

# Foster Resilience in Adolescent and Young Adult Cancer Patients

BY ABBY ROSENBERG, MD



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**R**esilience is broadly defined as an individual's ability to maintain physical and emotional well-being in the face of adversity. How to measure and promote resilience in clinical settings, however, is less clear. We have found that patients who: recognize or manage stress (rather than become overwhelmed); plan and hope for the future beyond their concurrent doubt; maintain optimism over pessimism; and identify supportive family and friends rather than live in isolation may have healthier, happier, and maybe even longer lives.

Although these elements of resilience seem intuitive, they may be particularly hard to come by for adolescents and young adults with cancer. Indeed, while we have improved survival for older adults and younger pediatric patients with cancer, we have not been as successful among adolescents and young adults. Reasons for these disparities include distinct cancer biology of adolescent and young adult tumors, limited access to health care and insurance in this age group, and their unique developmental and psychosocial needs. Taken together, adolescent and young adult cancers seem harder to overcome.

Standard adolescent and young adult oncology recommendations, therefore, should include a holistic view of cancer treatment that incorporates psychosocial and developmental needs assessments.

## Identify, Quantify Resilience

Theories conflict about how and when to measure resilience. Briefly, investigators have suggested resilience is a pre-existing personal characteristic; an on-going process of coping and adaptation; a relatively positive outcome or state of being after cancer; or some combination of the above.

Regardless of which theory is endorsed, however, most agree that individuals may harness personal resources to promote positive outcomes. These "resources" can include pre-existing or learned individual

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Learning Objectives for This Month's CME Activity: After participating in this CME activity, readers should be better able to recognize and promote resiliency in adolescent cancer patients.

skills, gathering of social supports, and existential or spiritual beliefs. Taken together, these resources enable patients to maintain well-being during and after cancer therapy, move beyond their experience with hope and insight, and better adapt to future adversity.

## Patient Resilience and Survival

In our work with adolescents and young adults with cancer at Seattle Children's Hospital, we used both quantitative and qualitative methods to identify key resources necessary to promote resilience. These include skills to recognize and manage stress; goal-set and plan for the future; maintain optimism; and find meaning from adversity. We have developed standard tools to teach these skills to adolescent and young adult patients who may not yet have had the life opportunities to learn them.

Skills that promote resilience in adolescent and young adult cancer patients are teachable and promote psychosocial well-being. In a 2014 study in the *Journal of Adolescent and Young Adult Oncology*, we describe patient-reported resilience and identify contributors and inhibitors of resilience in patients 14 to 25 years old who were enrolled 14 to 60 days following their diagnosis of cancer (2014;3:185-193).

Five themes emerged as predominant contributors or inhibitors of resilience:

- Stress and coping;
- Goals, purpose, and planning;
- Optimism;
- Gratitude and meaning; and
- Connection and belonging.

Our analysis suggested that adolescent and young adult resilience is a balance that may be enabled by promoting certain skills. We found that learned skills in stress management, goal-setting, and benefit-finding may empower these patients during cancer and improve their long-term psychosocial outcomes.

Fostering and promoting resilience in young cancer patients must be intentional, so researchers are studying the best ways to identify and

## Recognize and Foster Resilience in the Clinic

How can oncologists in clinics promote resilience for adolescent and young adult patients, and other patients?

1. Oncologists can enable patients to recognize their strengths and supports, as well as their struggles. Clinicians should promote strengths and supports, and normalize struggles.
2. Ask a few simple questions about the following:
  - a. Thoughts: How do you see your experience?
  - b. Actions: What do you do when things are hard?; and
  - c. Supports: Who supports you?

Cancer treatment in adolescent and young adult cancer patients is a particular challenge for them because they are already in the midst of major emotional and developmental changes. By taking steps to encourage resilience in this population, oncologists can change their patients' approach to emotional coping and enhance quality of life for young cancer patients.

# Venetoclax Granted Another FDA Breakthrough Therapy Designation—this Time for AML

**T**he U.S. Food and Drug Administration has granted a new breakthrough therapy designation to venetoclax for use in combination with hypomethylating agents (HMAs) for the treatment of patients with untreated acute myeloid leukemia who are ineligible to receive standard induction therapy, high-dose chemotherapy. Venetoclax is an inhibitor of the B-cell lymphoma-2 (BCL-2) protein.

The breakthrough therapy designation, enacted as part of the FDA's 2012 Safety and Innovation Act, was created to expedite the development and review time of a potential new drug for serious or life-threatening disease where early clinical evidence suggests the drug may demonstrate substantial improvement compared with existing therapies.

