

WHAT DOES THE FUTURE HOLD FOR SURVIVORSHIP CARE PLANS AND SURVIVORSHIP EDUCATION?

CHRISTINA BACH, MSW, MBE, LCSW, OSW-C, FAOSW

CAROLYN VACHANI, RN, MSN

ONCOLINK.ORG

PRESENTATION OVERVIEW

Who is a cancer survivor?

Facts and Figures

History of Survivorship Care

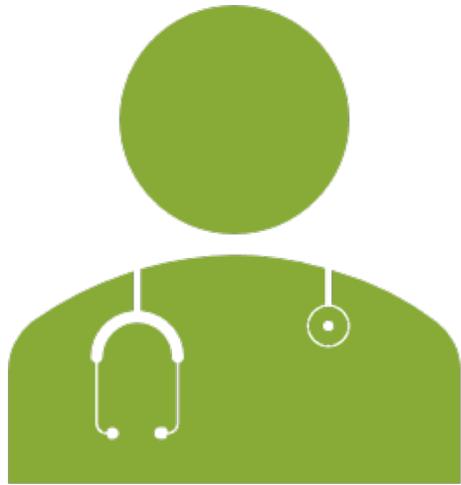
Components of Survivorship Care: The Four P's

Modules of Survivorship Care

Guidelines and Recommendations

Available Tools

Q and A



WHO IS A CANCER SURVIVOR?

- A person with cancer is considered a survivor from the time of diagnosis.
- Many definitions include caregivers, family and friends within the survivorship constellation.
- However, in clinical practice, survivorship care typically begins at the end of active treatment.
- This difference in definitions may leave some behind when it comes to survivorship needs.

WHAT DOES A SURVIVOR NEED?



Support during care transition points.



Education about life after cancer:

Physical effects.

Practical concerns: financial, work, insurance.

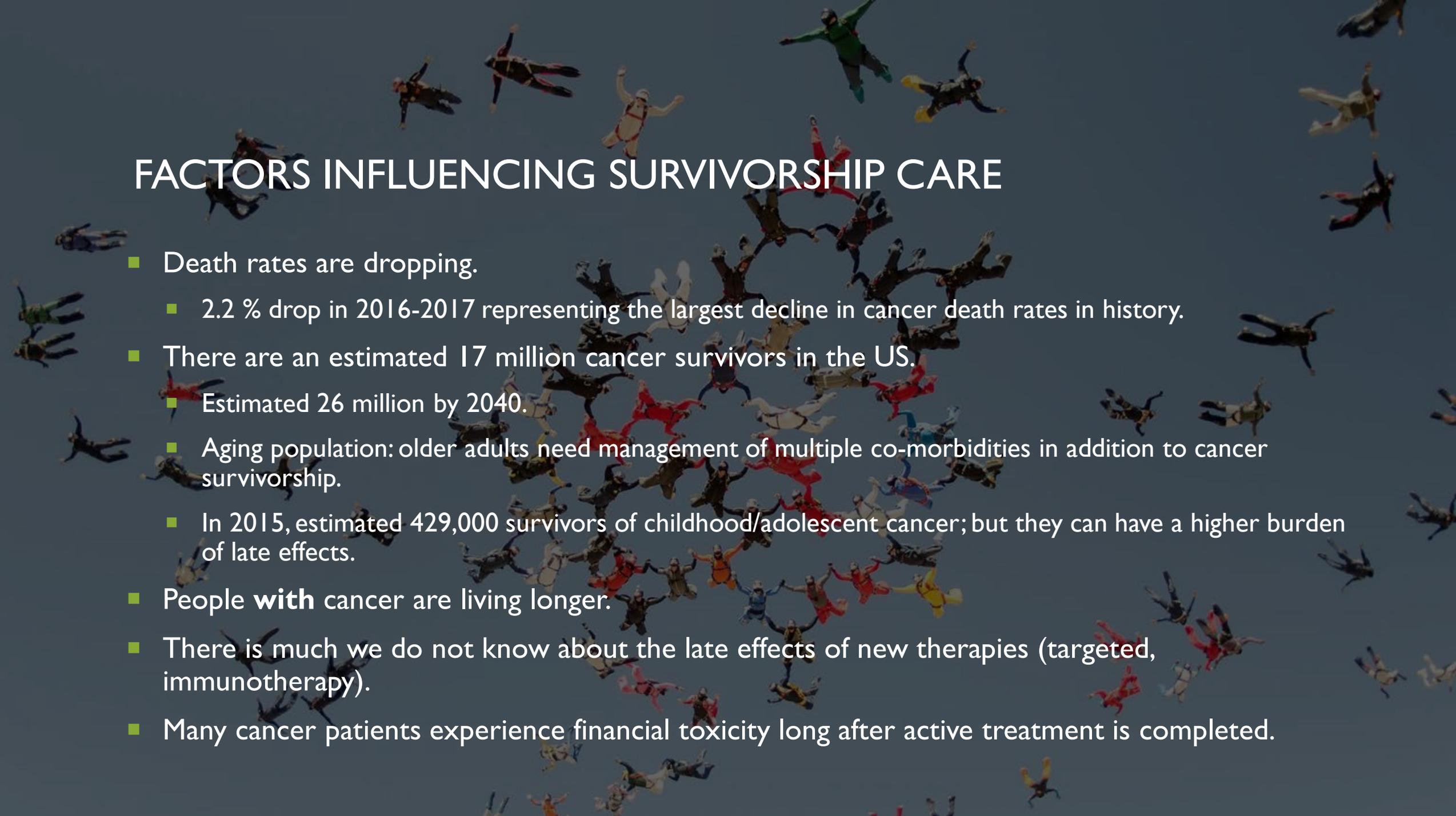
Fear and anxiety of recurrence.

