Cancer Survivorship Management

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Speaker Disclosure

• Dr. Foxhall has disclosed that he has no actual or potential conflict of interest in relation to this topic.
Objectives

• Discuss approach to addressing needs of cancer survivors
• Review recommended priority focus areas and guidelines
• Describe roles of health professionals
• Examine barriers/opportunities to improve delivery of recommended cancer survivorship services in your practice
Goals of Survivorship Management

- Maximize benefits of treatment
- Maximize duration and quality of life
Who is a Cancer Survivor?

An individual is considered a cancer survivor *from the time of diagnosis*, through the balance of his or her life. Family members, friends, and caregivers are also impacted by the survivorship experience, and therefore included in this definition.

- Adult onset cancer
- Completed active treatment and NED

NCI Office of Cancer Survivorship, 1996

*Age-adjusted to the 2000 US standard population.
### Trends in Five-year Relative Survival Rates (%), 1975-2013

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>All sites</td>
<td>49</td>
<td>55</td>
<td>69</td>
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<tr>
<td>Breast (female)</td>
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<td>84</td>
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<td>Colorectum</td>
<td>50</td>
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<td>Leukemia</td>
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<td>Lung &amp; bronchus</td>
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<td>Melanoma of the skin</td>
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<td>Non-Hodgkin lymphoma</td>
<td>47</td>
<td>51</td>
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<tr>
<td>Ovary</td>
<td>36</td>
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<td>Pancreas</td>
<td>3</td>
<td>4</td>
<td>9</td>
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<tr>
<td>Prostate</td>
<td>68</td>
<td>83</td>
<td>99</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>72</td>
<td>79</td>
<td>78</td>
</tr>
</tbody>
</table>


Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2017.
Estimated Cancer Survivors by Site

Estimated Number of Cancer Survivors in the U.S., by Site


Estimated Cancer Survivors by Age

Estimated Number of Cancer Survivors in the U.S., by Current Age

- 65+ years: 62%
- 40-64 years: 33%
- 20-39 years: 4%
- 0-19 years: 1%

Rapidly Growing Population

Estimated and Projected Number of Cancer Survivors in the U.S. From 1975 to 2040

2026 – 20.3 million
31% Increase

Audience Polling Question 1

Average 5 year survival for all types of cancer in the US is

1. A. 49%
2. B. 55%
3. C. 69%
Why Focus on Cancer Survivors?
Why Focus on Cancer Survivors?

• Cancer treatment while increasingly effective is associated with physical and holistic needs in survivors that are often chronic in nature and benefit from compressive follow up

• Optimum care extends beyond surveillance for recurrence and second primary cancers and should include late and long term effects, psychosocial sequelae, preventive care and management of comorbid conditions

• Ongoing care may involve multiple types of health professionals and includes a clear role for primary care

• Many are “Lost in Transition”
  – No clear direction on where to go for care or what is needed
  – Limited evidence on what is most effective
  – Underuse, overuse, misuse
Challenges for Cancer Survivors
Physical & QOL

• Risk of recurrence
• Increased risk of second malignancies
• Physical anatomic or functional changes
• Organ toxicity/morbidities that lead to premature onset of chronic illnesses
• Psychological disturbances
• Social and economic burdens
• Lack of organized/coordinated follow-up plan
Survivorship Areas of Concern

**Symptom Management**
- Cancer-related fatigue
- Cognitive dysfunction
- Infertility
- Pain
- Sleep disturbances
- Stress disorder
- Sexual dysfunction

**Co-morbidity Management**
- Cardiovascular
- Depression - anxiety
- Endocrine
- Gastrointestinal
- Infection
- Neurologic
- Psychiatric
- Pulmonary
- Renal
- Rheumatologic
- Skin

**Healthy Living**
- Genetic evaluation and counseling
- Medical evaluation for exercise program
- Nutritional evaluation
- Occupational therapy
- Physical therapy
- Psychological assessment
- Rehabilitation assessment
- Smoking cessation
Causes of Death in Survivors

Fig 1. Probability of death from breast cancer and other causes by (A) age at diagnosis (years), (B) tumor size in millimeters, (C) estrogen receptor (ER) status, and (D) tumor grade.