Venetoclax has previously received breakthrough therapy designation for the treatment of patients with relapsed or refractory chronic lymphocytic leukemia (CLL) with the 17p deletion genetic mutation (*OT 6/25/15 issue*); and earlier this year the drug

received another breakthrough therapy designation for the treatment of patients with relapsed or refractory CLL with the 17p deletion mutation for use in combination with rituximab (*OT 2/25/15 issue*).

This breakthrough therapy designation for venetoclax is based on data from a Phase II clinical trial that were presented at the American Society of Hematology Annual Meeting in 2014.

Venetoclax is being developed in collaboration with Genentech and Roche. **OT**

## RESILIENCE

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encourage it. In a 2015 study in the *Journal of Pediatric Psychology* we delivered the Promoting Resilience in Stress Management (PRISM) intervention among two groups of adolescents and young adults at risk for poor outcomes: Patients with Type 1 diabetes, or cancer (*2015;40:992-999*). The goal of PRISM was to develop a practical intervention that bolstered resilience in chronic disease management to improve long-term psychosocial outcomes. The patients were 12 to 25 years of age.

The intervention was designed as two 30- to 50-minute main sessions administered two to four weeks apart and one follow-up session to reflect on skills learned and resources needed. Participants also received "cheat sheets" describing each skill and how to practice the techniques.

We found the intervention was valued highly by patients and their parents. Patients and families in our study universally confirmed that stress management, goal-setting, positive reframing, and benefit-finding were all skills that could and should be taught to patients with serious illness.

Others have taken a similar approach. In a 2014 study published online in *The Gerontologist*, researchers studied if people who have resilience have lower levels of disability and if resilience moderates new chronic conditions and subsequent disabilities in American adults ages 51 to 98 (*doi: 10.1093/geront/gnu068*). The researchers found that high levels of resilience can protect against the negative impact of disability in later life.

In a 2011 study in *Clinical Breast Cancer*, researchers found that offering an intervention called Stress Management and Resilience Training (SMART) to women diagnosed with breast cancer improved resilience, perceived stress, anxiety, and overall quality of life at 12 weeks compared with baseline (*2011;11:364-368*).

Some researchers have explored the use of arts and media to study resilience. In a 2014 study in *Cancer*, researchers studied the use of a therapeutic music video intervention in patients ages 11 to 24 who were undergoing hematopoietic stem cell transplants (*2014;120:909-917*). The intervention, delivered by a board-certified music therapist, included the patients learning songwriting, selecting music, brainstorming lyrics, selecting visuals for the video, and recording a video. The researchers found that the intervention resulted in improved positive health outcomes of courageous coping, social integration, and family environment during high-risk cancer treatment. **OT**

## SHARED APPOINTMENTS

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By contrast, patients participating in a shared appointment are asked to arrive at 7:30 am, at which time their vital signs are taken. The tour of the treatment center starts immediately thereafter, followed by the education presentation, question-and-answer session, and tour of the Learning Center.

### 3. Improved patient access.

The shared appointments are scheduled in MD Anderson's Learning Center so those patients—typically three to five each week—do not flow through the clinic in the usual fashion. "Those particular patients who were taking up a huge chunk of clinic time are now getting their education elsewhere," Prescott says. "Because of that, our pharmacists are more freed up during the day, and clinic rooms that were occupied by a patient for education are freed up as well."

### Lessons Learned

Patients appropriate for the SMART visit are now routinely referred by a member of their care team—an oncologist, an advanced practice provider or a nurse—but that was not the case when the program

first started. Dickens cites two barriers: A lack of awareness about how the program could benefit patients and simply forgetting to refer patients.

"Getting patients enrolled in the class was really tough for us in the beginning," she says.

To address that problem, Prescott's team designated a "SMART Awareness Month" and created a competition for each oncologist's clinical team. They promoted awareness by using fun gimmicks like Glaceau Smartwater and Smarties candies; distributed patient handouts; and awarded small prizes to the physician's team that enrolled the most patients each week.

By the end of the month, the campaign goal of recruiting 80 percent of eligible patients had been exceeded.

"Making it a little competitive and making it fun made a huge difference," Dickens said. "After SMART Month, referring patients was built into everyone's mindset and habits."

Another lesson learned from MD Anderson's experience: Staffing the SMART visits with oncologists is not sustainable—and not necessary.

Although shared appointments were originally staffed by an oncologist and a pharmacist, the current staffing is a pharmacist and an advanced practice provider or two mid-level providers.

"Finding one physician every Friday morning for a couple of hours is very difficult," Dickens said. "This is primarily education for the patients, and the advanced practice providers know chemotherapy very well." **OT**