### Clinical Follow Up Reference for Supportive Care

#### Physical Concerns – “YES” to Difficulty concentrating/remembering things/finding the words

<table>
<thead>
<tr>
<th>Start With</th>
<th>Asking the patient the below question</th>
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<tbody>
<tr>
<td></td>
<td>Are these memory or concentration issues new for you?</td>
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**If Yes**

**Important to clarify if this issue(s) is:**
1. New or a change from prior
2. A stable situation

Further inquiry, document and note in referral:
- Have you had any change in balance?
- Have you had any vision changes, dizziness or weakness recently?
- Have you started cancer therapy?

**Note:**
- Memory/concentration issues can be related to depression, give PHQ4 results with notes on memory/concentration with referral.
- Treatment can result in self perceived cognitive problems (trouble with information processing, attention, thinking, short-term memory)
  - sometimes referred to as “chemobrain”
  - can occur during any cancer treatment

**If No**

Further inquiry, document and note in referral:
- How long have you had memory/concentration issues?
- Are you currently being treated for them?

**Trained Clinician:**
Proceed with Cognitive Screening Assessment:

- APC, in consultation with treating physician, can further determine referral for patient if needed
- Low threshold for screening older adults for cognitive impairment
- Recommend screening all patients that endorse symptoms for depression/anxiety which can impact concentration and memory give PHQ4 results with notes on memory/concentration with referral.

### Next Step
- **Refer to Physician/APC**
  - Assess for cognitive impairment
  - Patients that endorse symptoms for depression/anxiety can impact concentration and memory
  - Assess for neurologic side effects of anticancer therapy: visual changes, vertigo or new weaknesses
  - May consider CNS imaging if concern for brain metastasis. Decision to do imaging depends upon clinical assessment, likelihood of that type of cancer to go to brain, prior imaging.

### Timing
- **Acute** - Within 24 hrs if Neuro exam is worrisome
- Within 4-6 weeks if Neuro exam is normal

- **Refer to Physician/APC/Neuro-Psych**
  - Assess cognitive impairment (patients that endorse symptoms for depression/anxiety can impact concentration and memory)
  - Assess for ability to maintain treatment plan
  - Consider involving PCP if has prior history of cognitive impairment or dementia for guidance or consider referral to geriatrician or geri-oncologist

### Notes

- **Any Stage** - The word “cognition” can induce panic in some patients, use memory or ability to think instead.
- **Geriatric** - Will find delirium and dementia more often in this population. Additional info to follow, Geriatric team working on screening for pt meeting age and/or cognitive deficiencies

### Patient Links and Handouts:
- American Cancer Society, Chemo Brain
- CancerCare, Chemobrain: What You Need to Know
- Cancer.Net, Attention, Thinking, and Memory Problems
- ASCO answers, Chemobrain

CSOC Patient Handout can be accessed at: [http://cancer-help.me/memory](http://cancer-help.me/memory)

### References:
- **Mini-Cog™**
- NIH, Memory or Concentration Problems and Cancer Treatment
- LIVESTRONG, Cognitive Changes After Cancer Treatment
- Family Caregiver Alliance®, Mild Cognitive Impairment
- ASCO Post, How Cancer and Its Treatments Affect Cognitive Function
- LINKs To TRAINING will be added when Geriatric assessment is decided upon

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