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OUR PRESENTER

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PRESENTE

3. Lauren Lux, MSW has worked in oncology social work for 17 years

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2. She is a Tarheel for work but a Blue Devil in her heart

10

PRESENTE

3. Lauren Lux, MSW has worked in oncology social work for 17 years

2. She is a Tarheel for work but a Blue Devil in her heart

1. She works with the best people who take incredible care of the young people treated at UNC

11

RESENTE



Melissa Matson, MSN, RN, AGPCNP-BC, ADCNP is a nurse practitioner with the UNCA dolscent and Young Adult Cancer Program. Prior to joining the UNC AVA Not have the second program. Prior to joining the UNC AVA Not him the impatient and outpatient setting. During that have been set to be a set of the second program to be setting to the second program to describe the second have been set to describe the second program to describe the second have been the second have to describe the second have the second the second the second the second the second second the second the second the second the second the

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3. Melissa Matson, MSN, RN, AGPCNP-BC launched a national collaborative of advanced practice providers caring for young adults with cancer	
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15	

		OUR PRESENTER	
16			

**3.** Melissa Matson, MSN, RN, AGPCNP-BC launched a national collaborative of advanced practice providers caring for young adults with cancer

Currently leading an interdisciplinary working group of UNC cancer and affiliated professionals developing guidance on engaging in sexual activity during cancer treatment

1. Has been published on the topic of supporting cancer caregivers

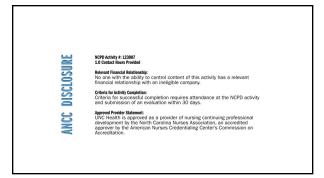
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	ENTER	<ol> <li>Catharine Swift, MSW, LCSW co-lead our AVA sarcoma palliative care collaborative with Dr. Jacob Stein and Dr. Julie Childers.</li> </ol>	
	OUR PRESENTER		
	OUR		
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	<b>~</b>	Catharine Swift, MSW, LCSW co-lead our AVA sarcoma palliative care collaborative with Dr. Jacob Stein and Dr.	-
	SENT	Julie Childers.	
	OUR PRESENTER	<ol> <li>Her clinical training was at the Duke Hospice IPU and here with the AVA team and CCSP.</li> </ol>	
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	TER	3 Catharine Swift, MSW, LCSW co-lead our AVA sarcoma palliative care collaborative with Dr. Jacob Stein and Dr. Julie Childers.	
	OUR PRESENTER	4. Her clinical training was at the Duke Hospice IPU and here with the AVA team and CCSP.	
	<u> </u>	She's contributed to research around parenting with cancer with Dr. Leeza Park as a study interventionist.	
1			







# Improving the Lives of Adolescents and Young Adults with Cancer

LAUREN LUX, LCSW CATHERINE SWIFT, LCSW MELISSA MATSON, NP

SEPTEMBER 13, 2023

25

#### Objectives

- •Identify the unique and unmet needs of adolescents and young adults diagnosed with cancer.
- \*Describe tools that health care professionals can use to provide developmentally and age appropriate care to AYAs.
- •Recognize strategies that health care professionals and healthcare systems can deploy to create a better treatment environment for AYAs.

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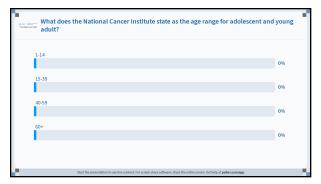
# The ABC's of Adolescents and Young Adults:

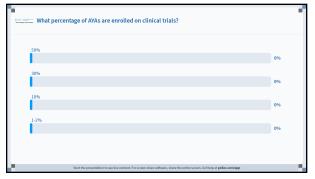
Age Appropriate Information No <u>B</u>S <u>C</u>are for the Whole Person

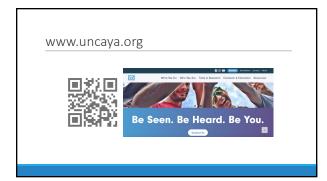
















Clinical Care	Research	Education / Advocacy
NP 8.0W Consult at Diagnosis (13-39y)     Triage (18-2y)     Triage (18-2y)     AS servivorship (Inici (Hillsborough)     Sarcoma Palliative Care Collaborative     Sexual Health Working Group     Fertility Preservation Support	Clinical Trials (connection between peds and adult cooperative groups)  ANA Research Working Group (Nichols)  ANA Cancer Registry  ANA PRI State California, Utah, UNC (Nichols, Baggett) – AN survivorship outcomes  Cois on multiple studies conducted by colleagues in public levalth, Nursing, Social Work, and Journalism	Mentoring learners (SSM, One Fellows, Pall Care Fellows, Reddents, Medical Students and soon NPs)  Annual NC AM Cancer Symposium — Octo 20 in Winston-Salem (QR Code)  Cossult support for program developmen other institutions

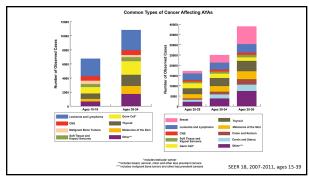
# What you don't have to be...