Published in: Emer O. Hanrahan; Ana M. Gonzalez-Angulo; Sharon H. Giordano; Roman Rouzier; Kristine R. Broglio; Gabriel N. Hortobagyi; Vicente Valero; *JCO* 2007, 25, 4952-4960.
DOI: 10.1200/JCO.2006.08.0499
Copyright © 2007
Survivors Express Post-Treatment Concerns

*LIVESTRONG Poll Reflects Unmet Needs*

Percentage of Individuals With Cancer Who Felt Their Survivorship Needs Were Unmet

- Survivorship Needs Met: 51%
- Survivorship Needs Unmet: 49%

Reasons Patients Attributed Their Needs as Being Unmet

- Oncologists Unwilling to Discuss, but Uninformed: 70%
- Oncologists Willing to Discuss, but Uninformed: 30%

n= 1,020

Physical Concerns

Fig. 15 Physical Collections: Percentage of Respondents Who Experienced Physical Concerns, 2010
Emotional Concerns

Fig. 22 Emotional Collections: Percentage of Respondents Who Experienced Emotional Concerns, 2010

- Fear of recurrence: 75%
- Sadness and depression: 65%
- Grief and identity: 64%
- Personal appearance: 49%
- Personal relationships: 40%
- Faith and spirituality: 34%
- Physical symptoms: 26%
- Financial concerns: 10%

Fig. 24 Receipt of Care: Percentage of Respondents Who Received Care for Emotional Concerns

- Fear of recurrence: Did not receive care = 53%, Received care = 47%
- Sadness and depression: Did not receive care = 39%, Received care = 61%
- Grief and identity: Did not receive care = 46%, Received care = 54%
- Personal appearance: Did not receive care = 37%, Received care = 63%
- Personal relationships: Did not receive care = 31%, Received care = 69%
- Cancer-related stigma: Did not receive care = 27%, Received care = 73%
- Personal relationships: Did not receive care = 20%, Received care = 80%
- Faith and spirituality: Did not receive care = 8%, Received care = 92%

LIVESTRONG
Practical Concerns

Fig. 29 Practical Collections: Percentage of Respondents Who Experienced Practical Concerns, 2010

Fig. 30 Receipt of Care: Percentage of Respondents Who Received Care for Practical Concerns, 2010

* Note that the percentage of respondents with school and employment concerns were calculated using only respondents who indicated these issues were relevant.
Cancer Survivor Unmet Needs

- Physical 38.2%
- Financial 20.3%
- Education/info 19.5%
- Personal Control 16.4%
- System of Care 12.7%
- Resources 13.8%
- Emotions/mental health 13.7%
- Social Support 12.7%
- Societal 10.0%
- Communication 8.5%
- Provider Relationship 8.5%

Audience Polling Question 2

My level of self-confidence/knowledge related to addressing needs of cancer survivors in my practice is...

1. High
2. Fair
3. Low
How can we better meet cancer survivor’s needs?

- Identify and manage cancer survivors as specific population with specific needs
- Survivorship care models of delivery
- Tools
  - Treatment summary and care plan
  - Clinical guidelines
- Health professional roles and care coordination
- Approach to implementation and improvement
Tools: Practice Guidelines
ACS ASCO NCCN

Screening & Management of Late- and Long-Term Effects of Cancer Therapy
- Screening, Assessment and Management of Fatigue in Adult Survivors of Cancer: an American Society of Clinical Oncology Clinical Practice Guideline Adaptation
- Screening, Assessment and Care of Anxiety and Depressive Symptoms in Adults with Cancer: an American Society of Clinical Oncology Clinical Practice Guideline Adaptation
- Prevention and Management of Chemotherapy-induced Peripheral Neuropathy in Survivors of Adult Cancers: American Society of Clinical Oncology Clinical Practice Guideline
- Prostate Cancer Survivorship Care Guideline: American Society of Clinical Oncology Guideline Endorsement
- American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline
- National Comprehensive Cancer Network (NCCN) Survivorship Guidelines

Other Guidelines
- Children’s Oncology Group Long-Term Follow-up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers
- National Cancer Institute
  - Coping with Cancer: Managing Physical Effects
  - Coping with Cancer: Managing Emotional Effects

Surveillance for Cancer Recurrence
- ASCO Guideline Update: Breast Cancer Follow-Up and Management after Primary Treatment
- ASCO Guideline Update: Colorectal Cancer Surveillance
- Society for Gynecologic Oncology: Recommendations for Post-treatment surveillance and diagnosis of recurrence in women with gynecologic malignancies

Other Topics
- ASCO Recommendations on Fertility Preservation in Cancer Patients

MDA Survivorship Care Algorithms

Breast Cancer
• Bone Health
• Invasive
• Noninvasive

Gastrointestinal Cancer
• Anal Cancer
• Colon Cancer
• Rectal Cancer

Genitourinary Cancer
• Bladder Cancer
• Kidney Cancer
• Penile Cancer
• Prostate Cancer
• Testicular Cancer - Germ Cell

