‘Chemobrain’ the new enemy in cancer fight

Doctors turn attention to tackling patients' cognitive issues after chemotherapy is over

By Neerja Juttley

More than two years after Ms Chan Toke completed chemotherapy treatment, some side effects still linger. In particular, the 40-year-old graphic designer feels it harder to concentrate on work, becomes confused more easily.

“I don’t think I’m back to normal,” said Ms Chan, who was diagnosed with breast cancer in late 2014 and underwent treatment the following year.

“Chemobrain is not so obvious to think very quickly. Now I’m slower and it can be difficult to concentrate on work,” said Ms Chan.

Doctors are beginning to focus on treating the phenomenon known as “chemobrain,” as it impacts the daily lives of cancer patients. This was first identified in the 1990s, and is thought to be found in people who have otherwise completely recovered from cancer treatment.

For years, the emphasis was on finding ways to help patients survive cancer, said Associate Professor Alexander Chua, who is studying the phenomenon.

“Early-stage cancers are more treatable,” said Prof Chua, who is from the pharmacy department at the National University of Singapore’s cancer research institute.

“But because we catch them so early and treat them so finely, we do not realize how it affects a lot of these older effects,” he said.

In recent years, as more and more breast cancer survivors, he said his team found that three in ten patients complained of cognitive issues up to a year after chemotherapy had ended.

These included having trouble making decisions, remembering things, and being unable to multitask as well as before.

The team found that many patients who had been treated for breast cancer were generally happy.

“They should be able to,” said Prof Chua, who is also a specialist pharmacist for oncology pharmacy at the National Cancer Centre Singapore (NCCS).

But many patients didn’t feel as though they were back to normal.

Although Prof Chua’s study involved only people with breast cancer, he believes the results can be applied to other groups of cancer patients.

“The brain is a great ask to breast cancer patients because it has one of the highest survival rates, meaning that many patients will live to face the side effects of treatment,” he said.

Dr Runa Jain, a senior consultant at the NCCS, said there were many studies showing “chemobrain” was related to chemotherapy.

Dr Chua, who is a specialist in oncology, said the evidence was still not clear in all patients.

The good news is that most patients can get back on track and function in the long term after chemotherapy.

Even so, NCCS is studying the problem and is looking for ways to prevent it from occurring, he said.

Dr Rinku Rangwala, a senior consultant in medical oncology from NCCS, said the research into “chemobrain” is key.

“The idea is that there are various things we can do to counter the negative effects of chemotherapy,” he said.

“For some patients, it may just be a few months. Others may still feel that they are not quite the same as before even years later,” he said.

While research has shown that fatigue may persist after chemotherapy, loss of concentration and memory often do not persist through physical or cognitive training exercises,” he said.

Said Dr Chua: “We advise my patients to form habits that may help compensate for short-term memory and executive function problems.

“We may also advise them to use the function of reminder functions on smartphones or write down important information,” he added.

Prof Chua hopes to launch if