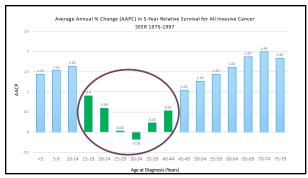
- Coo
- 2. Up to date on recent slang terms
- 3. A snap chat user
- 4. Young
- 5. Cool

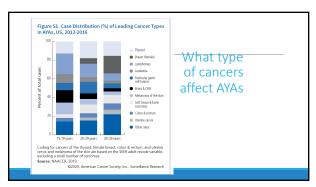
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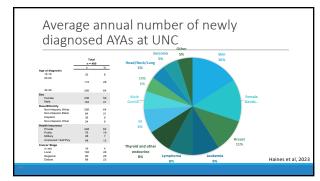
# What you do have to be...

- 1. Authentic
- 2. Flexible
- 3. Compassionate
- Honest
- 5. Willing to get to know the PERSON not just the PATIENT

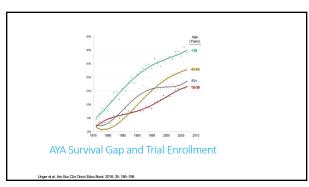












## Why poor outcomes?

- Tumor biology Delay in diagnosis
- Adherence to therapy
   Underinsured/not insured
- Psychosocial issues
- Financial issues
- Low clinical trial enrollment rate(1-2% vs. 60-70% in peds)
- Treatment protocols used vary

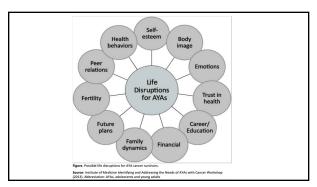
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## AYA developmental tasks

- Establishing autonomy from parents
- A personal set of values and identity
- Strong peer relationships, including intimate and sexual relationships
- Obtaining adequate preparation to join the workforce
- Financial independence
- \*\*A note about frontal lobes



44



No I	BS
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AKA How do we effectively communicate with AYAs

46

"The simplest advice I can give to facilitate conversations with adolescents and young adults is this: be respectful, and genuine. We are forced to confront our mortality at a time in our lives when society tells us we are invincible, fearless, limitless. When this construct crashes down around us and shatters, we can feel vulnerable..."

-23 year old with relapsed lymphoma and has dreams of drinking espresso at every coffee shop in the triangle

47



Communication	
• Honesty is key	
Direct     Non-judgmental	
Avoid controlling/punitive language     Help AYA understand how they best receive information	
Repeat, repeat     Text vs. Phone vs. Email	
• Discuss things other than cancer	
Zebrack, B. 2008	
49	
	]
Control how do we give many	
Control- how do we give more?  Often want very much control over day-to-day issues	
Where can we give young adults control  • Food	
• Schedule • Rooms	
<ul><li>"Opt in" activities</li><li>Decision making</li></ul>	
Peers at the bedside     Admission dates	
Physical activity	
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<u>Ag</u> e Appropriate Information	
What are AYA specific information needs?	
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	<b>"</b> 6	
	"Can you come talk to me bout	
	that sperm thing?"	
	-19 year old with ALL and biggest Steelers fan in NC	
L		
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	Fertility Preservation	
	•Major barriers:	
	<ul> <li>urgency to initiate treatment</li> <li>inadequate information</li> </ul>	
	clinic time constraints	
	<ul><li>cost</li><li>relationship status</li></ul>	
	sociodemographic status	
	HOSPITAL PROCESS  Consorth, an expediting a statement of existing a statement of the second of	
	<ul> <li>Currently no tracking systems or evidence based guidelines regarding these topics</li> <li>Get educated—ECHO &amp; ENRICH</li> </ul>	
	deceduated Editoria Emiliari	
	Flink, Sheeder, Kondapalili-2016	
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	"What's the deal with having sex IN the	
	hospital?"	
	-25 year old going through BMT who loves to hike	
- 1		

