

Tailoring Cancer Survivorship Treatment Summaries and Care Plans in the Era of Patient-Centered Care

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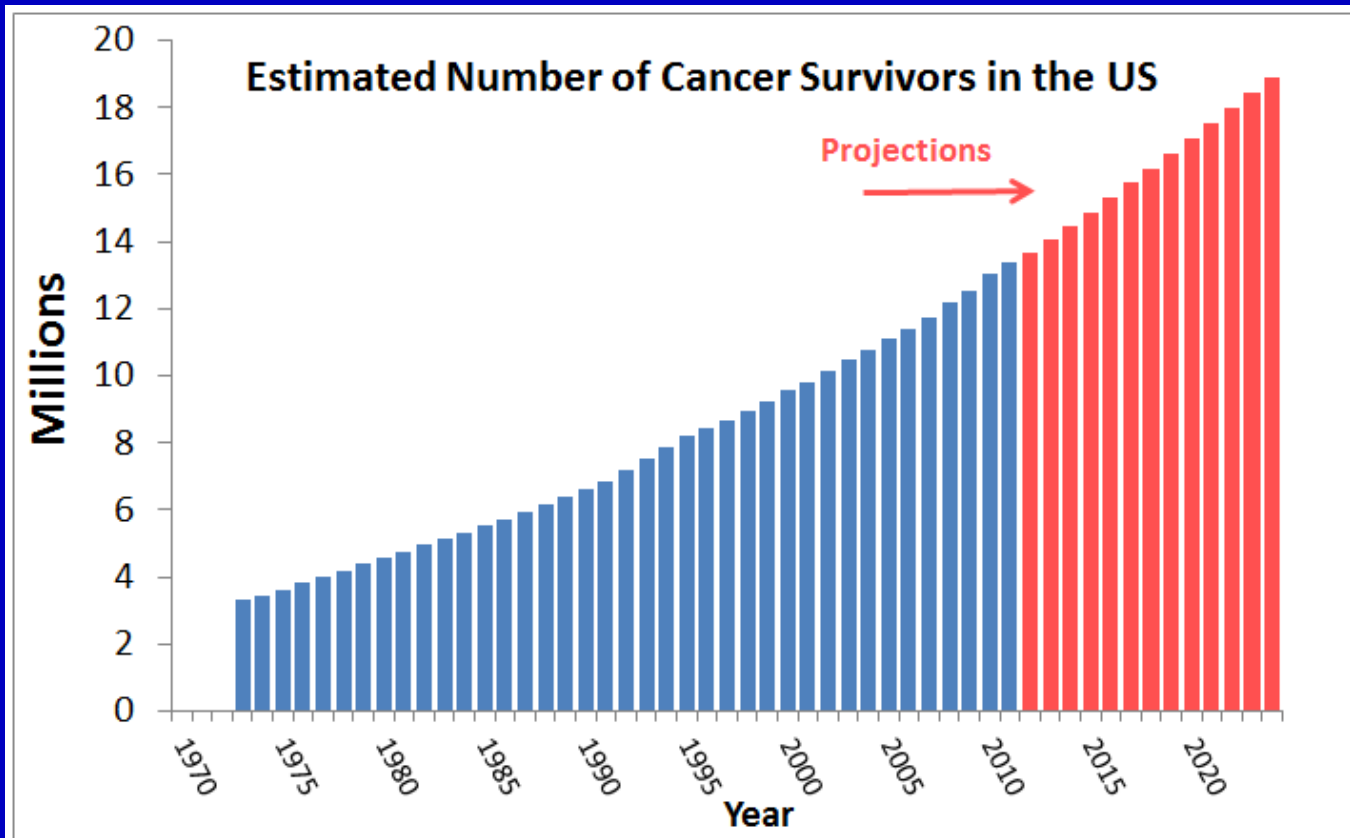
Clinical Co-Director, Judy DiMarzo Cancer
Survivorship Program



