“Navigation” Through The Continuum of Cancer Care

- Education
- Screening
- Early Detection

- Treatment
- Survivorship
- Palliative Care
Some Thoughts:

• The demand for cancer services is not just related to the number of cancer patients, but even more substantially impacted by the increasing complexity of cancer care

• Improved survivals (both long-term & short-term palliative) result in increased care demands greater than the absolute number of cancer patients would suggest

• The concept that oral, “targeted”, non-toxic therapies will turn cancer into an easily managed chronic disease is not supported by the data

• The increasing number of cancer survivors who need care have more treatment-related physical & emotional complications from treatment than we have appreciated, or are currently positioned to care appropriately for

• Not sure who will care for our country’s cancer patients & cancer survivors in the future
Some Thoughts:

Unless you take into account the complexity and many competing demands of our health care system on oncologists, primary care physicians, space & resources… …plans for care of our country’s cancer patients & cancer survivors will not be successful.
The Future of Cancer Care

- Shift to Outpatient Care
- Increasing Number Of Survivors
- Genomics, Personalized Health Care
- Increasing Consumerism
- Technological Advances
- Compassionate, Respectful, Patient Focused Care
- Operational Efficiency Ideal
- Changing Reimbursement
- Leading Edge Diagnosis & Treatment
- Ideal Patient Care
Number of Newly Diagnosed Cancer Patients and Cancer Deaths
In the USA between 1998 and 2007

Data derived from the NCI and ACS websites
Estimated Number of Cancer Survivors in the United States From 1971 to 2005

Benefit of Trastuzumab with Chemotherapy for Women with HER2 Breast Cancer

- When combined with cytotoxic chemotherapy, substantially extends survival for women with HER2 positive metastatic breast cancer
  - *Often weekly treatments for longer periods of time*

- When combined with cytotoxic chemotherapy, substantially improves survival for women with primary HER2 positive breast cancer – reducing recurrence rates by 50% – maybe 8,000 saved lives per year
Adjuvant AC-T With and Without Trastuzumab: Combined Analysis of NASBP B-31 and N9831

Perez, NEJM, 2005

50% Reduction in Recurrence

P < 0.0001
Hazard ratio, 0.47

Years after Randomization
Benefit of Trastuzumab with Chemotherapy for Women with HER2 Breast Cancer

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  • *27 vs 8 infusion room treatments during first year of therapy*

• *Long-term effects of trastuzumab unknown, but concerning – only careful follow up of these patients and research in survivorship care will elucidate this issue*
Colorectal Cancer: Chemotherapy 1996

• FDA approved chemotherapy option for metastatic colorectal cancer

5-FU

Median survival with therapy 10-12 months
Current options for patients with metastatic colorectal cancer – 2008

- 5-FU
- Capecitabine
- Irinotecan
- Oxaliplatin
- Bevacizumab
- Cetuximab
- Panitumumab

Survival increases from 10-12 mo to 20+ months

Each individual patient coming for twice the length of time for many more treatment visits
Cumulative Number of FDA Approved Oncology Drugs by Year and Route of Administration

- Does not include re-approvals for new indications
- Does not include ancillary or support medications
- Does not reflect volume of usage for types of drugs

(Derived From FDA data)
The burden of cancer care & cancer survivorship care on the health care is increasing more rapidly than merely the number of patient numbers would suggest.
Physician and Infusion Room Visits per Patient, Per Year

During First Year of Therapy, 2001-2007

Data from DFCI

% Change FY01-07:
- Physician Exams ↑ 25%
- Infusion Visits ↑ 111%

Data from DFCI
Changes in numbers of Patients seen
FY 2001-2007

Total Unique Patients ↑ 62%
Continuing Patients ↑ 93%
New Patients ↑ 23%

% Change FY01-07:

Data from Dana-Farber Cancer Institute
Breast Oncology Statistics: FY01-FY07

Data from Dana-Farber Cancer Institute
MD and infusion visits are growing at a faster rate than unique patients and new patients remaining for treatment.

Data from Dana-Farber Cancer Institute
Some Issues for Cancer Care and Survivorship Care

Any model of cancer care & survivorship care that does not take into account:

• Increasing complexity cancer care
• Increasing complexity of survivorship care when done well
• Oncology workforce issues
• PCP workforce issues
• Financial considerations
• Space issues
• Need to provide care in academic & community settings

Will likely not succeed in meeting the needs of these patients
Some Issues for Cancer Survivorship Care

• Oncologists will struggle with competing needs of patients undergoing active treatment & relatively well-appearing cancer survivors

• Growing shortage of PCPs who will be faced with caring for an aging population of patients with acute needs, who will compete with relatively well-appearing cancer survivors - making it increasingly difficult to care for cancer survivors
“You can take a look at the whole state and you are not going to find a primary care physician anytime soon.”

State Senator Therese Murray