S-E-X  "Why is this or important to discuss with patients?"  "Why is this or important to discuss with patients?"  "It is the second to the control of the most important issues cited by ANA.  In Risk rakes phenomor of ANA = Not having STX talks = health mak (ep. if the tritity status is ?)  "What is first plus conversations?"  "One THER Models finding up the topic, Epstein that see is an important part of life, the plus sites that resources with the found to address their concerns, Timing of intervention, Education re: sexual side effects of its, Record  **None in the second of the control of the second of the control of the second of the		7
What if I just eat the pot instead of smokes it is sufficiently and		-
### Seproductive health ranks as one of the most important issues cited by AVA.  ### Black taking behaviors of AVAs + Not having ESX talks = health risks [esp.    ### Indicate partners    ### Indicate partners    ### Indicate partners    ### Indicate partners    #### Indicate partners    #### Indicate partners    #### Indicate partners    ##### Indicate partners    ###################################		
## Fisik-taking behavior of AWA+ Not having SEX talks = health risks (esp. If fertility status is 7)  **Who is having these conversations?  **INTER Models Bring up the topic. Explain that sex is an important part of life, life lipates that resources will be found to address their concerns, Thinling of intervention, Education re-search and effects of its, Record  **What if I just eat the pot instead of smoke it?"  -20 year old with AMI. who is a self described "hater of vegetables"  **Drug and Alcohol Use  - New Installation that destinates are used to cope with stressors - Islam of risks - Islam of risks - Provise better options	<ul> <li>Reproductive health ranks as one of the most important issues cited</li> </ul>	
"What if I just eat the pot instead of smoke it?"  "What if I just eat the pot instead of smoke it?"  - 20 year old with AML who is a self described "hater of vegetables"  - 1 bey little data about abdistness are used to cope with stressors  - 1 bey little data about abdistness are used to cope with stressors  - 2 bey little data about abdistness are used to cope with stressors  - 3 bey little data about abdistness are used to cope with stressors  - 3 bey little data about abdistness are used to cope with stressors  - 3 bey little data about abdistness are used to cope with stressors  - 3 bey little data about abdistness are used to cope with stressors  - 4 bey little data about abdistness are used to cope with stressors  - 5 bey little data about abdistness are used to cope with stressors  - 6 bey little data about abdistness are used to cope with stressors  - 6 bey little data about abdistness are used to cope with stressors  - 6 bey little data about abdistness are used to cope with stressors  - 6 bey little data about abdistness are used to cope with stressors  - 7 brough better options	<ul> <li>Risk-taking behaviors of AYAs + Not having SEX talks = health risks (esp.</li> </ul>	
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Open, honest conversations Inform of risks Provide better options		
Provide better options	<ul> <li>Open, honest conversations</li> </ul>	
* Sticky situations— Providers lack of consensus	Provide better options	
	* Sticky situations— Providers lack of consensus	

		_
	"What if I stand outside the 3 point line and	
	only shoot during the game? No one will	
	touch me, I swear!"  -25 year old with AML and a beautiful 1 year old daughter	-
	-23 year old with Avit and a beautiful 1 year old daughter	
58		
30		
		]
	Physical Activity	
	AYAs cite physical activity as a major unmet need during treatment     Has been shown to reduce treatment symptoms and increase mood	
	<ul> <li>Must adjust exercise to meet the needs of younger patients</li> </ul>	
	Pokemon Go     Laps around football field	
	Over the door basketball hoop Softball player	
	Solved payer	
	Galvao, DA. 2005	
59		
		_
	"Please don't tell my mom !"	
	,	
1	-All of the patients	
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"I never imagined my days and nights
would be filled with insulin shots, IV
ports, steroids, and lots of fatigue. There
are new things to be learned every day.
Am I up for the challenge? Will I do a
good job? Can I handle the pressure?"

-26 year old wife who hates running but has to do it every morning in the military

61

### Caregivers, Partners & Confidentiality

- Consent, confidentiality, and decision making capacity
- Legal obligations
- Ethical considerations
- Establish expectations from the beginning
- How do we support them?

62

# <u>C</u>are for the Whole Person

Who are you before, during, and after treatment?

### Transitions – survivorship, end of life and palliative care

- AYAs experience "transitions within transitions"
- End of treatment to survivorship can be a particularly difficult time • What life does an AYA "return" to and what does "normal" look like?
- Living with metastatic disease as young person symptom management and goals of care/priorities
- End of life and care utilization may look very different for AYAs

64

#### Resources

# General Stupid Cancer

- Critical Mass
   NCCN Guidelines "Caring for Adolescent and Young Adult Patients"
   Teen Cancer America

#### Fertility Preservation

 Livestrong
 Save My Fertility (also and App)
 Fertile Action MyOncofertility.org
 NCI

### Financial

- SamFund
   Hope for Young Adults with Cancer
   The Ulman Cancer Fund for Young
- The Ulman Cancer Fund for You Adults
  Patient Advocate Foundation
  Cancer Care

- Parenting with Cancer
   Single Father's Due to Cancer
   NCI
   Cancer.gov
- Cancer.gov
  Cancer.org
  Mghpact.org (Parenting at a challenging time)
  American Cancer Society

#### Cancer Peer Connections

- Instapeer
   Stupid Cancer Meet Ups
   Imerman Angels
   Young Survival Coalition
   Cancer Support Community

# Career & Legal Cancer and Careers National Cancer Legal Services Network

# Adventure Programs • First Descents • Epic Experience • True North Treks

65

## References

The T. A. (1992). A Section of the S Haines ER, Lux L, Stein J, Swift C, Matson M, Childers J, Kleisder D, Mayer DK, Steiner N, Steiner L, Rosenstein D, Gold S, Smitherman AB. Developing a Comprehensive Adolescent and Young Adult Concer. Program: Lessons Learned from 7 Years of Growth and Progress. J Adolesc Young Adult Oncol. 2023 May 4. doi: 10.1089/jayao.2023.0015. Epib Johado of princ PMID: 2715559.



