

Improving the Mental Health of Cancer Survivors: Post-Treatment Neurocognitive Challenges with Audio Descriptive Transcript

Audio Descriptive Text

- Patient-Provider Communication: Improving the Mental Health of Cancer Survivors. National Association of Chronic Disease Directors. Centers for Disease Control and Prevention.
- Dr. Lynne Padgett introducing herself.
- Amelia Ballard introduced.
- Dr. Lynne Padgett discussing about side effects of cancer treatments.
- Dr. Lynne Padgett asking Amelia Ballard about chemo brain affecting her experience in school and in work.
- Amelia Ballard discussing details about chemo brain affecting her experience in school and in work.
- Dr. Lynne Padgett confirming Amelia Ballard's story and asking her if the symptoms got worse when under stress or multitasking.
- Amelia Ballard providing information about her symptoms and asking Dr. Lynne Padgett what patients can do during and after treatment to help us cope with these symptoms.
- Dr. Lynne Padgett describing the symptoms during and after chemotherapy and emphasizing the need for patients to describe physicians their symptoms as well as for providers to assist with those symptoms through screening and continuous treatment.
- Amelia Ballard affirming the beneficial opportunity for doctors and nurses to improve the lives of cancer survivors.
- Dr. Lynne Padgett affirming that open communication between healthcare providers and patients regarding cancer related mental health concerns is an important part of care.
- Last slide showing the following links to the following websites–
 - CDC's Cancer Prevention and Control at www.cdc.gov/cancer.
 - National Association of Chronic Disease Directors at www.chronicdisease.org/.

Video Summary

“Chemo brain” is a phrase often used to refer to cognitive impairments like problems with learning, language, concentration, and memory during and after cancer treatment. Amelia Ballard, a cancer survivor, discusses how she was affected by some of these side effects of cancer treatment with Dr. Lynne Padgett, a clinical health psychologist.

Audio Script

[Music]

[Dr. Lynne Padgett] Hello. I'm Dr. Lynne Padgett, and I'm a clinical health psychologist. I'm here today with Amelia Ballard. She's a childhood cancer survivor.

Amelia and I are going to talk about some of the unintended side effects of cancer treatments. I'm sure you've heard people talk about chemo brain in referring to a group of cognitive impairments such as problems with learning, language, concentration, or memory during and after cancer treatment. These problems can profoundly affect survivors' daily functioning.

So, Amelia, how did chemo brain affect your experience in school and in work?

[Amelia Ballard] Yes, so as you mentioned I am a pediatric cancer survivor. I was first diagnosed with leukemia when I was 17 months old and then relapsed when I was three years old. So throughout my treatment process I

received a lot of chemotherapy. As well as cranial and total body radiation. So I think that chemo brain has definitely been one of the things that I've had to deal with in my life.

So, I would say during treatment it's hard to remember because I was so young especially in the hospital setting, but I remember outside of the hospital when I would be at home as a young child my mom would ask me to do basic chores, basic tasks, and that would take a lot of time.

I did have cognitive testing throughout the chemo and radiation. I remember doctors would come in and ask me questions based on developmental milestones to make sure I was progressing and not deteriorating or to see what we needed to do to maintain my functioning. But other than that, I remember in my last battery test was when I was 15 years old and I have not had one since. So I might be overdue for one of those. I need to ask my doctor about that. And then you asked about how it affects my work and kind of education.

[Dr. Lynne Padgett] Yeah.

[Amelia Ballard] So, from the age of like 10 when I was in middle school and high school, I always had to take my test outside of the classroom. We kind of learned this the hard way when in the classroom I would get very easily distracted by any noises, any sounds. I would get very bad testing anxiety when my classmates were finishing way before me they were turning in their test and so we found out that I would be able to take my test outside the classroom and this was very beneficial. I had the resources I needed, the time that I needed, and this continued through my high school and I think this really paid off with my academics.

[Dr. Lynne Padgett] Wow. That is a really compelling story. So were there times where you found maybe when you were under stress or multitasking, that your symptoms felt worse?

[Amelia Ballard] Definitely. I feel like when I am giving multiple tasks at hand or put under any pressure a lot of times this sounds crazy, but my mind just blanks. I feel like I definitely have a harder time with memory and concentration. Especially during multitasking and specific tests.

And I have a question for you, Dr. Padgett.

[Dr. Lynne Padgett] Okay.

[Amelia Ballard] I'd like to ask: What can patients do during and after treatment to help us cope with these symptoms?

[Dr. Lynne Padgett] Great, well I'm glad that you asked. A lot of patients suffer chemo brain during treatment. And but then they are sometimes surprised when it continues after treatment. Sometimes, like you have experienced for years, so about 17 to 75%— we have these large estimates of patients suffer some kind of cognitive symptoms.

One thing we want to encourage patients to do is tell their providers and identify these symptoms. If they are given an opportunity to and one of the ways they can do that is through what we call psychosocial distress screening. This is the way that patients can report psychological symptoms as well as symptoms associated with memory and attention to their providers. And it's important that they do that because there are some things that we can do to help.

One of the things we ask providers to do is to do this screening to elicit these symptoms from their patients to ask about them and then to ensure or see if they are continuing after treatment or after maybe they expected the symptoms to resolve. So as we encourage providers to do that, then once they have identified them and how they are impacting the patient's quality of life and work in school, then they are able to take those symptoms and make referrals and those referrals may be in the cancer center or they may be out into the

community. They may involve testing like you went through with the neuropsychologist. They may involve working with someone to learn coping skills. Or they may even involve medication to help mitigate those symptoms and to help cancer survivors successfully navigate their daily lives and work and school.

[Amelia Ballard] Awesome. It's good to know that there's resources out there.

[Dr. Lynne Padgett] Yes, there are.

[Amelia Ballard] Doctors and nurses have a real opportunity to reduce the impacts of problems like these and help cancer survivors like me live happy, healthier lives.

[Dr. Lynne Padgett] Conducting recommended distress screening and advising your patients to receive treatment for psychosocial and neurocognitive concerns when they are indicated is an important part of their care.

For access to training resources for healthcare providers and information about these topics, visit [cdc.gov/cancer](https://www.cdc.gov/cancer) and [chronicdisease dot org](https://www.chronicdisease.org).