Importance of healthy lifestyle.

Preventive medicine.



Plan for follow up care & concerning symptoms to report



FACTORS INFLUENCING SURVIVORSHIP CARE

- Death rates are dropping.
 - 2.2 % drop in 2016-2017 representing the largest decline in cancer death rates in history.
- There are an estimated 17 million cancer survivors in the US.
 - Estimated 26 million by 2040.
 - Aging population: older adults need management of multiple co-morbidities in addition to cancer survivorship.
 - In 2015, estimated 429,000 survivors of childhood/adolescent cancer; but they can have a higher burden of late effects.
- People **with** cancer are living longer.
- There is much we do not know about the late effects of new therapies (targeted, immunotherapy).
- Many cancer patients experience financial toxicity long after active treatment is completed.



HISTORY OF SURVIVORSHIP CARE

- Institute of Medicine Report, 2006, *From Cancer Patient to Cancer Survivor: Lost in Transition*.
- Raised awareness of the medical, functional and psychosocial consequences of cancer & cancer treatment
- Also discussed most PCP's discomfort with caring for survivors and the lack of guidance by oncology teams.
- Recommendations
 - All survivors (& their PCP) should receive a treatment summary and survivorship care plan.
 - Survivors be active participants in their care.

TREATMENT SUMMARY VS. SURVIVORSHIP CARE PLAN

Treatment Summary

- Provider contact information.
- Diagnosis, including histologic subtype when relevant.
- Stage at diagnosis.
- Surgery: procedure and location of procedure in the body, date (year, month is optional).
- Chemo / other medical therapy: names of agents and end date of treatment.
- Radiation: anatomic area, end date of treatment.
- Any ongoing toxicity.
- For select cancers, genetic testing.

Survivorship Care Plan

- Ongoing therapy and management of ongoing side effects.
- Follow up visits and any surveillance tests for recurrence.
- Cancer screening for new primary/other cancer.
- Symptoms of recurrence to report - “any new, unusual, and/or persistent symptoms should be brought to the attention of your provider.”
- Late & Long term effects: symptoms, prevention, monitoring - focused list of likely and rare but clinically significant effects.
- General statement regarding healthy lifestyle (diet, exercise, smoking cessation, limit alcohol) “may be included”.
- A statement acknowledging that survivors often face emotional or mental health, parenting, work/employment, financial, and/or insurance issues.
 - Advise patients experiencing any of these issues address them with their oncology and/or PCP. Provide resources.

