

#### A Decade of Progress!

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COMMENTS AND CONTROVERSIES

#### Going Beyond Being Lost in Transition: A Decade of Progress in Cancer Survivorship

Larissa Neichlyudov, Brigham & Women's Hospital, Boston, MA
Patricia A, Canz, Fielding School of Public Health, Jonsson Comprehensive Cancer Center, University of California, Los Angeles,
Los Angeles, Canza, Patient-Centered Outcomes Research Institute, Washington, DC
Julia H, Nowland, National Cancer Institute, Bethresidi, MD

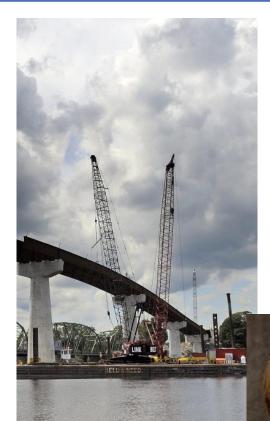
In 2016, a number of important milestones for cancer surcreation of the National Coalition for Cancer Survivorship (NCCS), an advocacy organization whose founding members generated the language for cancer survivorship that continues to survivor can apply to individuals anywhere along the trajectory

vivorship were ushered in. It was the 30-year anniversary of the this day. The NCCS took a compelling position that the term members. NCCS leadership also saw a need to address the late and

and who are living with cancer continues to grow-from the current 15.5 million to 20.3 million in 2026, with the majority older than 70 years and more ethnoculturally diverse3-5-we expect that attention to their unique challenges and needs will become even more prominent topics of lay and professional

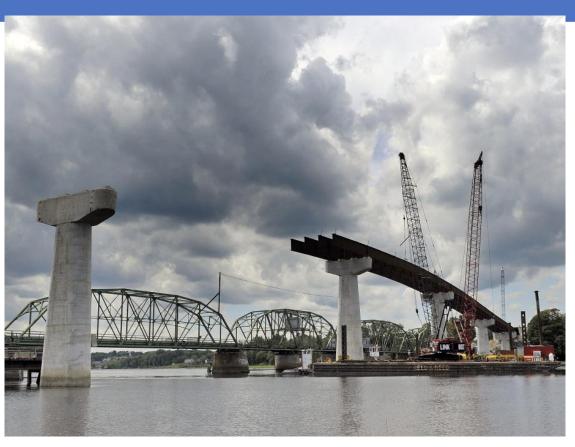
IOM Recommendation 2, which calls for the development and dissemination of survivorship care plans (SCPs) to better inform patients of what to expect in the post-treatment period, created a groundswell of attention. At the behest of the advocacy community, IOM held a workshop in the spring of 2006 in response to the original report that asked experts to identify the next steps in moving care planning forward. Since then, many have reported on the practical challenges of generating and delivering SCPs,7 evaluated the impact of such plans on patient outcomes, 11,12 and suggested solutions to optimize their use. 13-16 Although the evidence base for SCP efficacy remains sparse and, in some cases, controversial, policy mandates for SCP use have been advanced.12 As the Commission on Cancer (CoC) accreditation standard for this recommendation is implemented, we envision that survivors' understanding of their cancer treatment, potential late effects, and recommended follow-up care will improve. In the meantime, the field has begun to realize that the real challenge in cancer survi-vorship is not just the development of the survivorship care plan tool, but the optimization of the survivorship care planning process in such a way as to result in more tailored and coordinated care and, ultimately, decreased rates of preventable morbidity and

Although there is clearly more work to be done, it is remarkable to note the progress in the development of consensus- and evidence-based guidelines for survivorship care (Recommendation 3) During the past decade, many professional organizations, including ASCO, 18-24 the National Comprehensive Cancer Network, 23,26 and the American Cancer Society, 19,27-29 among others, have generated ure American Canter Society, among ourses, naw generated guidelines that have focused on the physical and psychosocial care of survivors, expanding the scope beyond what used to be limited to surveillance for recurrences. The Children's Oncology Group has continued to update its recommendations. On and has embarked on harmonizing international guidelines for the follow-up of



