a one time thing where they might help a little bit with their mortgage or your rent. Or you know your utilities, that sort of thing. Also, depending on what hospital you’re being treated at they most likely have some kind of program that you can apply for that could potentially help out with some of the medical expenses that you’re incurring, and you know there’s a variety of programs available out there as well that you could apply for that could potentially help with the expense of medication, like for example.
Oftentimes drug companies have Co payment assistance programs that can help you know, provide you with support. If I meet with the patient and they’re
expressing concerns related to, their sexual health, you know with regards to their relationship with their partners, you know.

Again, depending on where you’re treated, there are quite possibly could be a clinic that specializes in that you know, in addressing those sexual concerns that you’re having, you know it’s not uncommon. For example, women who go through breast cancer do experience and can experience a variety of side effects related to their sexual health, and so there are resources out there that we can refer you to if somebody expresses concerns related to their faith or their spirituality. Again, there are chaplains or spiritual leaders in the community that we can help assess and get you connected to.

So again, the social worker quite often is the hub of your resource, who then can then provide you with the different resources and things that are available. I know in the past when I’ve had
patients that have had concerns related to their relationship and communicating with, you know family members and friends or their spouses you know, particularly at their initial diagnosis, that is something that I can definitely talk to them about and kind of a general rule. That I will sometimes say to patients they’ll say to me, you know, I just don’t know who should I tell like, what should I say? How much information should I share? And I’ll usually say to them, my advice would be to tell those people in your life who you’re going to need to turn to for help and support. You know, and I see the range. I see people who post it to their 500 Facebook friends about their diagnosis before they even leave their initial consultation. And then I have people that say to me, do I need to even let my my, my, my children know about my diagnosis and so you really do get the whole the whole range of questions and concerns. And again I encourage patients to go back to let those people in your life who you feel you’re going to
need to turn to for support and help through this process. Those should be the ones you let know again, you know when patients have young. Children we know we have a variety of social workers are often trained in a model called pact and it’s called parenting. Added challenging time and it’s all about how to talk to your children based on their age and their developmental level. So clearly what you would tell like a four or five year old would be very different than what you would share with, say someone who’s a teenager or in their early 20s. And really, you know the American Cancer Society has recommended that really you just share a couple of basic things. You let them know about your diagnosis. You let them know your children, know where the cancer is located. You share with them what the plan is like. For example, I’m going to have surgery then possibly radiation or I’m going to start with chemotherapy. And then we’re going to go from there. And then you also share with your children
how their life might be impacted. During this time.

I agree with you, you know. Tapping into the resources that are available, whether they’re financial resources or human resources,
talking to a chaplain, talking to a social worker. Oftentimes there’s also other resources that can help.

Just with you know, taking a load off and taking a breath and giving yourself permission to to breathe and to get through this.

Angela the other, the other area where you spend a great deal of time, is in survivorship, and as you mentioned,
at the top of the show, you know all of this fear and anxiety. Many people kind of anticipate that there would be fear and anxiety associated with the initial diagnosis and and even while you’re going through treatment. But even after you’ve kind of gotten through that, you’ve done the surgery and the chemo and the radiation and your doctors have said congratulations. Uh, you know your scans look good.
We’ll just follow you.

It’s reassuring,

but it’s not entirely reassuring.

So talk to us a little bit

about the fear of recurrence

that some patients might have,

and whether it’s justified or not justified,

and how you approach that as a social

worker in the survivorship clinic.

Oh, absolutely, and you know,

just to clarify with everyone,

a fear of cancer recurrence.

What means?

It’s when a patient has some worry,

some fear a concern, you know,

related to the possibility that their

cancer will come back or or even progress,

and you know it’s important to know

and understand that this is one of the

most commonly reported psychological

issues that are experienced among

cancer survivors and the majority

of cancer survivors in research,

you know, report.

That this is one of the most significant

unmet needs in helping them learn how

to manage fear of cancer recurrence.

You know, in my work within the

cancer survivorship clinic,

I would say that the majority of the

patients that I meet with do experience
some level of fear of cancer recurrence. Most of them do. And and I always will ask patients when I’m meeting with them. You know, I will say to them. You know one of the most common things that cancer survivors experience is this fear that the cancer could come back and could progress, you know, is that something that you are experiencing? Is that something that you’ve thought about and again, quite often they will. They will indicate that they have, it’s important to let survivors know that this is so common and so normal. In fact, it’s so common and normal that it’s surprising. To me, when somebody says that they don’t experience some level of this, and when I’m meeting with patients I really like to get a sense of at what level are they experiencing? You know this. This fear of cancer recurrence, so I’ll ask a variety of questions. You know, you know, in the literature it’s anywhere between 50 and 70% of cancer survivors across all cancer subtypes experience
some level of this fear of cancer. Recurrence.

Also, it’s important to point out that fear of cancer recurrence is not strongly linked to someone’s prognosis, and it may even occur in an individual who has a relatively good prognosis. So it really doesn’t matter what kind of cancer you had, the stage, the size of your tumor.

Again, it can occur and have higher levels regardless of the percentage of whether or not the cancer would even come back. And you know, it’s interesting. Because some of the things that I like to pay attention to when I’m meeting with survivors. You know there are things that would make somebody maybe more vulnerable for developing fear of cancer recurrence. For example, if someone is a young adult, and when we refer to young adults, the adolescent young adult population is anyone between the ages of 15 and 39. However, I work in the adults cancer.
so that’s anyone between the ages of 18 and 39. So if you’re a younger cancer survivor, if you’re female, if you have a history of you know psychosocial distress at mental health, history of anxiety, or depression, maybe during our cancer treatment you had more severe side effects like pain and fatigue or even sleep issues. But also if you have family members or friends. Who have developed cancer gone through treatment or sadly have even passed away from cancer. Those are all things that could contribute to making you more vulnerable for developing the fear of cancer recurrence. Angela Khairallah is a licensed clinical social worker. If you have questions, the address is canceranswers@yale.edu and past editions of the program are available in audio and written form at yalecancercenter.org. We hope you’ll join us next week to learn more about the fight against cancer here on Connecticut public radio. Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital.