Executive Summary

Survivorship Care Models

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A. Current focus on survivorship caused by:
   - Rapidly growing population of survivors due to advances in diagnosis and treatment.
   - Greater emphasis on patient-centered issues by the medical community.
   - Increasing expectations by patients for good quality of life.

B. Cancer and Its Treatment: Domains of concern
   - Physical/medical: Organ toxicity and second cancers
   - Psychological: Fear of recurrence, anxiety and depression
   - Social: Changes in relationships, economic and education issues
   - Existential and spiritual: Loss or deepened meaning of life
   - Informational: Need for ongoing, comprehensive, accurate information

C. Why do we need long-term follow-up programs?
   - Growing number of people surviving cancer and needing organized care
   - Greater understanding of the consequences of cancer and its treatment
   - Focus on the use of interventions to eliminate/reduce long-term effects
   - Using these care settings as an opportunity for research—learn more about long-term effects
   - Begin to focus on survivorship education and training of health professionals.

D. Current survivorship care—usual practice
   - Long-term follow-up by oncologists is routine
   - Duration of follow-up is variable due to variety of issues (people move, insurance changes, etc)
   - Follow-up guidelines are limited and recent, mostly focused on surveillance for recurrence
   - Limited transfer of knowledge to primary doctor.
E. Essential components of survivorship care
   o Surveillance for recurrence
   o Prevention and detection of new cancers
   o Interventions for consequences of cancer and its treatment
   o Coordination between specialists and primary care providers

F. Survivorship Care Models
   o Pediatric Cancer Care—pioneers with long-term follow-up clinics
     ▪ Clinics are freestanding—different place than where patients go for treatment
     ▪ Multidisciplinary—include physicians, nurse practitioners, nutritionists, psychologists
     ▪ Not disease-specific
     ▪ Risk-based care—care based on the likelihood for recurrence or problems
   o Adult Programs are mostly pilot programs at various institutions and practices
     ▪ Consultative Model: One time visit; focus on medical summary and systematic plan for surveillance
     ▪ Ongoing Care Model: Nurse practitioner-led clinic, extends the care continuum, typically imbedded in or close to the treatment site (familiarity for patients)
     ▪ Multidisciplinary Long-term Follow-up Program: Follows the pediatric model—whole team available to see the patient on an ongoing basis.
   o Shared-Care Model
     ▪ Important aspect of any of these models is idea of sharing care with between physicians
     ▪ Ensuring common understanding of expected components of care and respective roles

G. The Future of Survivorship Care
   o National focus on extending the continuum of care, making it more seamless so there is not a sudden drop-off after treatment.
   o Ensuring patient and physicians have a game plan that makes sense.
   o Growing understanding that community/family physician can provide quality care for cancer survivors.
     ▪ Study done in 2006 by Dr. Eva Grunfeld in the Journal of Clinical Oncology showed family practitioner provided just as good care as cancer specialist did in terms of detecting recurrence and managing other serious clinical events.
What can patients do to avoid being “Lost in Transition”?

- Expect good communication between your oncologist and your primary care providers.
- Recommend a survivorship care plan be created for you.
- Explore community resources to enhance your quality of life.
- Recommend services that you would find helpful to your oncologist—help institute new programs or changes.