

Cancer survivorship

A plain-English guide for you and your family

WHAT IS HAPPENING

After cancer treatment finishes, the body starts to heal, but some damage takes months or years to show up. The immune system stays on watch for any leftover cancer cells that might start growing again. Meanwhile, the heart, lungs, nerves, glands that make hormones, and even the brain can carry scars from chemotherapy, radiation, or surgery. These scars do not always hurt right away — they quietly build over time. Patients may feel very tired (so tired that rest does not fix it), have tingling or burning pain in the hands or feet (because nerves got damaged), struggle to remember things or focus (because chemo can fog the brain), or notice that sex does not work the same way (because hormones, blood flow, or nerves got hurt). Some drugs — like doxorubicin (a chemo that can poison the heart) — can quietly weaken the heart years later. Bleomycin (another chemo) can turn the lungs stiff and scarred. Radiation aimed near the thyroid, ovaries, or testes can shut down the glands that make hormones, leaving the body without the chemical signals it needs to feel normal. On top of healing, there is always the chance that cancer could come back in the same spot or that a completely new cancer could start (because treatment itself can damage DNA). Depression and fear are common, because living with that uncertainty is hard. Survivorship care means watching for all of these things — not just hoping for the best, but actively checking the heart, lungs, hormone levels, and mental health, and catching problems early when they are easier to fix. The goal is to help survivors live as fully and as long as possible.

What you might feel

- Fatigue that does not go away with rest
- Pain in bones, joints, or muscles
- Memory problems or trouble focusing (sometimes called 'chemo brain')
- Numbness, tingling, or burning in hands or feet (peripheral neuropathy)
- Shortness of breath or new cough
- Chest pain, fast heartbeat, or irregular heartbeat
- New lumps, bumps, or sores that do not heal

- Anxiety, sadness, or intense fear about cancer coming back
- Weight gain or weight loss without trying
- Trouble sleeping (insomnia)

Call the doctor right away if...

- New or growing lump, especially in an area where cancer was treated before
- Sudden shortness of breath or chest pain at rest
- Coughing up blood or severe new cough that does not go away
- Unexplained weight loss—more than 10 pounds in a few months without trying
- Severe headache with vision changes, confusion, weakness on one side of the body, or trouble speaking
- Persistent fever without an obvious infection
- Bone pain that wakes you at night or gets worse over time

What the care team will do

- Assess vital signs including heart rate, rhythm, blood pressure, oxygen saturation, and respiratory rate; listen to lung sounds for crackles or wheezing and heart sounds for murmurs or extra beats.
- Screen for signs of recurrence or new cancer by asking about new lumps, unexplained weight loss, persistent pain, bleeding, or cough; examine any area of concern and escalate positive findings to the provider immediately.
- Perform a fall-risk assessment and check sensation in hands and feet by testing light touch, pinprick, and ability to feel vibration; ask if the patient has dropped objects or tripped recently.
- Review the survivorship care plan with the patient, confirm they understand their cancer type, treatments received, and schedule for follow-up imaging, labs, and specialist visits; provide a written or electronic copy if they do not have one.
- Screen for anxiety, depression, fear of recurrence, and post-traumatic stress using validated tools or direct questions; assess sleep quality, social support, and coping strategies.
- Educate the patient on cardiac protection strategies including limiting alcohol, avoiding NSAIDs like ibuprofen if heart function is reduced, controlling blood pressure and cholesterol, and reporting any new shortness of breath or leg swelling immediately.
- Check vaccination status and ensure the patient receives annual influenza vaccine, updated COVID-19 vaccines, and catch-up vaccines for pneumococcus, shingles, and others per CDC guidelines; confirm timing is safe if the patient is still immunosuppressed.

- Teach energy-conservation techniques, encourage light physical activity like walking 20 to 30 minutes most days, and refer to physical therapy or occupational therapy if fatigue interferes with daily tasks.