Overview

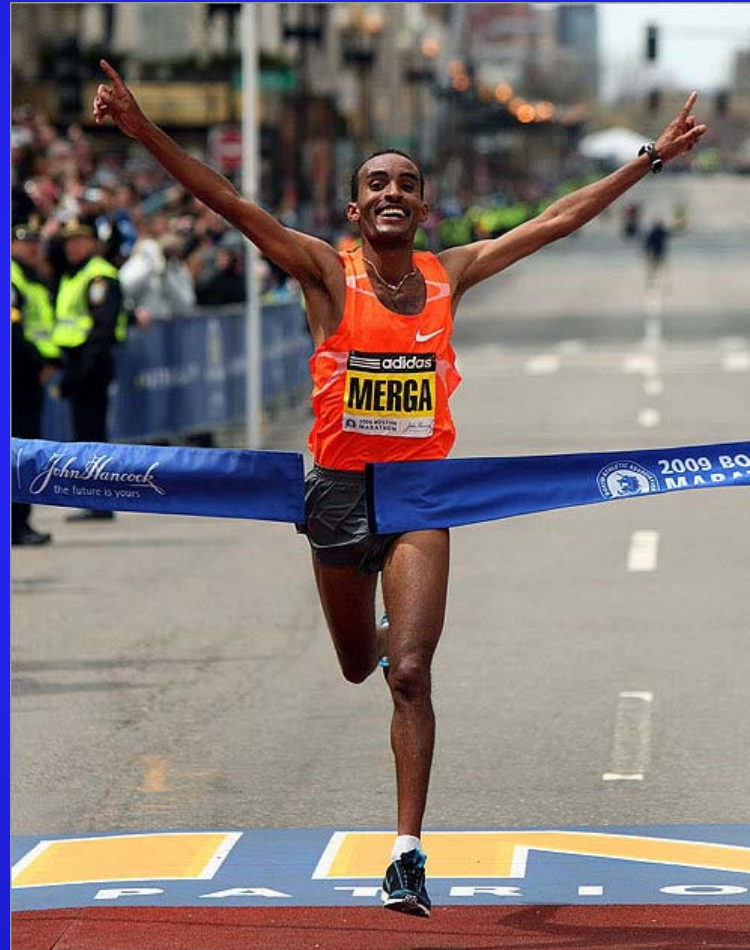
- Introduction and Rationale
- Evidence
- Problems and solutions
- Our unique approach at the Wilmot Cancer Institute regarding treatment summary (TS) and survivorship care plan (SCP) development

Numbers of Cancer Survivors are increasing



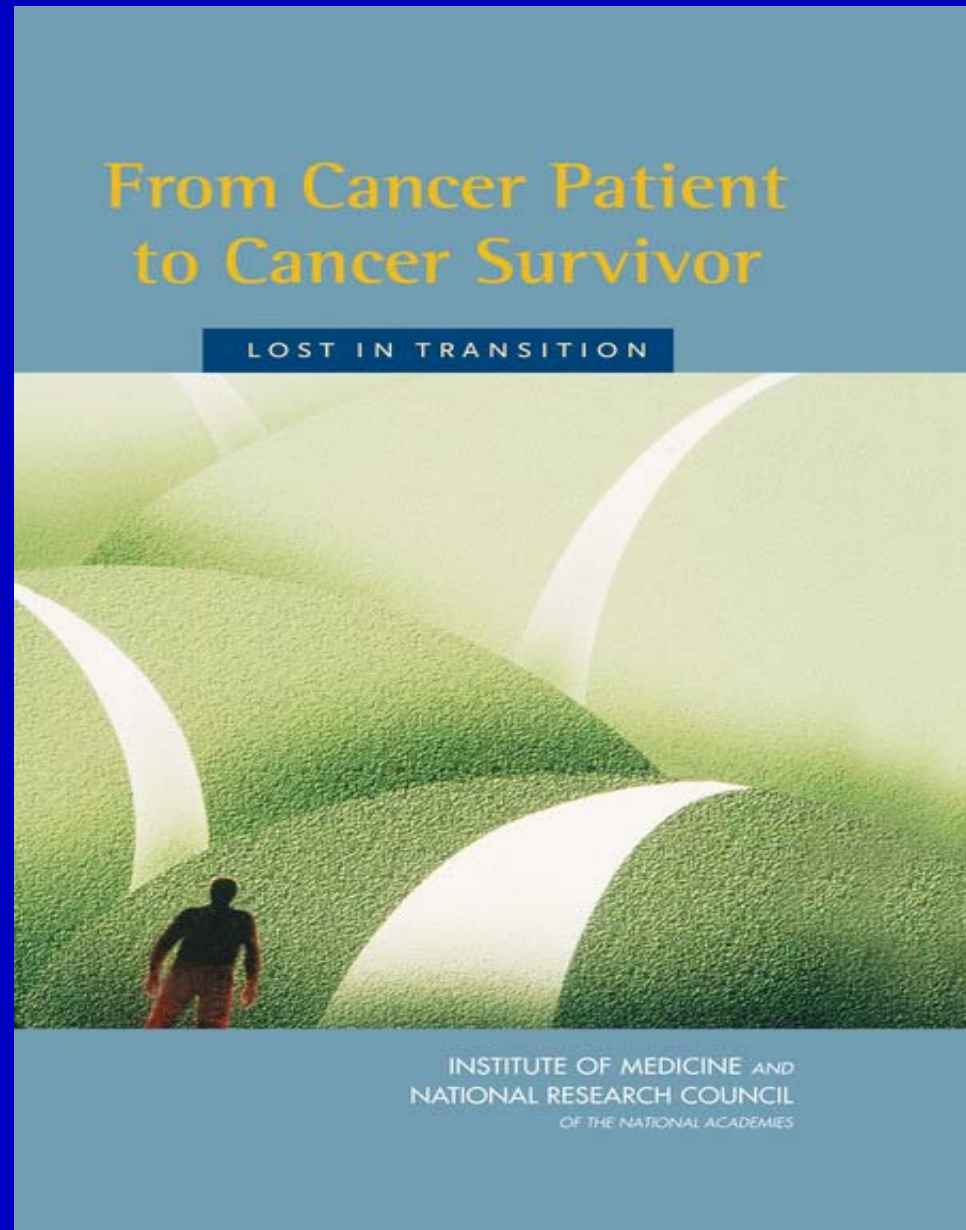
¹ DeSantis C, Churchieh L, Mariotto AB, et al. (2014). Cancer Treatment and Survivorship Statistics, 2014. CA: A Cancer Journal for Clinicians. In press.