Gynecologic Cancer
• Bone Health
• Cervical Cancer
• Endometrial Cancer
• Ovarian Cancer

Head and Neck Cancer
• Larynx/Hypopharynx Cancer
• Nasopharynx Cancer
• Oral Cavity Cancer
• Oropharynx Cancer
• Salivary Cancer
• Unknown Primary

Lymphoma
• Diffuse Large B-Cell Lymphoma
• Follicular B-Cell Lymphoma for Stage I or II
• Hodgkin's Lymphoma

Melanoma
• Cutaneous Melanoma

Thyroid Cancer
• Thyroid Cancer
• Bone Health
• Suspicion of Heart Problems

Treating Tobacco Use and Dependence Guidelines

- AHRQ/UPHS clinical guidelines
  - [www.ahrq.gov/path/tobacco.htm](http://www.ahrq.gov/path/tobacco.htm)
- AHRQ the 5A’s and the 5R’s
  - [http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html](http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html)
- Beyond the 5A’s
  - [http://www.beyondthe5as.org/](http://www.beyondthe5as.org/)
- Treating Tobacco Use and Dependence: Quick reference Guide for Clinicians
  - [www.surgeongeneral.gov/tobacco/tobaqrg.htm](http://www.surgeongeneral.gov/tobacco/tobaqrg.htm)
- ASCO Tobacco Cessation guide
Nutrition and Physical Activity Clinical Guidelines

• American Cancer Society Guidelines for Nutrition and Physical Activity for Prevention

• ACS Guidelines for Nutrition and Physical Activity for Cancer Survivors

• American College of Sports Medicine Guidelines for Cancer Survivors
Tools: Treatment Summary
Survivorship Care Plan

• Summary of treatment and recommended plan for follow-up
• Provides clinicians and the patient with information related to:
  – Cancer treatment the patient received
  – Recommendations (guidelines) regarding:
    – Screening and surveillance
    – Late effects of treatment manifested or potentially expected
  – Preventive care recommendations
  – Psychosocial concerns
  – Practical concerns
  – Recommended referrals
Objectives for Survivorship Care Plans

- Provide information about what survivor has experienced and what to expect
  - Diagnosis, treatment, stage
  - Information in early treatment lost or not understood, overwhelmed
- Provide guidance about how to manage and coordinate ongoing care
  - Long-term toxicity, late effects
  - Physical symptoms
  - Psychological problems
  - Screening for second primaries, health promotion
  - Practical issues
  - Coordination of care
Clinical Goals for Survivorship Care Plans

- Improved adherence of surveillance and screening guidelines
- Improved long term health of survivors
  - Physical
  - Psychological
- Improved duration and quality of life
- Improved coordination of multidisciplinary care

MDA Passport Plan for Health

Patient Passport Plan Date Printed: 12/13/2012

Healthcare Provider: Continued on Next Page - Page 1 of 2

Patient Passport Plan Date Printed: 12/13/2012

Healthcare Provider: Continued from Previous Page - Page 2 of 2

Allergies:

Cancer Diagnosis:
- Stage Left Breast: 
- Right Breast: 

Histology: 
- Type: 

Endocrine Receptor: 
- Progesterone Receptor: 
- HER2 status:

Family History:
- Click here for genetic testing

Additional Cancer Diagnosis:

Past medical history:
- Click here for medical history

CANCER TREATMENT HISTORY:
- Surgery: 
  - Year: 
  - Procedure: 
  - Site: 

- Radiation Therapy: 
  - Year: 
  - Side: 
  - Total dose: 
  - Number of fractions: 

Chemotherapy: 
- Yes (provide information below) 
- No

Recommended surveillance/prevention:

<table>
<thead>
<tr>
<th>Test/Procedure</th>
<th>Last Performed Year</th>
<th>Year</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Bone Density (Denoscan)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gyn Cervix (Lingering)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colonoscopy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Exam/Pap smear</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Skin Exam | Self-monitor skin for changes

Genetic Counseling:

Preventive Health Care and Personal Health Behaviors Recommendations:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>General Recommendations</th>
<th>Specific Recommendations</th>
</tr>
</thead>
</table>
| Bone density |筛查至少每年一次 | performed by your provider
| Gyn Cervix: | | performed by your provider
| Colonoscopy: | | performed by your provider
| Breast Exam: | | performed by your provider
| Skin Exam: | | performed by your provider

Other instructions:

