A Decade of Progress!

Thanks to our DREAM TEAM of leaders and...
The Next Decade
The Perfect Storm

15.5 Million Survivors +1.7M each year

Skyrocketing Costs of Cancer Care & Survivorship

Provider Knowledge Deficits

Provider Shortages (ONC, PCP, Nursing)

Chronic & Late Effects of Cancer (Physical, Psychosocial, Financial, Ability to Work)
A Blueprint For the Next Decade of Cancer Survivorship

Change the Mindset
• Survivorship starts at diagnosis

Change the Model
• Screen for & manage toxicities
• Risk-stratify follow-up care

Change the Language
• Honor the diversity of survivorship trajectories
A Blueprint For the Next Decade of Cancer Survivorship

1. Change the Mindset
   - Continue to describe the issues faced by long-term survivors as treatments change
   - Survivorship begins at diagnosis
   - Orient providers and patients toward long-term survivorship from the beginning
2. Change the Model

- Implement a system for screening and management of toxicities from diagnosis
  - Prevent toxicities where possible
  - Early treatment of toxicities to prevent disability
- Expand the team:
  - Always include the PCP
  - Develop algorithms to help oncologists refer to cancer rehabilitation, psychosocial, and other providers (APPs, nurse and lay navigators, tools? Alexa?)
- Focus care on preventing recurrence, 2nd cancers, late effects
- Implement risk stratified follow-up care
The UK Model of Survivorship Care

Risk-stratified Model with Three Care Pathways

Breast Cancer: 80%
Colorectal: 50%
Prostate: 40%
Cancer survivorship in the USA 3

Integrating primary care providers in the care of cancer survivors: gaps in evidence and future opportunities

Larissa Nekhlyudov, Denalee M O'Malley, Shawna V Hudson

Figure 2: Survivorship care strategies
*5 years is based on general recommendations in the cancer community; transition of care might vary. †Any of these models might be appropriate for nurse practitioner or physician assistant involvement.
2. Change the Model

• Use a precision medicine lens: “right sized care”
• Improve understanding of risk and mechanisms by integrating across data types
• Make the business case that this revised care model improves:
  • Patient functioning and QOL
  • Ability to work
  • Clinic flow & provider availability
  • Healthcare utilization and costs
3. Change the Language:
Honor the diversity of survivorship trajectories
• Patients who are post-treatment & cancer-free
• Patients on active surveillance, not requiring treatment
• Patients living with intermittent active disease requiring treatment
• Patients living with metastatic disease

Honor those who want to “fight” and those for whom that metaphor does not resonate
• Do we need a different word? If so, WHAT?
We MUST Accelerate Progress!

In Cancer Years, that IOM report was commissioned around the time Lincoln was assassinated...

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Thank you!
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