Changing goals of cancer care



Catalyst for Change

- Raise awareness of the medical, functional, and psychosocial consequences of cancer and its treatment.
- Define quality health care for cancer survivors and identify strategies to achieve it.
- Improve the quality of life of cancer survivors through policies to ensure their access to psychosocial services, fair employment practices, and health insurance.



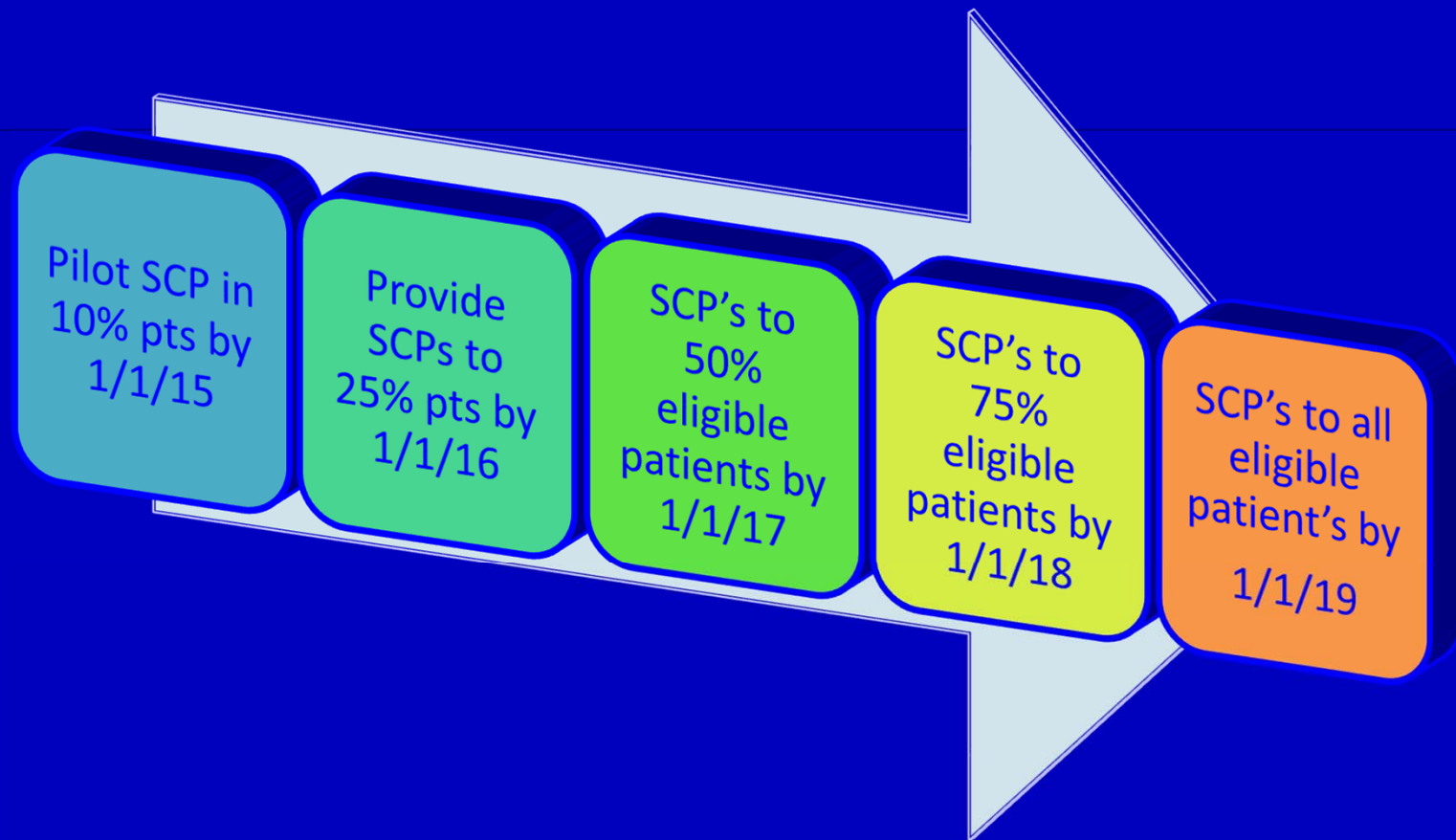
Defining and Achieving Quality Survivorship Care

Why use SCPs?

- A more systematic approach is needed (SCP's and Transition visit)
- Improve quality and coordination of care and communication within the health care system
- Improve patient understanding of their cancer, its treatment, and the effects of that treatment
- Encourage a healthy lifestyle

By 2015 SCPs will be mandatory for ongoing accreditation

American College of Surgeons, Commission on Cancer Standard 3.3



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MEDICINE

WILMOT
CANCER INSTITUTE

Treatment Summary: Essential Elements

- Names of providers of cancer care with contact information
- Essential details about the malignancy (type, stage, grade, relevant histologic details and biomarkers)
- Treatment information including type, dates, duration, complications

Care Plan: Critical Information

- Cancer type, signs and symptoms of disease recurrence and late effects specific to the treatments received
- Details about frequency of follow ups and necessary ancillary imaging tests and blood-work
- Recommendations regarding strategies to maintain health and well-being
- Available community services: psychosocial, financial

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What is the evidence?



