Executive Summary

Survivorship Care Planning

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A. Highlights from the Institute of Medicine report: From Cancer Patient to Cancer Survivor: Lost in Transition
   - Title refers to the point when people are finishing their primary treatment for cancer and moving on to become a survivor.
   - Represents a shift in thinking—cancer no longer thought of as an isolated health care “crisis,” but rather something that continues to need attention after treatment is complete.
   - Recommendation 1: Recognize cancer survivorship as a distinct phase of cancer care and recognize the commonalities between survivors, regardless of type of cancer.
     - Late effects
     - Mobility and fatigue issues
     - Risk for second cancers
     - Employment
     - Psychosocial issues—fear of recurrence, fear of morbidity, effects on relationships, cosmetic effects.
     - Cognitive effects—“chemobrain”
     - Not all effects are negative—most survivors are not debilitated and some even have positive effects.
   - Recommendation 2: Patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan—the “survivorship care plan.”
     - To communicate to both the survivor and other health care providers what has been done and what needs to be done in the future in terms of care for a patient.
     - To promote a healthy lifestyle to prevent recurrence and reduce the risk of developing other medical problems and other cancers.
   - Why are there communication problems in cancer care?
Multidisciplinary care means there is an average of more than three physicians involved in the care for each patient.
Treatment is complex and often takes place in a variety of settings over a long period of time.
Cancer care usually takes place in isolation from primary care physicians.

B. Treatment Summary: Each patient should receive a summary consisting of:
- Diagnostic tests performed and results
- Tumor characteristics (e.g. site, stage, grade, markers)
- Dates of treatment initiation and completion
- Surgery, radiotherapy, chemotherapy, including agents used, treatment regimen, total dosage, clinical trials (if any) and toxicities experienced during treatment.
- Psychosocial, nutritional and other supportive services
- Contact information on treating institutions and providers
- Identification of a key coordinator of continuing care

C. Follow-up Care
- Reasons for follow up:
  - Surveillance for recurrence, new cancers and late effects of treatment.
  - Lifestyle and behavioral interventions to decrease risk
  - Non-cancer care—screening for other cancers and monitoring other medical conditions
  - Education about resources
- Testing
  - A controversial area because in a lot of cases there isn't a lot of evidence that doing a lot of tests helps.
  - Do not necessarily detect recurrence earlier than would be discovered otherwise, nor do they necessarily change the outcome.
  - Psychologically can provide comfort but also stress.
  - Risks of intensive testing include stress, false positives, harm caused by invasive testing and false negatives.
  - Most patients diagnosed with cancer today will not die from that cancer (heart disease, stroke and lung cancer are top causes of death for breast cancer survivors).
  - Non-cancer causes of death in survivors may be related to late effects of treatment and are often lifestyle related. Therefore both cancer and non-cancer health care is important.
  - Getting cancer may be a “teachable moment” that inspires important lifestyle and behavior changes.

- Non-cancer care
  - There is evidence that some cancer survivors lose touch with their PCPs and other specialists while immersed in their cancer care
  - May be lack of clarity around roles of different physicians
  - Non-cancer care can fall through the cracks without clear communication.
Survivorship Care Plan: Goal is to optimize communication and coordination of care. Should explicitly identify:

- Who’s going to follow for recurrence of cancer
- Who’s going to screen for other cancers
- Who’s going to provide health maintenance (flu shots, lipids screens, etc.)
- Who’s going to manage other medical problems

Increase in cancer patients and survivors are placing great demand on oncologists. Primary care physicians will play an important role in survivorship care as this trend continues.