

**CANCER
SURVIVORS**
SYMPOSIA SERIES
Issues & Solutions for Life After Cancer

New Approaches to Survivor Health Care
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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.