Research Published between 2006 and 2014 on SCPs for adult cancer patients

American Cancer Society Cancer survivorship Research Conference; Abstract B-36, 2014

43 studies

9 prospective

4 RCTs

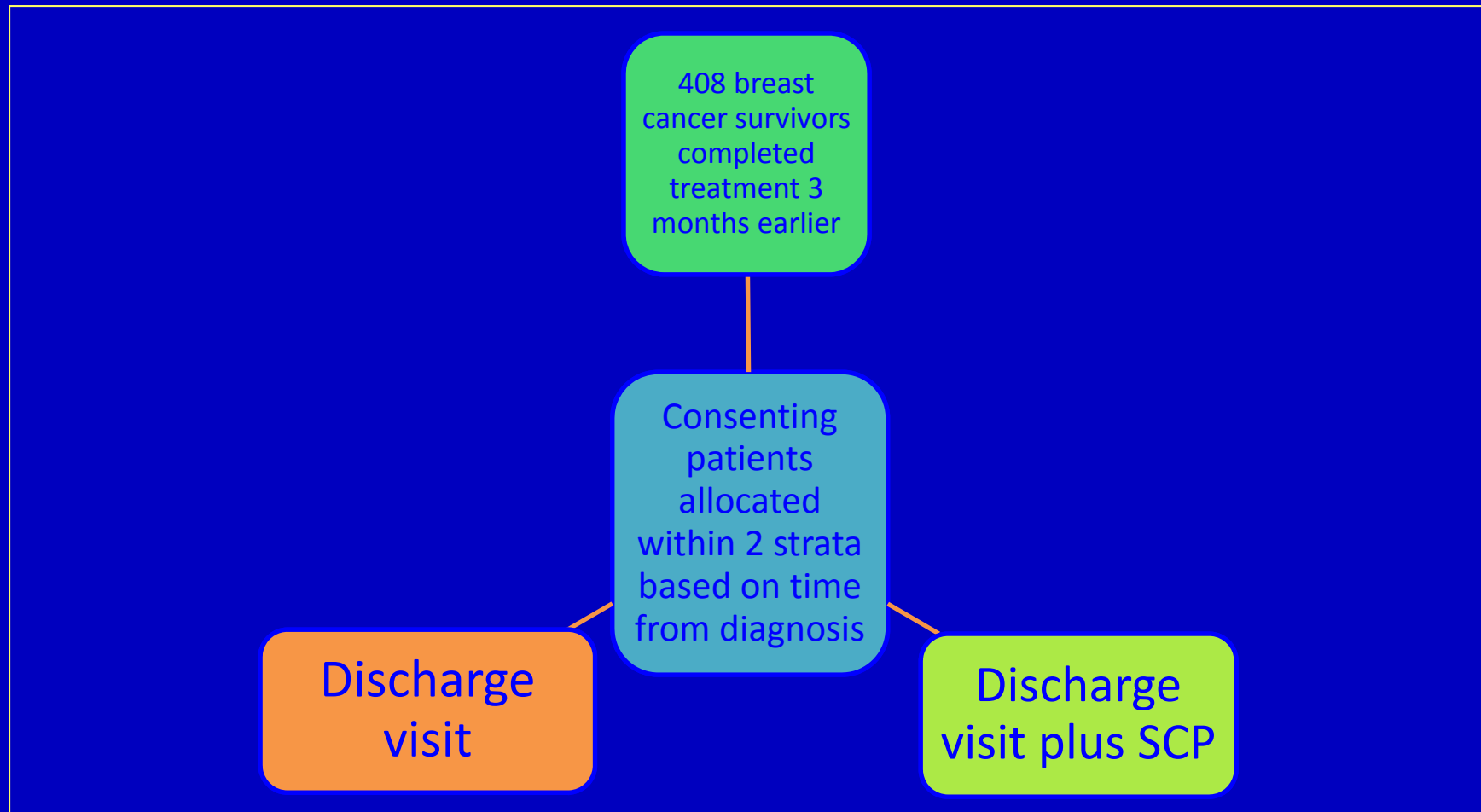
Evidence

Oeffinger, K.C., et al., Pediatric Blood & Cancer, 2010. 56(5): p. 818-824

- 72 Hodgkin's disease survivors
 - Increased risk for breast cancer and cardiomyopathy
 - No mammography or echocardiography done within 2 years prior
- SCP mailed to patients and PCPs contacted
- At 6 month follow up
 - 41% reported having mammography
 - 20% reported having echocardiogram

Evaluating Survivorship Care Plans

J Clin Oncol 29:4755-4762



Evaluating Survivorship Care Plans

J Clin Oncol 29:4755-4762

Control

- Standard discharge visit with oncologist
- Discharge letter sent to PCP

Intervention

- Personalized treatment summary
- Patient version of Canadian follow up guideline
- Summary table of the guideline
- Resource kit with available supportive care resources

Evaluating Survivorship Care Plans

J Clin Oncol 29:4755-4762

- Primary outcome: Cancer related distress at 12 months, assessed by Impact of Event Scale
- Secondary outcomes: quality of life, patient satisfaction, continuity/coordination of care, and health service measures

Evaluating Survivorship Care Plans

J Clin Oncol 29:4755-4762

- Conclusion: There were no differences between groups on cancer related distress or any of the patient reported secondary outcomes
- There were no differences when the 2 strata were analyzed separately

Why was there no measurable difference between the groups?