Thanks to our DREAM TEAM of leaders and

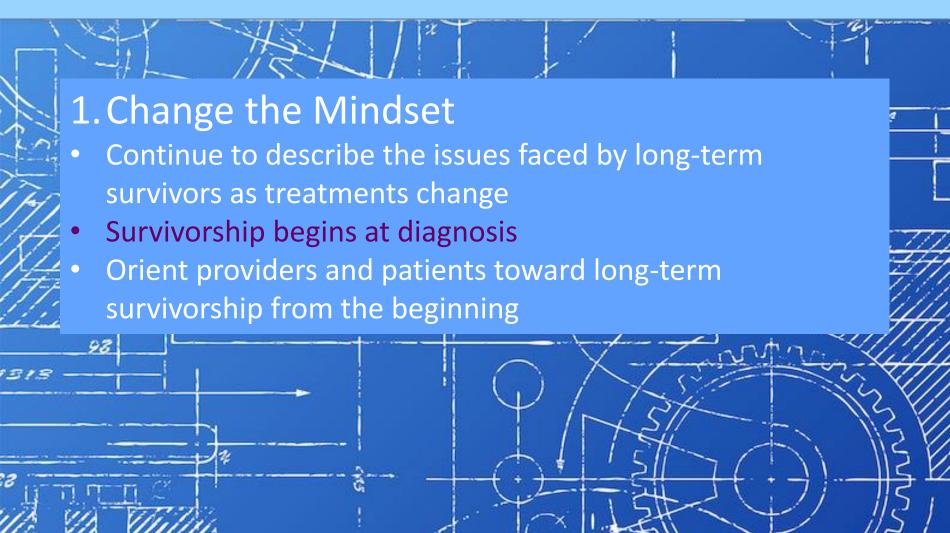
#### The Next Decade







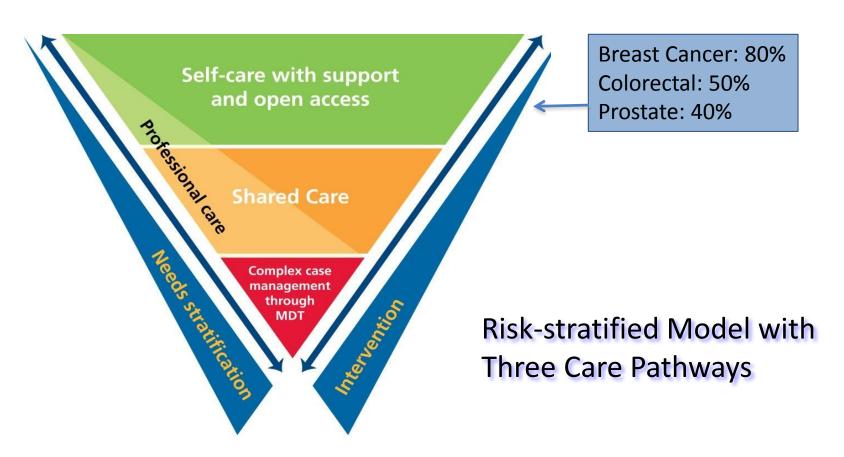




#### 2. Change the Model

- 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, 2<sup>nd</sup> cancers, late effects
- Implement risk stratified follow-up care

### The UK Model of Survivorship Care



#### 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

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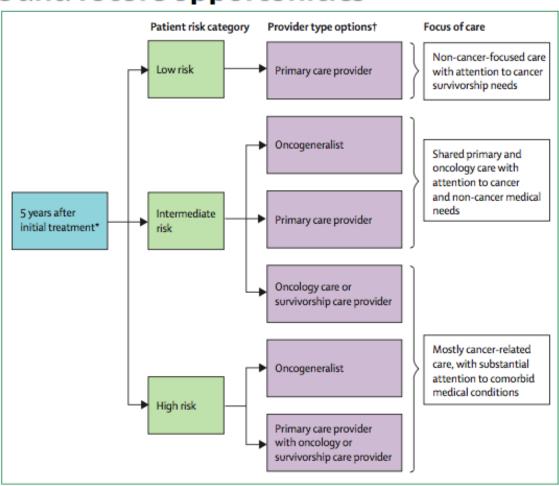


Figure 2: Survivorship care strategies

<sup>\*5</sup> 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?

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#### We MUST Accelerate Progress!

From Cancer Patient to Cancer Survivor

LOST IN TRANSITION



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

Matthew Zachary
Founder/CEO Stupid Cancer



### Thank you!

Catherine.Alfano@cancer.org



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