THE FOUR P'S OF SURVIVORSHIP CARE



PREVENTION



PALLIATION



HEALTH PROMOTION



PRACTICAL/PSYCHOSOCIAL
MANAGEMENT

SURVIVORSHIP CARE MODELS



Academic, oncology-based care



Community-based care



Shared care

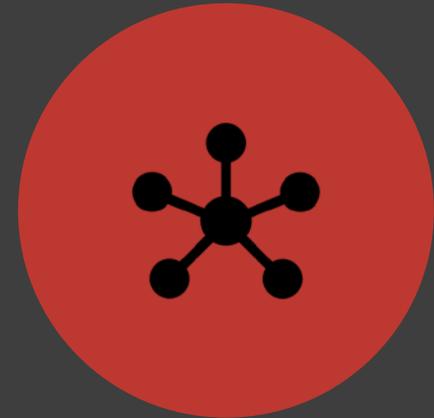
TYPES OF SURVIVORSHIP CARE DELIVERY



CONSULTATIVE



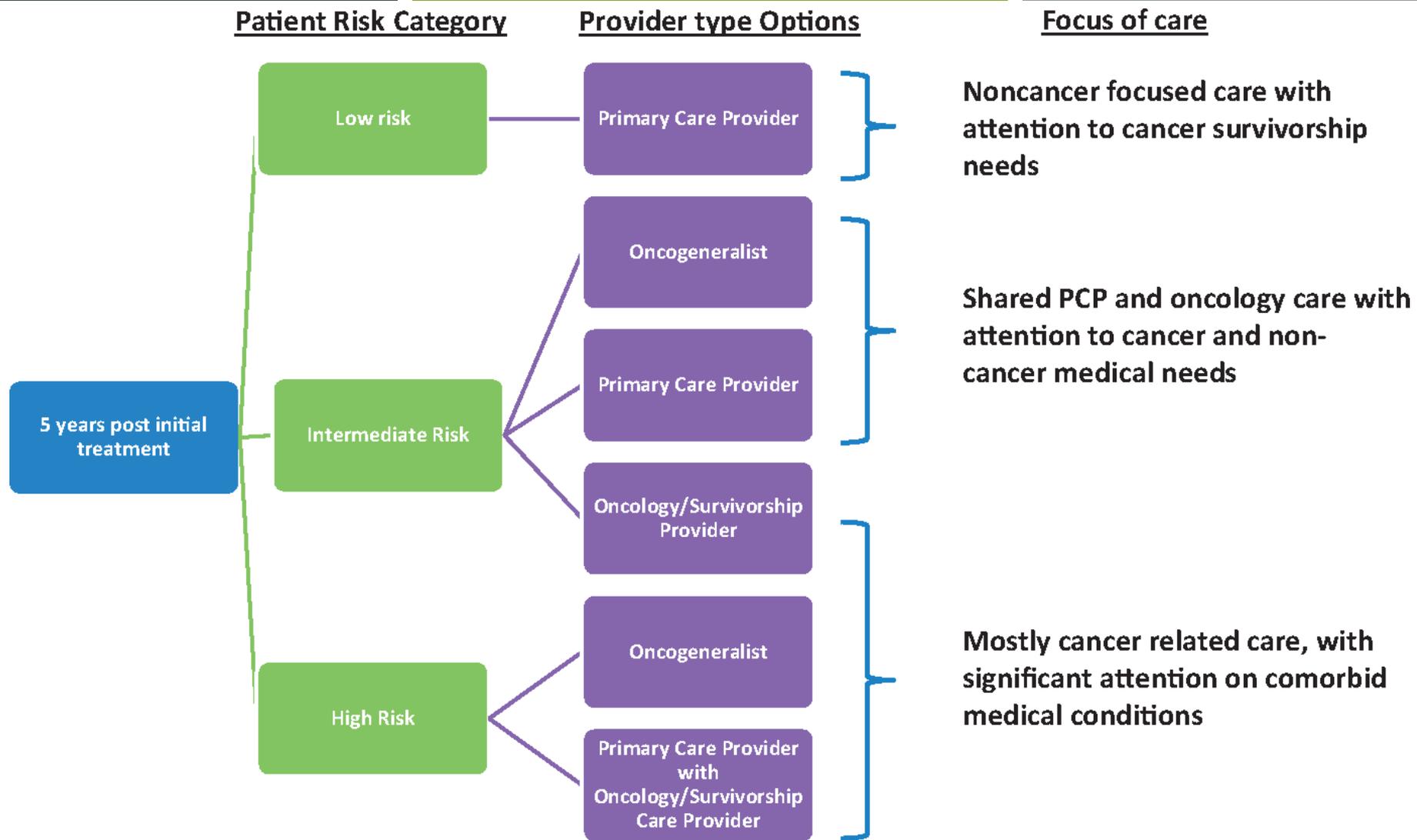
ONGOING



INTEGRATED

FUTURE DIRECTIONS IN SURVIVORSHIP CARE DELIVERY

Shifting from “one size fits all approach” to one that offers the right services to the right patient at the right time in a cost and resource efficient manner.





GUIDELINES AND RECOMMENDATIONS: THE AMERICAN CANCER SOCIETY

- Implementing routine needs assessment of survivors and caregivers.
- Facilitating personalized information and referrals from diagnosis onward for both survivors and caregivers.
- Disseminating and supporting the implementation of new care methods and interventions.



GUIDELINES AND RECOMMENDATIONS: NCCN

- Care of the cancer survivor should include:
 - Prevention of new and recurrent cancers and other late effects.
 - Surveillance for cancer spread or recurrence, and screening for subsequent primary cancers.
 - Assessment of late psychosocial and physical effects.
 - Intervention for consequences of cancer treatment (e.g. medical problems, symptoms, psychologic distress, financial and social concerns).
 - Coordination of care between primary care providers and specialists to ensure that all of the survivor's health needs are met.
 - Survivorship care planning.

GUIDELINES AND RECOMMENDATIONS: NAPBC

- Standard 2.20 (2018): A comprehensive process to prepare and disseminate a breast cancer survivorship care plan, with accompanying treatment summary, to all eligible patients within six (6) months of completing active treatment and no later than one year (365 days) from date of diagnosis is developed and implemented.