- The survey tool used may not have been sensitive enough to capture meaningful differences
- Perhaps the outcome measures were not ideal. Consideration was given to measuring empowerment as a primary outcome but no validated tool was available for this patient population
- Patient population- breast cancer patients are relatively well informed and may have better access to resources than patients with other types of cancer
- The information in the standard discharge visit and letter may have been comprehensive and harder to improve upon

Other RCTs evaluating SCPs

Br J Cancer. 2014 Oct 14. PMID:25314068

- Another study in breast cancer survivors (n = 126) showed no improvement in distress or concerns but did show improved cancer worry in women receiving SCPs (Breast Cancer Res Treat. 2013 Apr;138(3):795-806)
- An RCT in 121 gynecological cancer survivors revealed high ratings of care in both study arms, but no differences between women who did and did not receive SCPs (Gynecol Oncol. 2013 Jun;129(3):554-8)
- An analysis of 968 breast cancer patients reported in 2006 demonstrated no difference in recurrence rates, serious clinical events, death and distress (J Clin Oncol 24(6):848-855)
- A randomized study of SCPs provided to Dutch gynecologic oncologists has been completed and findings are forthcoming (J Cancer Surviv. 2014;8(2):248)

PATIENT CENTERED CARE IS CUSTOMIZED CARE

Our customized approach

- Considered the needs of our unique patient population of cancer survivors
- Devised an implementation strategy
- Assembled materials of a survivorship packet
- Determined who in the practice will complete TS details
- Determined when in the survivorship trajectory the transition visits occur for various malignancies
- Planned a system that would allow identification of patients needing transition visits

Available templates

Table 1: Online Resources for Survivorship Care Planning

American Society of Clinical Oncology (ASCO)	Care plan templates, guidelines for breast, colorectal cancer follow-up	http://tiny.cc/Yp1yL
Journey Forward	Tool for developing care plans based on ASCO recommendations	www.journeyforward.org
National Comprehensive Cancer Network (NCCN)	Disease-specific treatment follow-up guidelines	www.nccn.org
LIVESTRONG Care Plan	Patient can develop care plan and review with healthcare team	www.livestrongcareplan.org
Prescription for Living	Downloadable care plan template	http://tiny.cc/SFA8e
Memorial Sloan-Kettering Cancer Center	Treatment Summary and Care Plan	http://tiny.cc/rqgxq

Judy DiMarzo Cancer Survivorship Program Mission

To provide comprehensive and personalized care of the highest order for cancer survivors in the greater Rochester area by navigating patients through the complexities of survivorship care



Program Components

- Treatment Summary at therapy completion
- Survivorship Care Plan at therapy completion and at transition to Primary Care
- Evidence-based
- Comprehensive Interdisciplinary Surveillance
- Services to heighten post-treatment quality of life
- Creating a support network
- Facilitate transition to primary care provider
- Identify research needs

Individualized Resources / Referrals

- Specialists to address health problems due to therapy or disease process
- Physical & Occupational Therapy / Speech Therapy
- Nutritional Support
- Exercise
- Financial Support (insurance counseling, available resources)
- Genetic Counseling
- Emotional/Mental health; Family/Relationship Counseling
- Spirituality
- Smoking Cessation

Transition to Primary Care Provider

- Care plans forwarded to PCP with letter explaining purpose of program, visit, & care plans
- Contact information provided
- Routine surveillance (mammograms, colonoscopies, etc.)
- Create early communication regarding long-term needs for patients who will be discharged from oncology care in future