For questions regarding this patient's care, please notify:

Facility: M.D. Anderson Cancer Center
Address: P.O. Box 301439 Houston, TX 77230-1439
Telephone: 713-792-8000
Fax: 713-528-7699

Date: 12/13/2012

Signature/Credential/ID code: 

File under: Survivorship
Page 1 of 2

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# ASCO Template

## Breast Cancer Adjuvant Treatment Plan and Summary

### Patient Information
- **Name:**
- **Age at diagnosis:**
- **Histology:**
- **ER Status:**
- **PR Status:**
- **HER2 Status:**
- **ER Positive:**
- **PR Positive:**
- **HER2 Positive:**
- **ER/PR Positive:**
- **HER2 Negative:**
- **ER/PR/HER2 Negative:**

### Surgical Findings
- **Tumor type:**
- **Primary tumor location:**
- **Intratumoral metastasis:**
- **Endocrine resistance:**
- **Radiotherapy:**
- **Bone metastasis:**
- **Lung metastasis:**
- **Brain metastasis:**
- **Liver metastasis:**

### Adjuvant Treatment Plan

<table>
<thead>
<tr>
<th>Chemotherapy Drug</th>
<th>Route</th>
<th>Dose</th>
<th>Schedule</th>
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<tbody>
<tr>
<td>Doxorubicin</td>
<td>IV</td>
<td>50mg</td>
<td>Week 1, 4, 7, 11</td>
</tr>
<tr>
<td>Cyclophosphamide</td>
<td>IV</td>
<td>500mg</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

### Post-treatment Comments
- **Pre-treatment comments:**
- **Post-treatment comments:**

### References
- [www.cancer.net/patient/Survivorship/ASCO+Cancer+Treatment+Summaries](www.cancer.net/patient/Survivorship/ASCO+Cancer+Treatment+Summaries)
Journey Forward

Now Available: Survivorship Care Plan Builder 2.0

This free tool helps medical professionals create custom Survivorship Care Plans based on ASCO® Chemotherapy Treatment Summary templates and Surveillance Guidelines. Use it to:

- Quickly summarize patients' diagnosis, treatment, and follow up care.
- Enhance Care Plans with valuable information on symptoms to watch for, effects of treatment, and local and national resources.
- Customize Care Plans with your practice logo.

Download 2.0 Now * What's new in 2.0 * View demo * Learn more

www.journeyforward.org
Summary of Care

- Questionnaire with dropdown choices
- Created by health care provider or survivor
- Print or PDF

www.livestrongcareplan.org
Survivorship Care Essential Elements

• Surveillance
  – Detection of recurrent disease
  – Detection of second primaries
  – Monitor post-treatment side effects psychosocial issues

• Intervention
  – Medical issues- lymphedema, sexual dysfunction, fatigue, pain, cognition
  – Non cancer related comorbid conditions

• Health promotion / risk reduction
  – Tobacco use, nutrition, physical activity, vaccinations

• Provide psycho-social support to patient, family and caregivers
  – Psychological distress
  – Social - employment, disability, insurance/financial

Essential Components of Survivorship Care, From Cancer Patient to Cancer Survivor, Box ES-1 IOM 2005
Survivorship Care Essential Elements

Tier 1: All medical settings **MUST** provide direct access or referral to the following elements of care:

- Survivorship care plan, psychosocial care plan, and treatment summary
- Screening for new cancers and surveillance for recurrence
- Care coordination strategy that addresses care coordination with Primary Care and Primary Oncologists
- Health promotion education
- Symptom management and palliative care

Cancer Survivorship Care: Don’t Let the Perfect Be the Enemy of the Good; Craig C. Earle and Patricia A. Ganz; JCO October 20, 2012 vol. 30 no. 30 3764-3768
Survivorship Care Essential Elements

Tier 2: All medical settings **SHOULD** provide direct access or referral to these elements of care for high-need patients and to all patients **when possible**:

- Late-effects education
- Psychosocial assessment
- Comprehensive medical assessment
- Nutrition services, physical activity services, and weight management
- Transition visit and cancer-specific transition visit
- Psychosocial care
- Rehabilitation for late effects
- Family and caregiver support
- Patient navigation
- Educational information about survivorship and program offerings
Survivorship Care Essential Elements

Tier 3: All medical settings should **STRIVE** to provide direct access or referral to these elements of care:

- Self-advocacy skills training
- Counseling for practical issues
- Ongoing quality improvement activities
- Referral to specialty care
- Continuing medical education

*Cancer Survivorship Care: Don't Let the Perfect Be the Enemy of the Good; Craig C. Earle and Patricia A. Ganz; JCO October 20, 2012 vol. 30 no. 30 3764-3768*
Audience Polling Question 3

Treatment summary and survivorship care plan is provided by patients oncology treatment team.

1. Always
2. Sometimes
3. Never
Audience Polling Question 4

Regarding care of cancer survivors, coordination between my practice and the oncology treatment team is...

1. High
2. Fair
3. Low
Uptake in Clinical Practice

Physician-reported provision and receipt of treatment summaries and survivorship care plans

ACoS Accreditation Standards
Significant gap in implementing IOM SCP recommendation

Forsythe LP et al., Use of Survivorship Care Plane in the US: Associations with Survivorship Care, JNCI J Natl Cancer Inst 2013;105:1579-1587
Published by Oxford University Press 2013.
Oncologists and primary care physicians (PCPs) reporting discussion of survivorship care and provision of survivorship care plans (SCPs) to survivors

Oncologists reporting inadequate training in management of late/long term effects less likely to discuss

Models of Survivorship Care
Clinician Roles

• Most primary care clinicians say they have active role in survivor care
  • Usually co-management with oncologist
• Most oncologists say they provide most follow up cancer care
  • Without significant involvement from primary care
• Cancer survivors get care from both for years after treatment is completed
• Potential for Overuse, Underuse, Misuse
• Improvements in coordination of care needed
  – Summary of Treatment and Care Plan
  – Negotiation of roles

Klabunde, Physician Roles in the Cancer Related Follow Up Care of Cancer Survivors, Family Medicine, July-August 2013
Wender, Caring for Cancer Survivors, Time for Action but Let’s Talk First, FM July-August 2013
Risk-Stratified Shared Care Model for Cancer Survivors

**Low Risk:**
- All of the following:
  - Surgery only or chemotherapy that did not include alkylating agent, anthracycline, bleomycin, or epipodophyllotoxin
  - No radiation
  - Low risk of recurrence
  - Mild or no persistent toxicity of therapy

**Moderate Risk:**
- Any of the following:
  - Low or moderate dose alkylating agent, anthracycline, bleomycin, or epipodophyllotoxin
  - Low to moderate dose radiation
  - Autologous stem cell transplant
  - Moderate risk of recurrence
  - Moderate persistent toxicity of therapy

**High Risk:**
- Any of the following:
  - High dose alkylating agent, anthracycline, bleomycin, or epipodophyllotoxin
  - High dose radiation
  - Allogeneic stem cell transplant
  - High risk of recurrence
  - Multi-organ persistent toxicity of therapy
Tiers of Medical Risk in Survivors

Tier 1: Very low risk of complications or relapse

Tier 2: Patients with complications/risk of treatment or second malignancies

Tier 3: High risk of relapse; active indolent/controlled disease; intensive chemotherapy/radiation/SCT with high risk of sequelae
# Survivorship Care Delivery Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community based Family practice/Internal Medicine practices</td>
<td>All disease type cancer survivors</td>
</tr>
</tbody>
</table>
## Survivorship Care Delivery Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shared Care</strong></td>
<td>Survivor is seen at cancer center and co-followed by the community primary care provider</td>
</tr>
<tr>
<td>Shared care between oncology practice &amp; primary care provider</td>
<td></td>
</tr>
</tbody>
</table>
Survivorship Care Delivery Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oncology based</strong></td>
<td>Breast cancer, Colorectal cancer, Genitourinary cancer</td>
</tr>
<tr>
<td>• Disease –based programs</td>
<td></td>
</tr>
<tr>
<td>• Treatment based programs</td>
<td>Hematopoietic cell transplant</td>
</tr>
<tr>
<td>• Comprehensive stand-alone programs</td>
<td>All disease type cancer survivors</td>
</tr>
</tbody>
</table>
Preferred Model of Care

Cheung, Physician preferences and attitudes regarding different models of cancer survivorship care: a comparison of primary care providers and oncologists, Jnl Cancer Survivorship, Sept 2013
Audience Polling Question 5

The model of survivorship care I prefer is

1. Primary care only
2. Shared relationship with oncology practice
3. Community oncology only
4. Specialized cancer center program
Audience Polling Question 6

Cancer survivors in my practice are identified and managed according to survivorship care plan or other guidelines.

1. Always
2. Sometimes
3. Never
MD Anderson Survivorship Care Model

Mission:
Address the outcomes of cancer and its therapy, and improve cancer survivors’ health and quality of life through integrated programs in patient care, research, prevention and education.
Survivorship Model Framework

**Research:** Data systems, including clinical metrics

**Operations infrastructure:** Staffing; utilization/finance metrics; space; IS support

**Multidisciplinary clinical model:** Tiers of care; eligibility and guidelines; clinical outcomes

Leadership  Education  Communication
Clinical Goals for Survivorship Care

• Improved adherence of surveillance and screening guidelines
• Improved coordination of multidisciplinary care
• Improved long term health of survivors
  – Physical
  – Psychological
• Improved duration and quality of life

# MDA Survivorship Clinics

<table>
<thead>
<tr>
<th>Clinic</th>
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<tr>
<td>Childhood Cancers</td>
<td>1980</td>
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<tr>
<td>Gynecology</td>
<td>2008</td>
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<tr>
<td>Thyroid</td>
<td>2008</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>2009</td>
</tr>
<tr>
<td>Breast</td>
<td>2009</td>
</tr>
<tr>
<td>Head &amp; neck</td>
<td>2009</td>
</tr>
<tr>
<td>Stem Cell Transplantation</td>
<td>2009</td>
</tr>
<tr>
<td>Colorectal</td>
<td>2010</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>2011</td>
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<tr>
<td>Melanoma</td>
<td>2012</td>
</tr>
<tr>
<td>Lung</td>
<td>2013</td>
</tr>
<tr>
<td>Sarcoma</td>
<td>2015</td>
</tr>
</tbody>
</table>
MD Anderson Treatment Summary and Care Plan

• Medical summary of treatment and recommended plan for follow-up

• Provides internal and external physicians as well as the patient with information related to:
  • Cancer treatment the patient received
  • Late effects of treatment manifested or potentially expected
  • Preventive care recommendations
  • Psychosocial concerns
  • Recommended Referrals
EHR Integration

- Shared EHR between patient, survivorship team, and primary care physician
- Promotes communication and continuity of care
- Electronic cues when patients reach milestones

www.mymdanderson.org
Evidence Based Care
Survivorship Practice Algorithms

Eligibility

Elements
- Surveillance
- Monitoring for late effects
- Risk reduction/early detection
- Psychosocial functioning

Evidence-based & expert consensus

Multidisciplinary Care

Survivorship Cervical Cancer Algorithm

**Survivorship – Cervical Cancer (Includes Vulva and Vagina)**

*This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.*

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**ELIGIBILITY**
- Cervical Cancer
- Vulva cancer treated with radiotherapy: 3 years Post-treatment and NED[^1]
- Cervical and Vaginal Cancer: 5 years Post-treatment and NED[^1]

**CONCURRENTLY**
- **SURVEILLANCE**
  - Annual physical exam with:
    - PAP and pelvic exam
    - Chest x-ray as clinically indicated

- **RISK REDUCTION/EARLY DETECTION**
  - Consider the following:
    - Breast screening (see Breast Cancer Screening Algorithm)
    - Colorectal screening (See Colorectal Cancer Screening Algorithm)
    - Diet/weight management
    - Exercise/activity
    - Lung cancer screening for current or former smoker (See Lung Cancer Screening Algorithm)
    - Sun exposure/skin cancer screening

- **MONITORING FOR LATE EFFECTS**
  - Consider the following:
    - CBC, BUN, creatinine as clinically indicated
    - Colonoscopy
    - Bone Health (See Gynecologic Cancer Survivorship: Bone Health Algorithm)
    - Patient education regarding radiotherapy complications
    - Suggest use of vaginal dilator after radiation therapy
    - Sexual health

- **PSYCHOSOCIAL FUNCTIONAL**
  - Assess for:
    - Distress
    - Sexual concerns
    - Social support

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[^1]: NED = No Evidence of Disease

Department of Clinical Effectiveness V4
Approved by the Executive Committee of the Medical Staff on 08/25/2015

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Survivorship – Invasive Breast Cancer

This cancer survivorship algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population, MD Anderson’s culture and structure, and MD Anderson’s clinical information. This algorithm is provided as informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers. Moreover, this algorithm should not be used to treat pregnant women.

ELIGIBILITY

- Male or Female with Invasive Breast Cancer 5 years Post-treatment
- No evidence of Disease

CONCURRENTLY

Suspect new primary or biopsy-proven recurrence?