- Goal (as of end of 2017): Provide SCPs to ≥ 50 percent of eligible patients who have completed treatment.
- Eligible patients:
 - Diagnosed with Stage 0 (ductal carcinoma in situ), I, II, or III breast cancer.
 - Treated with curative intent for an initial breast cancer occurrence.
 - Is an analytic case.
 - Has completed active therapy (chemotherapy and radiation), though may still be receiving hormonal or targeted therapy.

GUIDELINES AND RECOMMENDATIONS: ACOS COMMISSION ON CANCER (COC)

Implemented January 1, 2020

First review during 2021 surveys

Requirements:

- Designate leader of survivorship program.
- Identify a team.
- Identify services/programs offered to address needs of cancer survivors.
 - Services can include: SCP, treatment summary, screening for recurrence, education, rehab, nutrition, psychosocial support, support groups, exercise programs, financial support services, expert specialist referral (ex. Cardio-oncology).
- Reporting should be on 3 programs:
 - Includes an estimate in the number of patients who participated in survivorship programming/services.
 - Identify barriers and resources needed to address.
- Programs should strive to enhance existing services and develop new services.

AVAILABLE TOOLS AND RESOURCES



OncoLife Survivorship Care Plan <https://oncolife.oncolink.org>



ASCO <https://www.cancer.net/survivorship/follow-care-after-cancer-treatment/asco-cancer-treatment-and-survivorship-care-plans>



National Cancer Survivorship Resource Center: <https://smhs.gwu.edu/gwci/survivorship/ncsrc>



NCCS Cancer Survivorship Checklist <https://www.canceradvocacy.org/wp-content/uploads/2019/08/Cancer-Survivorship-Checklist-1.0.pdf>



EHR products may include survivorship care planning information.

QUESTIONS



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CONTACT
INFORMATION

Christina Bach

christina.bach@pennmedicine.upenn.edu

Carolyn Vachani

cvachani@oncolink.org