Problem

J Clin Oncol 32:1578-1585

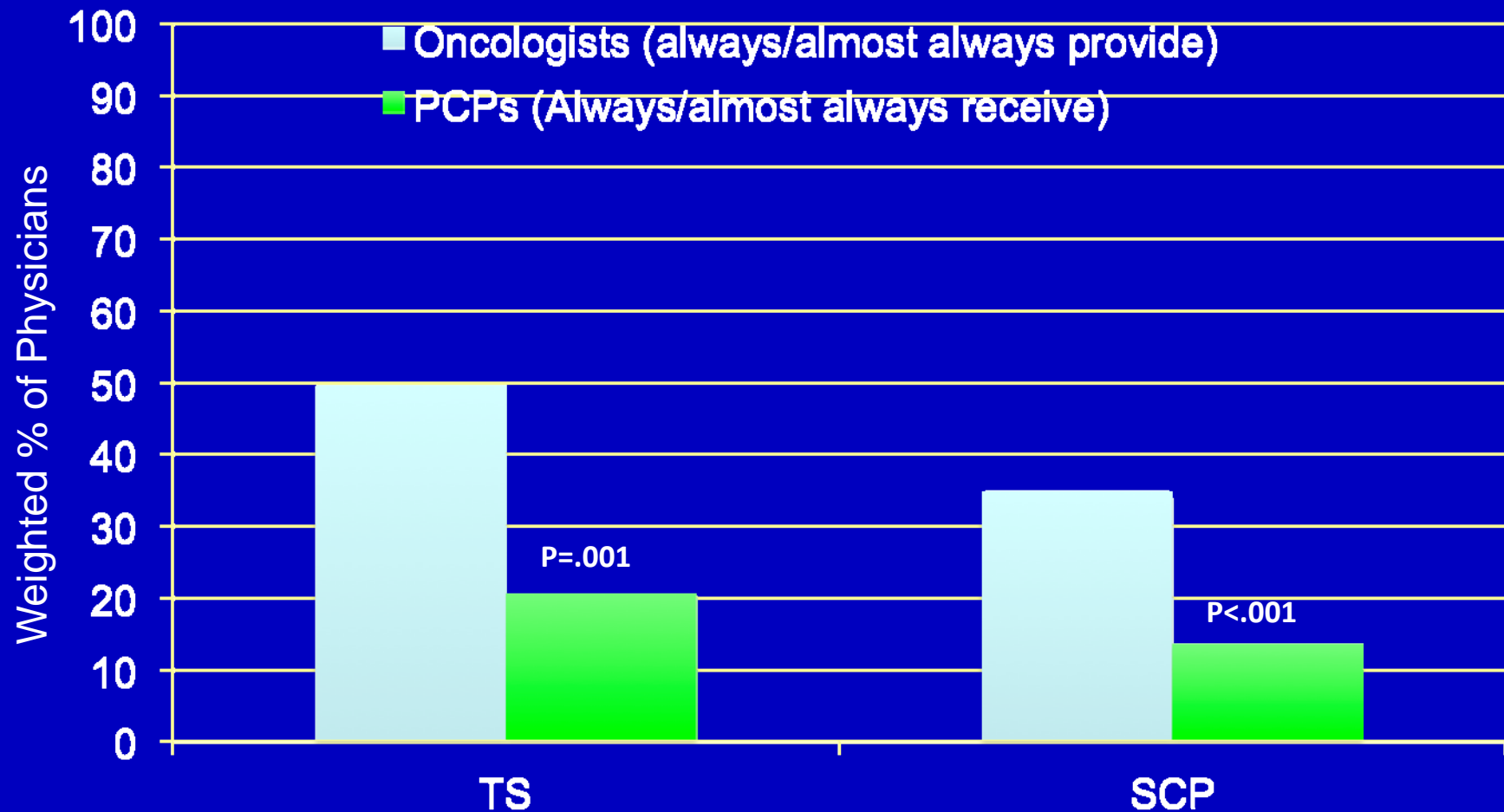
- Despite the IOM report recommendations that SCPs be generated for and provided to each cancer patient.
- Despite the CoC mandating in 2011 that all accredited cancer centers to provide SCPs to all patients at the completion of treatment by 2015.
- Less than 5% of oncologists are consistently discussing survivorship recommendations and follow up care providers as well as providing SCPs to their patients on a consistent basis.

Problem

CA Cancer J Clin 2012;62:101-117

In 2012 only 43% of National Cancer Institute-designated cancer centers delivered SCPs to patients with breast or colorectal cancers.

Physician-reported Provision and Receipt of Treatment Summaries and Survivorship Care Plans



Why?

- What are the barriers to providing SCPs to patients?
- How can these barriers be effectively overcome?

Barriers to consistent provision of SCPs

- Insufficient time
- Insufficient staff
- Insufficient training
- Insufficient funding
- Insufficient reimbursement

Solutions

ASCO has just released a streamlined template:

- Information about the cancer diagnosis
- Potential late effects
- Key recommendations for screening
- Whom to contact for issues
- Modifiable

ASCO Streamlined Template

General Information		
Patient Name:	Patient DOB:	
Patient phone:	Email:	
Health Care Providers (Including Names, Institution)		
Primary Care Provider:		
Surgeon:		
Radiation Oncologist:		
Medical Oncologist:		
Other Providers:		
Treatment Summary		
Diagnosis		
Cancer Type/Location/Histology Subtype:	Diagnosis Date (year):	
Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Not applicable		
Treatment		
Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery Date(s) (year):	
Surgical procedure/location/findings:		
Radiation <input type="checkbox"/> Yes <input type="checkbox"/> No	Body area treated:	End Date (year):
Systemic Therapy (chemotherapy, hormonal therapy, other) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Names of Agents Used	End Dates (year)	
Persistent symptoms or side effects at completion of treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes (enter type(s)) :		
Familial Cancer Risk Assessment		
Genetic/hereditary risk factor(s) or predisposing conditions:		
Genetic counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No Genetic testing results:		
Follow-up Care Plan		
Need for ongoing (adjuvant) treatment for cancer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional treatment name	Planned duration	Possible Side effects
Schedule of clinical visits		
Coordinating Provider	When/How often	