Yes

- See Evaluation for Recurrence on Invasive Breast Cancer Algorithm

No

- Continue survivorship monitoring

SURVEILLANCE

- History and physical with clinical breast exam annually
- Screening mammogram annually

MONITORING FOR LATE EFFECTS

- Consider the following:
  - Bone Health (See Breast Cancer Survivorship: Bone Health Algorithm)
  - Cardiac screening
  - Patient education regarding symptoms including radiotherapy complications if appropriate
  - Lymphedema assessment
  - Sexual health/fertility

- Fatigue assessment
- Neuropathy assessment
- Assess for cognitive dysfunction
- Gynecological assessment if on tamoxifen

RISK REDUCTION/EARLY DETECTION

- Consider the following:
  - Gynecologic screening (See Cervical Screening Algorithm)
  - Colorectal screening (See Colorectal Screening Algorithm)
  - Diet/weight management counseling

- Exercise/activity
- Tobacco cessation counseling
- Sun exposure/skin cancer screening
- Vaccinations
- Genetic screening

PSYCHOSOCIAL FUNCTIONING

- Assess for:
  - Distress
  - Financial stressors
  - Body image
  - Social support

Refer or consult as indicated

1 Completion of all treatments with the exception of hormonal agents
2 Premenopausal women on hormonal therapy

Department of Clinical Effectiveness V5
Approved by the Executive Committee of the Medical Staff 07/28/2014

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Meeting Survivor Information Needs

Breast Cancer
Survivorship Clinic

Living Beyond Cancer
A cancer survivor is anyone with cancer, from the time of diagnosis and treatment through the remaining years of life. You may find it easier for you to move to the next phase of your life and next phase of your care.

You may find your life returns to what you know before you had cancer. On the other hand, you may find that physical, psychological or financial concerns continue because of earlier treatment. Patients often call this the new normal.

M. D. Anderson’s Breast Cancer Survivorship Clinic is here to help you develop a plan for your ongoing health care.

Moving Forward
The Breast Cancer Survivorship Clinic offers services to patients including:
- Do not have signs of active disease
- Need long term follow up to monitor for disease recurrence and complications of therapy

A team of health care providers makes up the Breast Cancer Survivorship Clinic, and they work together to treat breast cancer patients. This is similar to the care you received previously.

Through the survivorship clinic, you will receive care based on specific guidelines designed for survivors just like you who have been treated at M. D. Anderson. The clinic addresses your physical and psychosocial care. We:
- Review your recent medical history and perform a physical exam.
- Conduct an assessment to detect cancer recurrence.
- Identify and help you manage side effects that may result from your cancer treatment.
- Develop treatment summary and follow-up care plan.
- Provide education and referrals related to:
  - Cancer screening examinations.
  - Health behaviors that reduce cancer risk.
  - M. D. Anderson or community survivorship resources.

Survivorship:
Living With, Through and Beyond Cancer
Cancer Survivorship

Thanks to earlier detection, improved treatments, and the supportive care of family and friends, there are now more than 10 million cancer survivors in the United States. One out of every six people over 65 is a cancer survivor, and 1.4 million were diagnosed more than 20 years ago.

Some survivors may live with cancer as a chronic disease requiring periodic treatments, while others may go into long-term remission. Many will lead normal lives with few side effects, if any. In fact, two-thirds of survivors report that cancer has not had a significant long-term impact on their lives.

As many survivors have learned, however, recovery is not always the end of the cancer experience. Even several years after successful treatment, cancer recurrence is always a possibility. Toxic cancer therapies can leave you with health issues that require lifelong surveillance. Finally, recovering from the social and emotional trauma of cancer can take longer than recuperating from treatment.

After decades of focus on treating cancer, researchers now face the challenge of helping survivors achieve a decent quality of life for many years after treatment has ended. According to the U.S. Centers for Disease Control and Prevention and the National Cancer Institute, 64% of adults diagnosed with cancer today can expect to be alive in five years. For children, survival rates range between 70% and 95%, with the 10-year survival rate at 75%.

PIKNIC CancerCare Series 2012

The CancerCare Annual Survivorship Series: Living With, Through & Beyond Cancer offers free lunch seminars throughout the summer that educate and inform survivors, patients and their caregivers about how to manage their disease and enhance quality of life. The four-part series starts May 1st.

Read more
## Supportive Services

### Integrated at Survivorship Visit

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>Psychosocial (Social Work, Chaplaincy, Patient Access)</td>
</tr>
</tbody>
</table>

### Coordinated Consultative Services

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Counseling</td>
</tr>
<tr>
<td>Prevention Screening (Breast, Prostate, Colon, Gyn, Skin, Smoking Cessation)</td>
</tr>
<tr>
<td>Psychiatry</td>
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<tr>
<td>Bone Health</td>
</tr>
<tr>
<td>Cardiology</td>
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<tr>
<td>Rehab</td>
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<tr>
<td>Fatigue</td>
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<tr>
<td>Pain</td>
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</tbody>
</table>
The CancerCare Seventh Annual Survivorship Series:
Living With, Through and Beyond Cancer

Free Seminar Series on Cancer Survivorship During Anderson Network’s PIKNIC

After the CancerCare podcast, a panel of M. D. Anderson experts will be available for an audience Q & A session.