Medicines you may be given — and why

ACE inhibitors (e.g., lisinopril) or ARBs (e.g., losartan)

These medicines lower blood pressure and shield the heart muscle from getting stiff or weak after certain cancer treatments (like doxorubicin or trastuzumab) damaged it. They block a hormone called angiotensin that squeezes blood vessels tight and makes the heart work harder.

Beta-blockers (e.g., carvedilol, metoprolol)

These medicines slow the heart rate and lower blood pressure. They protect the heart from damage caused by certain chemotherapy drugs (like doxorubicin or trastuzumab) by blocking stress hormones (adrenaline and noradrenaline, the body's speed-up chemicals) that make the heart beat harder and faster.

Statins (e.g., atorvastatin, rosuvastatin)

Statins lower cholesterol (a waxy fat) in the blood. Cancer survivors often have higher risk for heart disease because of radiation to the chest or certain chemotherapy drugs. Statins block the liver from making too much cholesterol, which helps prevent fatty buildup in arteries.

Gabapentin or pregabalin

These medicines calm down nerves that are sending too many pain signals. Chemotherapy drugs (like platinum drugs, taxanes, or vinca alkaloids) can damage the coating on nerves, causing tingling, burning, or shooting pain in the hands and feet (peripheral neuropathy, meaning nerve damage away from the brain and spinal cord).

Duloxetine

Duloxetine helps with nerve pain and also low mood or anxiety. It raises two brain chemicals — serotonin (a messenger that steadies mood and sleep) and norepinephrine (a messenger that helps control pain signals and attention) — that help control both pain signals and feelings. It is one of the few medicines proven to reduce chemotherapy-caused nerve pain.

Compression therapy and exercise for lymphedema

Lymphedema (swelling, usually in an arm or leg) happens when lymph nodes (small bean-shaped organs that filter fluid and fight germs) are removed or damaged during cancer surgery or radiation. Fluid that normally drains through lymph vessels (tiny tubes that carry clear

liquid called lymph) gets stuck. Compression sleeves or stockings gently squeeze the limb to push fluid back toward the body. Specific exercises help pump the fluid along.

Methylphenidate or modafinil

Cancer-related fatigue is exhaustion that doesn't get better with rest. It may be caused by leftover effects of chemotherapy, radiation, low blood counts, hormone changes, sleep problems, or depression. These medicines increase alertness by raising certain brain chemicals — dopamine (a messenger that drives motivation and attention) and norepinephrine for methylphenidate; modafinil works through less well-understood pathways, possibly affecting histamine (a wakefulness signal) and orexin (a brain chemical that keeps you awake).

Testosterone replacement (for men) or vaginal estrogen (for women)

Many cancer treatments lower sex hormones. Chemotherapy, radiation to the pelvis, or surgery can damage the ovaries (where women make estrogen and progesterone) or testicles (where men make testosterone). Low testosterone in men causes low energy, low sex drive, and erection problems. Low estrogen in women causes vaginal dryness and pain during sex. Replacing these hormones can ease symptoms.

Selective serotonin reuptake inhibitors (SSRIs, e.g., sertraline, escitalopram) or SNRIs (e.g., venlafaxine)

Depression and anxiety are common after cancer treatment. These medicines raise serotonin (a brain messenger that steadies mood, sleep, and appetite) — and norepinephrine (a messenger that helps control attention and pain signals) in SNRIs — in the brain. This helps improve mood, lower worry, and make it easier to sleep and eat normally.

Bisphosphonates (e.g., zoledronic acid, alendronate) or denosumab

Some cancer treatments (like aromatase inhibitors for breast cancer or androgen deprivation therapy for prostate cancer) weaken bones and raise the risk of fractures (broken bones). Bisphosphonates and denosumab slow down the cells (osteoclasts, the bone-dissolving cells) that break down bone, helping bones stay stronger.

Where this information comes from

- NCCN Survivorship Guidelines 2024
- American Cancer Society Cancer Survivorship Care Guidelines
- American Society of Clinical Oncology (ASCO) Cancer Survivorship Compendium
- CDC Cancer Survivors Study

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