Cancer surveillance or other recommended related tests	
Coordinating Provider	What/When/How Often
Please continue to see your primary care provider for all general health care recommended for a (man) (woman) your age, including cancer screening tests. Any symptoms should be brought to the attention of your provider:	
1. Anything that represents a brand new symptom; 2. Anything that represents a persistent symptom; 3. Anything you are worried about that might be related to the cancer coming back.	
Possible late- and long-term effects that someone with this type of cancer and treatment may experience:	
Cancer survivors may experience issues with the areas listed below. If you have any concerns in these or other areas, please speak with your doctors or nurses to find out how you can get help with them.	
<input type="checkbox"/> Emotional and mental health <input type="checkbox"/> Fatigue <input type="checkbox"/> Weight changes <input type="checkbox"/> Stopping smoking <input type="checkbox"/> Physical Functioning <input type="checkbox"/> Insurance <input type="checkbox"/> School/Work <input type="checkbox"/> Financial advice or assistance <input type="checkbox"/> Memory or concentration loss <input type="checkbox"/> Parenting <input type="checkbox"/> Fertility <input type="checkbox"/> Sexual functioning <input type="checkbox"/> Other	
A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or developing another cancer. Discuss these recommendations with your doctor or nurse:	
<input type="checkbox"/> Tobacco use/cessation <input type="checkbox"/> Diet <input type="checkbox"/> Alcohol use <input type="checkbox"/> Sun screen use <input type="checkbox"/> Weight management (loss/gain) <input type="checkbox"/> Physical activity	
Resources you may be interested in:	
Other comments:	
Prepared by:	Delivered on:

What about the problem of training?

J Clin Oncol 32:1578-1585

- In a study with a nationally representative sample of 1130 oncologists:
- Oncologists who received training about late and long-term effects of cancer were 2x more likely to provide SCPs to and discuss survivorship issues with survivors than those who did not receive such training.
- Only 5% of oncologists reported extensive training in cancer survivorship care.