Part 1: Managing the Stress of Survivorship
Tuesday, July 28
Noon — 1 p.m.
Place...of wellness
Main Hospital, R1.2000

Moderator: Laura Baynham-Fletcher, MA,
Director, Place...of wellness

Experts: Alma Rodriguez, M.D.,
Vice President, Medical Affairs
Guadalupe R. Palos, RN, LMSW, DrPH,
Instructor, Clinical Research Faculty and Assistant Professor, Division of Internal Medicine, Department of Symptom Research
Fran Zandstra, MBA, BSN,
Director, Cancer Survivorship Program
Survivorship Research

- Excellence in Survivorship Research Awards
- Seed Funding Grants
- Trainee Recognition Day
Professional Education

Online Courses www.mdanderson.org/POE

- Survivorship - Introductory Lectures
- Cancer Survivorship 1 - Important information that is vital to every clinician who treats cancer survivors
- Cancer Survivorship 2 - Normal and abnormal bowel function in cancer survivors
- Cancer Survivorship 3 - Cancer-related Fatigue, Sleep Disorders and Cognitive Function in Cancer Survivors
- Cancer Survivorship 4 - Endocrine Issues and Sexual Health after Cancer
- Bone Health in Cancer Survivors
- Breast Cancer Survivorship
- Colorectal Cancer Survivorship
- Prostate Cancer Survivorship
Professional Education

Primary Care Resident Rotation in Cancer Survivorship Management

Available July 2018
Number of Arrived Appointments

*FY15 and FY16 totals have increased from last year’s report, reflecting Survivorship appointments not scheduled as Survivorship. FY17 numbers are to date, through 7/31/2017. March FY 16 OneConnect was implemented*
Approach to Implementation and Improvement

• Current model not adequate or sustainable
• Building collaboration and coordinating with primary care essential to system improvement
  – Assuring adequately staffed, knowledgeable, and coordinated clinical teams
  – Developing a learning health care systems using IT
  – Translation of evidence into clinical practice
  – Quality measurement and performance improvement leading to more accessible, affordable cancer care
Approach to Implementation and Improvement
“Improving Care for Survivors in Primary Care Settings”

Project Objectives
- Identify cancer survivors in the participating practices and engage patients in survivorship care
- Acquire or develop a summary of treatment document and implementation of a survivorship care plan supported by evidence based guidelines
- Build collaboration and care coordination
- Address primary care team members’ knowledge gaps and self-efficacy
- Increase provision of evidence-based preventive services among survivors

Funded by CPRIT
Barriers/Opportunities

• Low confidence in knowledge of practice
  – Surveillance
  – Screening second primary cancers
  – Long term and late complication
  – Prevention/wellness
  – Psychosocial issues
• Low level of coordination/support from oncology treatment team
• Inadequate payment for services
• Lack of time due to competing priorities
• Inadequate staff support
• Inadequate IT resources to identify and track
Audience Polling Question 7

Top two most important barriers to providing optimal care to cancer survivors in my practice are...

1. Low confidence in knowledge of practice
2. Low level of coordination/support from oncology treatment team
3. Inadequate payment for services
4. Lack of time due to competing priorities
5. Inadequate staff support
6. Inadequate IT resources to identify and track
Additional Resources

• American Cancer Society
  http://www.cancer.org/Treatment/SurvivorshipDuringandAfterTreatment/index
  http://www.cancer.org/research/cancerfactsstatistics/survivor-facts-figures
  http://www.cancer.org/treatment/survivorshipduringandaftertreatment/nationalcancersurvivorshipresourcecenter/toolsforhealthcareprofessionals/index

• American Society of Clinical Oncology www.ASCO.org

• LIVESTRONG- www.Livestrong.org

• MD Anderson Cancer Center Professional Oncology Education -Cancer Survivorship Series- www.mdanderson/poe


• National Coalition for Cancer survivorship- www.canceradvocacy.org/resources/guide/


• Oncology Nursing Society- www.ons.org

• lfoxhall@mdanderson.org
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  – Dr. Therese Bevers, Director Cancer Prevention Center