Not only medical-technical aspects of AYA oncology care, but also sport, work and complementary care, such as psychotherapy, are crucial in these patients. During SPACE 4 AYA 2018, an expert panel discussed the ways in which AYAs can work with cancer and the challenges they might face. In this year's event, an app was launched to help AYAs with cancer to communicate with their loved ones.

For cancer patients, including AYAs with cancer, their disease is the reason for their oncology care — to improve their quality of life. Take sport and exercise, for instance. “Sport and exercise can help you better deal with your disease and treatment and recover more quickly due to limited loss of energy and muscle strength. In addition, exercise boosts confidence, reduces fatigue and improves the ability to concentrate”, Ms Rosemarie Jansen says. She is a nurse specialist at the AYA centre at Radboudumc in Nijmegen as well as member of the AYA’s ‘Sport and Exercise’ Dream Team in the central-western part of the Netherlands. This Dream Team was set up recently by Radboudumc in close collaboration with Stichting Sport in de Kanker (Sports in Cancer). The aim of the team is to inform AYAs and care professionals of available games, apps and programs to help sport and exercise in cancer care.

Work: an AYA’s specific task

AYAs’ main task in the team is to have a little work experience during their young age and are unintentionally perceived as a risk group by employers. Therefore, it is not easy to follow their treatment plans, especially for various reasons, such as (several) fatigue, psychosocial problems or communication problems. There are several ways to help cancer patients to keep working or return to work. Take the balan g program. Stay at Work, for instance. This program enables AYAs to adjust their work (un)der training to the treatment in their situation. In this way, patients are often able to keep on working during and following their treatment. However, close collaboration between all parties involved is necessary to make this program a success”, says Dr. Desiree Don, clinical oncology-unit specialist at the Netherlands Cancer Institute at Radboudumc and AYA internist at Leiden University Medical Center.

Reference

T: van Noij, chairman of the AYA panel, introduced the contributing speakers. He also introduced several other people: Mr. Julian Noij, who developed the innovative concept for hospital food and drink developed by the AYA & Food Dream Team; Dr. Noij and his wife, the AYA & Social Dream Team; Mr. Johan ter Mors, chairman of the AYA & Exercise Dream Team; Mr. Johan ter Mors, chairman of the AYA & Exercise Dream Team and agent of the AYA & Exercise Dream Team; and Ms Sophia Steeman, chairman of the AYA & Communication Dream Team, who started the campaign ‘Exercise for Cancer Patients’. She introduced the contributing speakers. He also introduced the AYA & Communication Dream Team and agent of the AYA & Communication Dream Team.

Thrombosis

Although deep vein thrombosis and pulmonary embolism mainly occur in older age, cancer patients can also get thrombosis in their younger age. “In an American study, 10% of 122 AYA patients with sarcoma were diagnosed with thrombosis,” Dr. echo。” Therefore, the patient’s thrombosis is asymptomatic and is missed. In addition, no treatment is given on the CT scan made to follow the cancer process. We know that certain factors determine the risk of thrombosis, such as the stage of cancer, chemotherapy, prolonged bed rest and dehydration. Fortunately, we are often able to prevent thrombosis in cancer patients. Cancer patients can be treated with low molecular-weight heparin (LMWH) or vitamin K antagonists (VKA). Future treatment may include direct and anticoagulants and antiplatelet in cancer patients. It is safe to administer to patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Why does thrombosis in cancer patients often occur? Karsgaard, chairman of the Academic Medical Center in Amsterdam. Therefore, does thrombosis play a role in antiplatelet in cancer patients? Karsgaard, chair.
Epidemiology of tumours in adolescents and young adults

Dr. Olga Hassan, staff scientist at the Institute of Cancer Research, London.

Cancer in adolescents and young adults (AYA) is a unique process. AYA is still developing when they get cancer. Both the AYA and the doctor do not expect cancer at such an early age. As a result, symptoms are not always recognized and diagnosis may be delayed. AYA may present with a wider range of tumours and often shows biologically different differences from tumour types in older age groups. Therefore, it is important to understand how to treat AYAs. In addition, supportive care is not always tailored to the age-specific needs, such as being able to answer age-specific questions.