Our unique approach to SCP development at the James P. Wilmot Cancer Institute

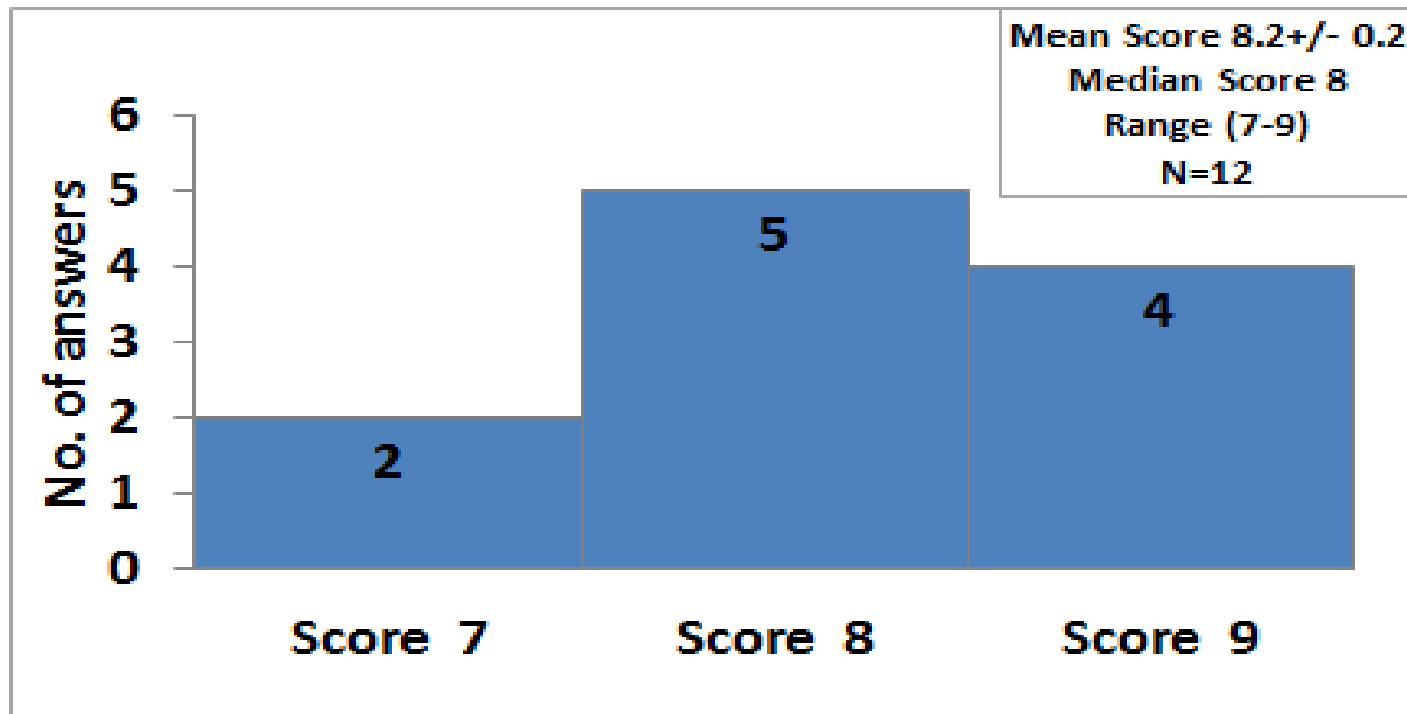


Trainees
play a key
role

The Cancer Survivorship Workshop

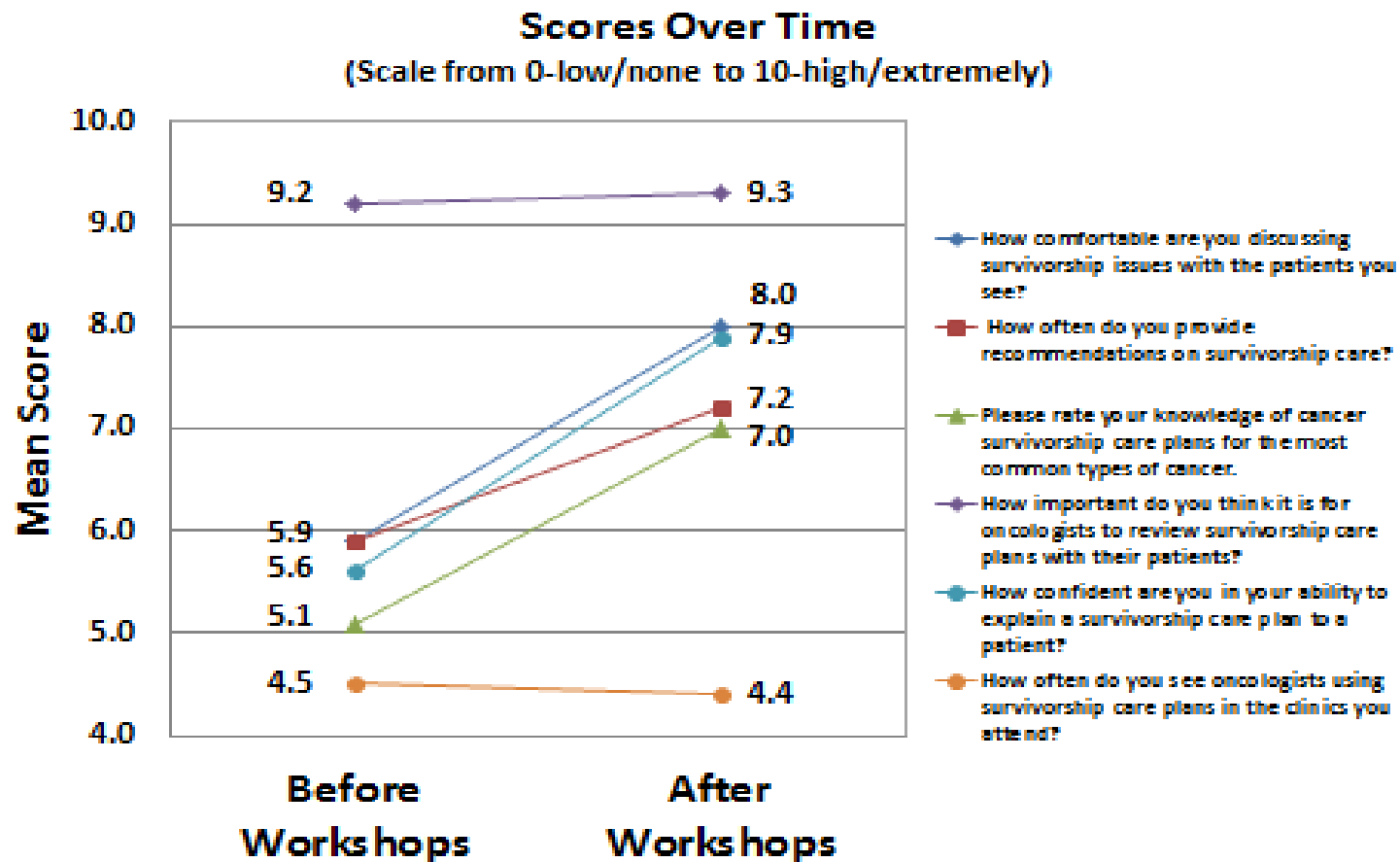
J Cancer Surviv. 2014 Jun;8(2):167-72

**Please rate your confidence in assembling treatment summaries and care plans for cancer survivors.
(0 = not confident; 10 = extremely confident)**



The Cancer Survivorship Workshop

J Cancer Surviv. 2014 Jun;8(2):167-72



Future Directions

- More tailored care plans
- Based on specific treatment doses or techniques used
- Based on co-morbidities
- Based on genetic mutations
- More data needed to guide this!

Summary

The provision of Cancer Treatment summaries and Survivorship Care Plans to our patients is one means of systematically optimizing patient care by:

- Providing education and information
- Improving communication between providers
- Delineating available community resources

THANK YOU FOR YOUR
ATTENTION!

