

Measurement and Treatment of Cancer Related Sleep Disturbance



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Introduction

Healthy Sleep is a Universal Human Need

For cancer survivors, disease burdens related to sleep disturbances often goes unmet. People with cancer are three times more likely to experience sleep disorders compared to the general population. Up to 95% of cancer patients suffer from sleep disturbances and sleep disorders¹— and not just during active treatment.² The primary causes behind sleep disturbances are psychological distress, treatment-related illnesses, and the heavy burden required to manage life with cancer.

These issues can last for many years after a cancer diagnosis.³ Yet many cancer patients don't realize that sleep can be clinically assessed, monitored like a vital sign, and improved through multidisciplinary care models that treat sleep as a foundation of long-term disease management.





Methods

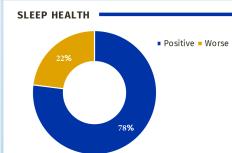
In a whole-person primary cancer survivorship care clinic, sleep assessments are paired with broader patient-reported outcomes. Collected continuously, these data allows clinicians to monitor patient status across sleep, physical health, cognitive function, social interaction, and overall vitality,

To improve cancer patient's sleep health, the National Comprehensive Cancer Network's Sleep Disorder Guideline was translated into a standard-of-care intervention. A team of advanced practice providers, mental health therapists, dietitians, occupational therapists, and medical oncologists provided primary cancer care, cognitive-behavioral therapy, memory adaptive training, mood management, clinical nutrition, and physical activity promotion. Sleep quality was assessed using the PROMIS Sleep Disturbance scale, a patient-reported outcomes tool measuring sleep quality and sleep associated health restoration.

Results

Patients were referred from a Utah community oncology clinic, other medical clinics, or self-referred (N=132; mean age 52; 84% female). At enrollment, 35% had started treatment, 21% were on post treatment aromatase therapy or adjuvant hormonal therapy, 65% were post treatment. Baseline assessments revealed significant disease burdens with: 83% poor sleep health, 82% poor mental health, 72% poor physical health, and 79% poor cognitive health. Following Food and Drug Administration guidance, our clinical pathways prevent declines or improve functional health and well-being. Among patients completing three measurement time points (n=51), 78% showed positive sleep outcomes, correlating with improved physical (p=0.0376), mental (p=0.0002), and cognitive health (p=0.0179).





Conclusions

These findings demonstrate the feasibility of addressing sleep health to enhance overall well-being and quality of life for cancer patients. Demonstrating the benefits of supportive cancer care with research and data is a critical goal of the national cancer community.^{4,5} Whole-person care models can advance this mission by integrating the principles of pragmatic clinical trials, which combine person-centered care with standardized tools and national benchmarks to guide treatment pathways. These results occurred by helping patients make lifestyle changes, not through a specific sleep protocol This suggests that treating sleep indirectly—by addressing stress, depression, nutrition, and physical activity—can be as effective and possibly more sustainable than treating sleep in isolation.

References

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