Based as data from the Netherlands Cancer Registry, the incidence of tumours and survival rates among AYAs was evaluated. Between 1995 and 2015, 30,477 AYAs aged 15 to 39 were diagnosed with 3,350 AYA deaths. The 5-year survival rate was 68% to 85% in men and 75% to 86% in women. Various types of cancer may occur at the AYA age. They include not only tumours mainly found in children (leukaemia and childhood brain tumour) or adults (breast cancer, brain cancer and lung cancer), but also types of tumours that mainly occur at the AYA age (Hodgkin disease, melanoma, thyroid cancer and germ cell tumours). There will also differ between the types of tumours found in men and women. Five-year relative survival rates increased from 68% in men and 70% to 81% in women between 1995 and 2015. However, some types of tumours, such as leukaemia, brain tumour, thyroid tumours, lung cancer, ovarian cancer, colorectal tumours and bladder cancer, only show average five-year survival rates of less than 70%. In addition, survival rates among AYAs with these types of tumours increased less in recent years than among young people or infants with the same types of tumours. This is caused by differences in terms of tumour biology, a more aggressive disease or higher disease stage at the time of presentation, and uncertainty in delayed diagnosis.

Improvements in age-specific AYA care and the AYA’s quality of life

Dr. Fleuripa Meel, senior lecturer at Tilburg University, and Dr. Olga Hassan, staff scientist at the Institute of Cancer Research, London.

In Europe, there are 10 million cancer survivors, 25% of whom are patients of working age. The group age 15-29, the ten-year prevalence among AYAs has increased by 70%. Since 2003, the Netherlands Comprehensive Cancer Organisation (NOCZ) and Tilburg University (TU) are continuing a joint research project to increase the quality of life of all patients with cancer. Research questions include the impact of specific medical treatments on the lives of patients. The quality of life of thousands of AYAs with cancer is being evaluated on a national level, as shown in the PROFILES Registry (Patient Reported Outcomes Following Initial Treatment and Long-term Evaluation of Turmorship) which links these data with detailed cancer registry information to make a unique dynamic monitoring tool for patient-centred survival research. Because in this study AYAs are monitored as well, we gain more insight into the impact of different treatments on their lives. For instance, a study among AYAs age 15-29 with lymph node cancer conducted by Husson et al. showed that AYAs with lymph node cancer report lower quality of life compared to patients with disease limited to the primary site. The impact of the disease and treatment is bigger in AYA than in older patients with lymph node cancer. Of the 50% of AYAs with lymph node cancer, 62% is afraid that the disease will come back. Forty-eight percent of pertaining queries are cancer-related compared to 25% of AYAs without cancer. However, the provision of personal care is still an issue in the treatment process, which might be improved by addressing other factors.

Optimal communication between care professionals, patients, and their loved ones

Communication is an essential, but also complex part of the relationship between care professionals, patients, and their loved ones. The main reason why this topic was discussed is because AYA care (2015-2018). Several studies and trials were discovered that improved patient-care professional communication. In addition, the website hoestie.nu was launched, enabling AYAs to learn their loved ones of their disease and treatment.

AYA care... “Oh, that thought was quite normal!”

Ms Suzanne Franseen opened the plenary session on AYA care in practice by an impressive account of her experiences. In a moving, matter-of-fact presentation she described her struggle with her_AYA cancer and how she was helped by the AYA ‘Young & Cancer’ Platform was set up in 2018 by the "AYA age due to the wide range of tumours. In addition, the information between the patient and care professionals, but also between patients and their loved ones. For instance, they tend to underestimate the problem or to feel insensitive towards the wishes of AYAs and their loved ones. This issue needs to be addressed.

Establishing a relationship based on mutual trust, informing and taking decisions are three important goals of doctor-patient communication. Trust is dependent on features of both the doctor and patient, such as trust in each other, and the patient’s understanding of what happens during the care. Both AYAs and professionals think it was time for change. Working closely together, they gradually changed the care path from the hands of the ward to the hands of the patient. Both doctors and patients are confident that the new way of working is a major step in AYA care. As a result, AYAs do receive the recognition they need.

Conclusion

AYAs show differences in tumour biology, a more aggressive disease or higher disease stage at the time of presentation, and uncertainty in delayed diagnosis.

AYA care in practice

AYA care aims at providing supportive and integrative care. It is a professional and personal approach to care for young adults who is quite normal in the 21st century. In the new era of AYA care, the AYA is the patient and care takes a while, which may have a negative impact on their prognosis and survival rates. They will survive, cancer threatens their future. The disease or higher disease stage at the time of presentation, and uncertainty in delayed diagnosis.

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